



European Union European Social Fund Operational Programme Employment

PARAFILIK: INTERNATIONAL EXPERTS PLATFORM

MINUTES OF THE 2ST MEETING

BASIC INFORMATION – DAY 1

Date: 20. 7. 2020

Place: Klecany/ZOOM

Participants: Paul Fedoroff, Klaus Beier, Elisabeth Letourneau, Donald Findlater, Nigel Hatten, Esperanza Gómez-Durán, Marie Chollier, Martin Holý, Jan Kožnar, Kateřina Klapilová, Lucie Krejčová, Filip Šinkner, Alena Číženková, Kateřina Potyszová, Tereza Hynková, Petra Vrzáčková, Vanda Lukáčová, Karolína Pilná, Martina Zavadilová

INTRODUCTION

- **Paul Fedoroff**
 - Director of Sexual Behaviours Clinic at The Royal in Ottawa, Canada
- **Klaus Beier**
 - Director of Kein Täter Werden, Charité – Universitätsmedizin Berlin, Germany
- **Katarina Görts Öberg**
 - Director of PrevenTell, Karolinska University Hospital, ANOVA, Sweden
- **Elisabeth Letourneau**
 - Director of the Moore Center for the Prevention of Child Sexual Abuse, USA
- **Nigel Hatten**
 - Trustee of StopSO, UK
- **Donald Findlater**
 - Director of Stop It Now! Stop It Now! UK & Ireland, Director of Research and Development in The Lucy Faithfull Foundation, UK

K. KLAPILOVÁ: PROJECT PARAFILIK

- See the attachment
- Discussion
 - DF (LFF & Stop It Now!): Terminology is interesting. I would say your project is secondary and tertiary prevention, but broader public messaging etc. would be primary as I interpret public health model. KK: The project PARAFILIK uses

terminology inspired by the paper Knack et al., 2019

(<https://www.tandfonline.com/doi/full/10.1080/09540261.2018.1541872>).

- The documentary movie “Caught in the net”
(<https://vimeo.com/user103262277/review/439945832/03b6e507f1>).
MC (CRI-AVS): Is this documentary available online? Distribution of the movie to foreign countries is possible (now it is coming in Germany). The use of the movie (as well as the educational version) for specific purposes should be discussed with distributors. Our team will inform you in which countries will be distributed (and when).
- PF (SBC): Will you be doing pre and post therapy phallometrics? KK (PARAFILIK): Conducting pre and post therapy phallometrics in our programme is not decided yet. It should be a part of evaluation process, which should be comparable across programmes, but phallometry is not used in all programmes. Also, it is not validated instrument across the Czech Republic. The possible option is to use visual reaction time for evaluation across countries, e.g. the German programme very often uses visual reaction time during assessment (but not regularly). *PF offered to provide us their instruments for the purpose of pre and post therapy phallometrics.*
- EL (Moore Center): The recently released EU strategy for addressing child sexual abuse was addressed. More details related to the EU strategy will be send via email. https://ec.europa.eu/home-affairs/what-we-do/policies/cybercrime/child-sexual-abuse_en
- MC (CRI-AVS): Have you considered acceptability and fidelity indicators in treatment delivery? Cost-efficiency? KK (PARAFILIK): ***We would be grateful to receive guidelines how to compute cost-effectiveness in your country.***
- MC (CRI-AVS): Regarding control group, do you have a waiting-list system? KK (PARAFILIK): It is an option to have waiting list in project PARAFILIK (depending on demand). The pilot phase of the intervention will last a year/a year and half to prove a change. KB (Kein Täter Werden): The biggest problem is mixing the groups, so they need different time to solve their specific needs. I recommended to choose different option (more explorative and descriptive) then waiting list control group and focus on risk factors, mental health issues and sexual behaviour. We do not have specific batteries for low and high risk clients for the purpose of evaluation. At the beginning of our programme, we do have waiting-list control group, but it needs a huge sample. Currently, we offer 11 branches of treatment options, which will be evaluated soon (the evaluator is independent). ***We would highly appreciate your help in what kind of control group would be the best option.***
- DF (LFF & Stop It Now!): If you are looking to make it possible for minor attracted persons to come forward seeking help can you say what is public feeling about this aspect? Would there be support for paedophiles and others seeking help plus support for state in making help available? KK (PARAFILIK): In the Czech Republic, we do not have a national data about stigmatization forward MAP. Otherwise, reactions to our interviews and media campaigns are relatively positive. The Czech Republic is

very liberal to others minors, e.g. homosexuals (which is proved by research), so we believe, it will work.

- Question of sustainability of the project. The question of sustainability is the purpose of the project with cooperation with the Czech advisory board.

K. BEIER: KEIN TÄTER WERDEN

- See the presentation
- Discussion
 - DF (LFF & Stop It Now!): You mention by April 2020 4161 had completed assessment. What about how many commencing or ending treatment? Can you say what this assessment is? KB (Kein Täter Werden): It is a full completed assessment in self-management platform by April 2020. This could be a great possibility to run randomized control design trials (and will be done soon) for the purpose of evaluation.
 - KK (PARAFILIK): How do you deal with clients who are not paraphilic in self-management platform? KB (Kein Täter Werden): Based on our experience, they will probably not show up, because they do not feel distress.

N. HATTEN: STOPSO

- Main points (presentation is not available)
 - Vision of StopSO is to stop sexual offending of any type and provide professional treatment to those at risk of sexual offending.
 - StopSO provides certificate training for therapists and specialist supervision where needed.
 - StopSO therapy services are delivered in the community across UK.
 - StopSO offers therapy within a few days after first contact for unlimited time; tailor-made therapy; therapy is paid by clients.
 - StopSO works long term with non-offending paedophiles who will meet with the therapist once or twice a month to manage their behaviour to ensure that they remain law abiding.
 - StopSO Statistic: 41% of clients are unknown to police and authorities.
 - Funding is from donation, no government funding.
 - No legal requirement of disclosure in UK, but the General Medical Council recommends disclosure in case of risk of harm (identified by the health professionals).
- Discussion
 - PF (SBC): Nigel, do your 150 therapists use a consistent type of therapy? NH (StopSO): I thought they might use different techniques, but all of them were supervised by StopSO, so they use methods recommended by StopSO.
 - KK (PARAFILIK): What about assessment tools in stop so therapists? Is there unified recommendation? NH (StopSO): The question about what assessment tools are used by StopSO therapists will be answered via email.

E. LETOURNEAU: THE MOORE CENTER FOR THE PREVENTION OF CHILD SEXUAL ABUSE

- See the presentation
 - Help Wanted Prevention Project (<https://www.helpwantedprevention.org>)
- Discussion

- DF (LFF & Stop It Now!): What is the essence of 5 sessions provided by Help Wanted? EL (Moore Center): The interventions are (1) What is Child Sexual Abuse?; (2) Disclosure and Safety Skills; (3) Coping with Your Sexual Attraction; (4) Building a Positive Self-Image; (5) Building a Healthy Sexuality.
- DF (LFF & Stop It Now!): How do you promoting Help Wanted, what is your marketing strategy? EL (Moore Center): For the purpose of promotion of Help Wanted, we did not receive funding for advertisement. However, Facebook were interested in, so they provided free advertising credits. Also, we promoted the helpline via personal contacts, and have conducted interview all the time.
- A thousand of people have accessed their resource page since May, the spending time is approx. 3 minutes.

DISCUSSION

- Remote treatment in Germany
 - KB (Kein Täter Werden): It is official way of treatment, it is paid by the Ministry of Social Affairs in Saxony. The client needs to telephone first and he/she will get a link for video chat. It is an accepted technology for insurance system. There are only a few registered video chat providers for treatment which must be used by psychotherapist. It seems to be secure. We use it for assessment and treatment with same methods as used in onsite treatment. We use the technology for 2 years for foreigners as well.

BASIC INFORMATION – DAY 2

Date: 21. 7. 2020

Place: Klecany/ZOOM

Participants: : Paul Fedoroff, Laure Kuhle, Elisabeth Letourneau, Donald Findlater, Katarina Görts Öberg, Esperanza Gómez-Durán, Martin Hollý, Jan Kožnar, Kateřina Klapilová, Lucie Krejčová, Filip Šinkner, Alena Čiženkova, Kateřina Potyszová, Tereza Hynková, Petra Vrzáčková, Vanda Lukáčová, Karolína Pilná, Martina Zavadilová

K. GÖRTS ÖBERG: PREVENTELL

- See the presentation
- Discussion
 - KK (PARAFILIK): Can we have more details on the evaluation study? Evaluation study of helpline have been published, articles would be send.
 - Pf (SBC): What treatments do you offer and what are the outcomes? KGÖ (PrevenTell): ANOVA offer psychotherapy (CBT mainly, psychodynamic approach) and pharmacology, clients are evaluated by psychiatrist.
 - DF (LFF & Stop It Now!): Have some or many contacts been arrested or convicted for crimes. KGÖ (PrevenTell): 5-10% percent of our clients had been convicted (e.g. buying sexual services, exhibitionism, and sexual exploitation).
 - DF (LFF & Stop It Now!): If you take telephone numbers from callers, do you need to report them to authorities if they admit to crimes? KGÖ (PrevenTell): Helpline is anonymous, on-site treatment is non-anonymous. If client admit a crime, they have to report it. Clients are familiar with the list of obligations.

P. FEDOROFF: SBC

- See the presentation
- Discussion
 - Questions related to changing paedophilic interest.
 - DF (LFF & Stop It Now!): You talk of groups. Do you also deliver individual work? PF (SBC): SBC deliver individual, group and couples and family therapy. Groups are run by me and co-therapists. Observers are welcomed (e.g. students, visits).
 - KK (PARAFILIK): How many clients do you have and how many therapists? PF (SBC): SBC have about 200 patients, four psychiatrist, other professionals (social worker, psychologists, and therapists).
 - KK (PARAFILIK): Who pays for the therapy? PF (SBC): Therapy is free of charge in Canada, it is covered by health insurance plan. Medication is covered by the system as well.
 - On-site treatment is non-anonymous.
 - KK (PARAFILIK): Who does the assessment and do you have standardized assessment protocol? PF (SBC): All clients are evaluated by psychiatrists, who do assessment protocol (interview, series of questionnaires, phallometry voluntarily).

D. FINDLATER: LUCY FAITHFULL FOUNDATION & STOP IT NOW! (UK)

- See the presentation
- Discussion
 - KK (PARAFILIK): Could we have a template of the evaluation interview for helpline? Template of the evaluation interview of helpline would be send.
 - EL (Moore Center): Can you tell us more about the online chats that help people move through the online programming? How is the live resource integrated (and paid for)? DF (LFF & Stop It Now!): Live chat service will be developed within a three months as a part of the service. To these days, we provide email and phone services.
 - The helpline operators are familiar with online self-platform structure, three operators are allowed to work with clients on self-platform modules during call.
 - Funding comes from Ministry of Interior and Ministry of Justice. The funding is covered for a year period, then it is necessary to ask for funding for the next year (with no guarantee).

DISCUSSION

- Situation in era of COVID-19
 - PrevenTell offers an internet administrated CBT program. For clients who are not suitable for internet care solely, they combine it with video visits via platform Always open.
 - SBC use ZOOM for Healthcare for both individual and group therapy.
- Review activities
 - EL (Moore Centre) note that there is the near-total absence of national prevalence estimates of a) sexual interest in children among teens and adults and (b) sexual behaviors with children including CSAM by teens and adults.
 - Mentioned studies:

- one large-scale survey study out of Germany (<https://www.tandfonline.com/doi/abs/10.1080/00224499.2015.1020108?journalCode=hjsr20>)
 - a few studies from Scandinavian countries (<https://link.springer.com/article/10.1007/s10508-013-0244-4>; <https://pubmed.ncbi.nlm.nih.gov/20460305/>)
 - The CDC is including some perpetration items in their Violence Against Children Surveys (asking for funding); <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html>
 - Tamara Turner-Moore at Leeds Beckett University did lots of public survey work establishing levels of sexual interests in children, in non-consensual sex etc and achieved some good data from large "self-selecting) groups of adults in UK. https://www.researchgate.net/profile/Tamara_Turner-Moore
- Recruitment strategies
 - The PARAPHILE project suggested different media recruitment strategies for these target groups: self-identified paraphiles, dark field paraphiles, online offenders, and close persons.
 - DF (LFF & Stop It Now!) noted that they are not interested in sexual preference, they are interested in behaviour. That's why they adverts about behaviour (aiming on groomers, children and public). DF recommended to ask our potential clients where they think is the best place to put the message. Their spots were funded from government as well as from their own funds.
 - PF (SBC) noted that that their first response on their ad is that 'it's a trap' and 'I could be arrested'. PF recommended to point out in media campaign that the project is about treatment and it works.
 - KGÖ (PrevenTell) noted they did not have money for media campaign. They advertise their project via personal meetings with police, judges, psychologists, medical services. Challenging target groups are young population (TV is not favourable channel) and women.
 - A question was raised by DF (LFF & Stop It Now!) about doing the media interview – that's a part of our media campaign. KGÖ (PrevenTell) recommended to split the responsibility between more people who would be the face of the project because of potential danger.
- Group therapy
 - The PARAPHILE project suggested possible composition of groups: group for pedophiles using CSAM, group for pedophiles (low risk), group for pedophiles (high risk), group for other paraphilias (low risk), group for other paraphilias (high risk), group for self-referred online sex offenders, group for close persons.
 - PF (SBC) recommended to mixing up the people who committed online offence with other target groups (source of advice).
 - LK (Kein Täter Werden) noted that they have specific group for online offenders, treatment interventions for these people are very specific and mixing different people was not so beneficial for them.
 - DF (LFF & Stop It Now!) asked about specific content of the therapy for these groups.

- LK (Kein Täter Werden) suggested to evaluate the increase of psychological well-being, decrease of psychological strain, decrease of psychological comorbidities... in the best case treatment of non-offending people with a paraphilia disorder might result in people with just a paraphilia preference.
- PF (SBC) suggested to tell our offer with possibility of change regarding to their needs.
- The questions of evaluation would be solved during one to one ZOOM calls.