

POLICY BRIEF: OFFENSE-RELATED FACTORS AMONG PEOPLE WITH A SEXUAL INTEREST IN CHILDREN



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2PS Project Overview

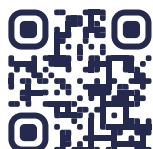
2PS, which stands for Prevent & Protect Through Support is a highly innovative project offering a paradigm shift in the approach to tackling child sexual abuse and exploitation (CSAE) across Europe. The highly qualified and diverse consortium – together with leading global actors – are committed to laying the foundations for new coherent modus operandi that complement the reactive approaches currently favored. This is achieved by addressing the support needs of people with a sexual interest in children and people who feel they might offend. 2PS will share the best practices for guidance, therapy and treatment methods – combined with new training and awareness for frontline support workers and LEAs. This project aims to move preventive actions to the forefront, offering alternative courses of action to existing offenders and people who fear they might offend– including people with a sexual interest in children.

The main goals of the project are:

- Increasing prevention actions and provide support and services to individuals at risk of engaging in illegal or risky behavior to help prevent them from harming children or engaging with materials that are a source of concern and could lead to illegal content consumption.
- Establishing a central repository of services and support actions that can help to divert anyone who recognises they are having indecent thoughts towards children.
- Providing support to those who have not yet offended and who are willing to engage to prevent offending and victimisation and, where offending has occurred, provide support to prevent future offending and victimisation.

These will be achieved through:

- Understanding the prevention ecosystem and widening activities for knowledge exchange.
- Testing and validating directly with offending and non-offending people with a sexual interest in children as well as understanding key differentiators between them.
- Creation of new platforms and improvement of existing tools that encourage people who fear they might offend, including people with a sexual interest in children and CSAM users to seek support.
- Development of trainings to provide target stakeholders (frontline-support, specialists and LEAs), with greater knowledge of people who fear they might offend against children.
- Creation of campaigns to stimulate a change of perception on the role of prevention for combating CSAE.



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HIGH LIGHTS:

In total, 34 studies were identified that allowed for a comparison of people with a sexual interest in children who have versus those who have not sexually offended. The results from these studies were combined in a meta-analysis.

WELL-SUPPORTED FINDINGS:

Compared to people with a sexual interest who have not sexually offended, those who have are more likely to:

- Have a stronger sexual preference for children over adults
- Have children themselves
- Have attended therapy
- Have experienced sexual abuse themselves during their childhood
- Hold beliefs justifying child sexual abuse
- Be older, male, and non-heterosexual

LESS WELL-STUDIED FACTORS:

Only very few prior studies have examined these, so the findings should be considered tentative. However, prior evidence indicates that, compared to people who have not offended, those who have are more likely to:

- Have difficulty controlling sexual impulses
- Have contact with children
- Experience nonsexual adverse childhood events (e.g., physical abuse)
- Feel distress about their sexual interest
- Feel more stigmatised
- Show markers of neurological problems or lower intelligence
- Report romantic feelings for children
- Report greater interest in therapy

THE STRONGEST META-ANALYTICAL EFFECTS WERE FOUND FOR INTELLIGENCE, STIGMA, MALE SEX, AND AGE.



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Current Gaps and Challenges

Prevention strategies should focus on addressing prevention opportunities for individuals within the community. Several of the factors identified as promising in this meta-analysis can be addressed in treatment, e.g., via distress management, cognitive restructuring to address beliefs about child sexual abuse, and impulse control strategies. Some prevention programs already incorporate these strategies, but further development and rigorous evaluation is needed to build a larger evidence base. Moreover, therapists often feel ill-equipped to provide appropriate care for individuals expressing distress related to sexual interests in children, further reducing access to potentially beneficial services.

Recommendations for Policymakers

To improve prevention efforts and reduce offending risk, policymakers are encouraged to:

Develop Targeted Prevention Services: Establish confidential support services that focus on primary and secondary prevention. These should provide mental health support and coping strategies for individuals at risk of offending.

Implement Risk Reduction Strategies: Introduce early intervention programs that address cognitive distortions, impulse control challenges, and distress management in individuals at risk.

Increase Training for Professionals: Provide specialized training for mental health professionals, educators, and child protection specialists to improve their ability to recognize and respond to individuals at risk of sexual offending as well as individuals who report distress related to sexual interests in children.

Foster Collaboration Across Sectors: Encourage cooperation between law enforcement, mental health services, educational institutions, and community organizations to build comprehensive prevention networks.

Promote Research-Informed Policies: Develop public awareness campaigns that reduce the stigma of help-seeking and encourage individuals to seek help before harmful behaviours occur. Support further research to improve risk assessment and intervention methods.



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CON CLU SIONS

By implementing these recommendations, policymakers can help support individuals at risk, enhance public safety, and reduce the prevalence of child sexual abuse. Early intervention, improved mental health care access, and destigmatized prevention strategies are critical steps in achieving these goals.

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