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Protecting children against sexual abuse in youth-serving organizations: A qualitative vignette study on (potential) offenders' and therapists' views of Safeguarding Programs

Christian Götzl^{a,b,*}, Sebastian Pichlmeier^a, Teresa Walter^c, Marius Stickel^c,
Andreas Jud^c, Judith Streb^a, Manuela Dudeck^a

^a Department of Forensic Psychiatry and Psychotherapy, Ulm University, Ulm, Germany

^b Department of Psychosomatic medicine and psychotherapy, Ulm University, Ulm, Germany

^c Department of Child and Adolescent Psychiatry and Psychotherapy, Ulm University, Ulm, Germany

ABSTRACT

Background: Holistic approaches to preventing child sexual abuse (CSA) such as German Safeguarding Programs integrate comprehensive analysis, intervention, prevention, and evaluation efforts and can be used to address CSA in youth-serving organizations (YSOs). To date, little is known about how adults who have committed CSA in YSOs in the past (i.e., offenders), adults who identify as being at risk of committing CSA in YSOs (i.e., potential offenders), and therapists experienced in treating such (potential) offenders view these programs.

Objective: To evaluate whether (potential) offenders and therapists consider holistic approaches such as Safeguarding Programs as effective for protecting children in YSOs. Additionally, their views on potential additional measures and barriers or facilitators to implementing Safeguarding Programs were investigated.

Methods: In an exploratory qualitative study that used a vignette approach, Safeguarding Programs were presented in problem-centered interviews to (potential) offenders (n=6) and therapists experienced in the treatment of (potential) offenders (n=5). Participants provided extensive feedback, which was analyzed by a qualitative content analysis.

Results: Participants emphasized that to be effective, the interrelated measures of Safeguarding Programs need to be implemented comprehensively, not just in isolation. (Potential) offenders reported that a clear code of conduct in YSOs can be particularly helpful in controlling CSA related behavior. Addressing preventive help-offers within Safeguarding Programs may facilitate help-seeking in (potential) offenders.

Conclusions: Results may help to guide further development Safeguarding Programs and other holistic approaches. The study highlights the importance of involving (potential) offenders when developing preventive measures.

1. Introduction

Child sexual abuse (CSA) perpetrated by adults in youth-serving organizations (YSOs) is a global problem, and numerous cases have come to light in recent years (Mathews, 2019; Witt et al., 2019). Although CSA rates in YSOs are relatively low compared to CSA perpetrated in other settings, e.g., within families (Shattuck et al., 2016), and perpetration by institutional caregivers is reported to be declining (e.g., Finkelhor et al., 2023; Mathews et al., 2024), a significant and concerning amount of CSA continues to occur in YSOs.

Abbreviations: COREQ, Consolidated Criteria for Reporting Qualitative research; CSA, child sexual abuse; CSAM, child sexual abuse materials; UBSKM, Independent Commissioner for Child Sexual Abuse Issues (Germany); YSOs, youth-serving organizations.

* Corresponding author at: Department of Forensic Psychiatry and Psychotherapy, Ulm University, Ulm, Germany, Lindenallee 2, 89312 Guezburg, Germany.

E-mail address: christian.goetzl@uni-ulm.de (C. Götzl).

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For example, Witt et al. (2019) reported for a population-representative survey in Germany that among respondents the lifetime prevalence of CSA in YSOs involving direct physical, i.e., hands-on contact was 3.1 %. In approximately half of the cases, the adults surveyed reported having been abused by peers, and approximately half by adult caregivers or other staff (Witt et al., 2019). YSOs can be found in a variety of contexts, including education (e.g., day care, after-school programs, schools), recreation (e.g., sports, music, religion), and health (e.g., hospitals, clinics), thereby rendering YSOs highly relevant to the everyday lives of children and young people. In general, YSOs are characterized by the regular interaction between children and both formal staff and volunteers, which can facilitate CSA and sexual boundary violations. CSA is broadly defined as any act of a sexual nature from an adult against a person under the age of 18 years (i.e. a child), “whether non-contact, contact or penetrative, where consent is coerced/manipulated or is not or cannot be given” (Mountjoy et al., 2016, p. 1021).

1.1. Holistic approaches to prevent CSA in YSOs

In order to prevent CSA, organizations often implement a variety of measures that vary in scope, content, and effort (Mathews, 2017; Wurtele, 2012; Wurtele et al., 2019). While some YSOs have implemented a range of policies, procedures, and practices, others invested none or only minimal effort in this regard (Mathews, 2017). Therefore, the response to CSA in YSOs often remains siloed, with individual organizations regularly employing idiosyncratic responses (Kaufman et al., 2010), calling for more “consistent, holistic and effective approaches to protect the children that they serve” (Assini-Meytin et al., 2021, p. 9). Internationally, a variety of such holistic approaches have been developed to protect children from CSA in YSOs (e.g., Erooga, 2012; Fegert et al., 2015; Letourneau et al., 2020; Palmer & Feldman, 2018; Quadara et al., 2015; Wurtele, 2012). Holistic approaches typically combine elements that focus on the potential victims and the environment (e.g., education and training on sexual boundaries to children, parents, and professionals) and offer options for actions that YSOs can take to intervene and prevent CSA (Assini-Meytin et al., 2021; Wurtele, 2012). Despite the similarities between holistic approaches, there is no consensus on the specific core elements that should be considered fundamental to such an approach. In a recent qualitative review of 74 organizational documents, including written policies, codes of conduct, trainings, and other documents of four of the largest U.S.-based YSOs, Assini-Meytin et al. proposed a “starting point for discussion about core elements needed to keep children safe from sexual abuse in YSO settings” (2021, p. 1). In eight “Overarching Themes” they proposed key prevention and policy areas that encompass, an overall commitment to child safety (1), code of conduct (2), training and education (3), assessment, implementation and monitoring (4), screening and hiring (5), reporting and responding to child sexual abuse (6), youth problem sexual behavior (7), and boundaries for teen leaders and young adult staff (8) (Assini-Meytin et al., 2021, p. 5).

In general, studies comparing the effectiveness of holistic approaches with other, more singular prevention methods are still lacking (Kaufman et al., 2019; Kenny & Wurtele, 2012; Kindler & Schmidt-Ndasi, 2011). This is partly due to the fact, that the implementation of protective measures is often not comprehensive and that the measures that have been implemented lack consistency of application (Kappler et al., 2020; Walter et al., 2023). However, a recent comparison of victimization rates between individuals aged 18–22 years and 32–36 years who had experienced CSA in U.S.-based YSOs indicated that the notable reduction in CSA within these age groups (29.1 % vs. 44.5 %) may be attributed to comprehensive prevention measures that have since been implemented (Assini-Meytin et al., 2024).

1.2. Safeguarding Programs in Germany: a holistic approach to prevent CSA in YSOs

After several severe cases of CSA in YSOs became public in Germany in the late 2000s (Rassenhofer et al., 2013; Spröber et al., 2014), in 2010 a national roundtable conceptualized so-called “Safeguarding Programs” as a means to implement holistic measures to protect children and young people by addressing CSA in YSOs (Bundesministerium der Justiz et al., 2011). Safeguarding Programs involve an “interplay of analysis, structural changes, agreements and arrangements, and [a particular] attitude and culture of an organization” (UBSKM, 2023b, p. 1) and aim to provide a holistic conceptual framework for prevention of CSA in YSOs. Their primary goal is to create a safe atmosphere in which children are protected from CSA; an additional goal is to educate staff to recognize CSA, e. g., within families, and to serve as contact persons for children (Fegert, Kölch, König, et al., 2018). Since their introduction, Safeguarding Programs have been continuously revised and extensively discussed (Fegert et al., 2015; Fegert, Kölch, Kliemann, et al., 2018; Hoffmann et al., 2022). As a consequence of the regular monitoring of Safeguarding Programs to determine the extent and quality of their implementation (German Youth Institute, 2023; Kappler et al., 2020), nine central measures have gradually emerged as core elements of Safeguarding Programs, together with three accompanying measures for building Safeguarding Programs.¹ Table 1 presents the central measures of Safeguarding Programs together with the Overarching Themes identified by Assini-Meytin et al. (2021). This illustrates the structural resemblance of Safeguarding Programs in the discourse on core elements of holistic approaches.

The core elements of Safeguarding Programs and proposed core elements in Overarching Themes share a consistent emphasis on creating an environment of accountability, commitment to child safety, structured policies, staff and volunteer management, child and parent involvement, prevention education, and monitoring/reporting processes (as depicted in Table 1). Besides those similarities, a number of differences can be identified. For example, Safeguarding Programs emphasize opportunities for *cooperation* and exchange with other YSOs to take advantage of convergences and different levels of knowledge, which Assini-Meytin et al. do not explicitly

¹ To help readers find the core elements and accompanying steps for building Safeguarding Programs more easily, they are highlighted in *italics* throughout the manuscript.

Table 1

Overview of core elements and accompanying measures of Safeguarding Programs (Fegert et al. 2018 and UBSKM, 2023b) and Overarching Themes and Subthemes (Assini-Meytin, 2021) in a joint display ^a.

Core elements ^b	Overarching Themes (X.) and Subthemes (.X)
<p>1. Mission statement A <i>mission statement</i> should be implemented that reflects an institution's stance and ideals regarding the protection of children. It should be publicly displayed and address, for example, respect for children's rights, freedom from (sexual) abuse and professional relationship management.</p>	<p>Theme 1: Overall Commitment to Child Safety 1.1 Commitment to <i>child participation</i> 1.2 Commitment to child safety 1.3 Commitment to positive environment 1.4 Commitment to positive child development 1.5 Commitment to preventing child abuse and neglect 1.6 Commitment to <i>risk assessment and management</i> 1.7 Commitment to creating safe physical environment 1.8 Key elements relative to leader's role</p>
<p>2. Staff management All available options under employment and data protection law should be used to ensure that employees are selected in a manner that is sensitive to child protection.</p> <p>This includes, but is not limited to, obtaining an extended criminal record certificate^c for each employee/ volunteer every five years; requiring disclosure of any investigation of child-related offenses prior to conviction; and, during the interview process, probing for attitudes of applicants towards CSA.</p>	<p>Theme 2: Code of Conduct 2.1 Physical and verbal contact. 2.2 Guidance around inappropriate relationship between staff/ children 2.3 Guidance around inappropriate staff behavior when children are present or in the organization's property. 2.4 Activities involving overnights with children. 2.5 Changing areas, bathroom and showering 2.6 Offsite activities 2.7 Electronic communication 2.8 One-on-one interaction 2.9 Out of program contact with children 2.10 Communication with parents 2.11 Code of conduct-Parents/adult participants 2.12 Code of conduct-Child members</p>
<p>3. Code of conduct A <i>code of conduct</i> should be established to translate the principles outlined in the mission statement into concrete standards of behavior to protect children from CSA. For example, the code of conduct explicitly states the expected and unacceptable behavior of employees and volunteers, e.g., "We have zero tolerance for inappropriate behavior—it will be dealt with swiftly and reported immediately" (Kölch & König, 2018, p. 208).</p>	<p>Theme 3: Training and Education 3.1 Training about CSA facts and prevention 3.2 Training about the organization's code of conduct 3.3 Training about responding and reporting 3.4 Training logistics and monitoring</p>
<p>4. Staff training Regular, specific training on CSA prevention should be offered to staff and volunteers in YSOs to ensure that they can respond sensitively and appropriately to possible cases of CSA.</p> <p>This training may include, but is not limited to, recognizing dangerous situations, acting on suspicions, and documenting CSA (both real and suspected).</p>	<p>Theme 4: Assessment, Implementation and Monitoring 4.1 Quality assurance 4.2 Monitoring programs and facilitates 4.3 Organization's supervision of staff/volunteers 4.4 Staffs' supervision of children 4.5 Safe physical environment. 4.6 Line of sight supervision</p>
<p>5. Participation The <i>participation</i> measure suggests that staff, parents and children should participate in decisions that affect them in YSOs. This allows children in particular to take an active role in shaping their lives and strengthens their rights.</p> <p>Children should also be included in the creation of Safeguarding Programs (e.g., in workshops) so that they learn to articulate their own needs and see that adults take them seriously.</p>	<p>Theme 5: Screening and Hiring 5.1 Background check/criminal history 5.2 Written application 5.3 Personal interview 5.4 Reference check</p>
<p>6. Prevention offerings: Specific information and educational services aimed at children, adolescents, and parents should be provided to raise awareness and encourage self-protection from various types of violence, but especially CSA.</p> <p>Example <i>prevention offerings</i> include: For children: impart knowledge about the body, sexuality, and violations of limits and strengthen self-confidence For parents: understanding CSA, including how to react if their child discloses CSA.</p>	<p>Theme 6: Reporting and Responding to Child Sexual Abuse 6.1 Reporting/documenting by an individual 6.2 Reporting/documenting by the organization 6.3 Responding by the organization 6.4 Responding to policy violations.</p>
<p>7. Reporting procedures There should be a customized system for managing errors and complaints that is easily accessible to everyone in the organization. For example, chat-based support for youth provided by help centers or YSOs with designated contacts.</p>	<p>Theme 7: Youth Problem Sexual Behavior No subthemes used</p>
<p>8. Emergency and action plans YSOs should maintain contingency plans to ensure that decisive action is taken in cases of (real and alleged) CSA.</p> <p>For example, the plan should include establishing specific procedural and operational plans, such as contacting law enforcement, working with outside experts if CSA occurs, thoroughly documenting the incident, and having policies in place to support employees in the event of false accusations.</p>	<p>Theme 8: Boundaries for teen/young adult staff and volunteers No subthemes used</p>

(continued on next page)

Table 1 (continued)

Core elements ^b	Overarching Themes (X.) and Subthemes (.X)
<p>9. Cooperation Multidisciplinary and intersectional collaboration with other YSOs that are developing Safeguarding Programs is encouraged. For example, to share development and learning processes or to offer mutual support in terms of content. Collaboration with specialized counseling centers for victims or offenders of CSA is also recommended.</p> <p>Accompanying measures for building Safeguarding Programs</p> <p>I. Risk analysis The risk analysis is used to determine the “vulnerable parts” of an institution to identify places where CSA can be easily perpetrated. This means, for example, “looking at the institution through the eyes of an offender.”</p> <p>II. Analysis of status quo Analysis of potential is the process of identifying existing measures to prevent CSA. For example, an existing mission statement and code of conduct</p> <p>III. Inquiry about or reappraisal of sexual abuse Reappraisal refers to the comprehensive and sustainable clarification of past and current cases of CSA.</p>	

CSA, child sexual abuse; YSO, youth-serving organization.

^a The following table represents a joint display of the adaptation of core elements of Safeguarding Programs as outlined by Fegert, Kölch, König, et al. (2018) and UBSKM (2023b), as well as Overarching Themes as presented in Table 1 in Assini-Meytin (2021, p. 5).

^b In addition to the core elements (1–9) according to Fegert et al. (2018) and UBSKM, 2023b, youth-serving organizations should build Safeguarding Programs on the basis of analyses of the institution's risks and its existing and missing measures (see I and II). Recent and past cases of child sexual abuse (CSA) should also be reviewed when implementing safeguards because there are important lessons to be learned (III).

^c In Germany an “extended criminal record certificate” indicates whether an individual has a history of criminal convictions and is suitable for working with children. The certificate includes serious and less serious crimes that increase the risk for child and adolescent sexual abuse (Act on the Central Criminal Register and the Educative Measures Register (Bundeszentralregistergesetz – BZRG), 1984). As of 2012, an extended criminal record certificate from the Federal Central Criminal Register is required at the start of employment for employees and volunteers who work directly with vulnerable populations (e.g., children).

mention. On the other hand, core elements proposed in Overarching Themes more explicitly include measures related to peer-to-peer sexual violence (“youth problem sexual behavior”; theme 7) and young volunteers/employees (“boundaries for teen leaders and young adult staff”; theme 8). Although Safeguarding Programs also consider peer-to-peer CSA among children (see, e.g., Burgsmüller, 2015), this topic is not as prominently addressed. As another difference, the *participation* of children and young people in the development of protection measures is a central element of Safeguarding Programs. As participation permeates most of the core elements, it could be argued that this is a distinctive feature of Safeguarding Programs.

In general, as demonstrated by the monitoring of Safeguarding Programs (see Kappler et al., 2020), this holistic approach to prevent CSA in YSOs is still in the relatively early stages of implementation, with considerable variation between YSOs. While some have implemented comprehensive measures, such as inpatient child and youth welfare facilities, others are still in the initial stages, for example, with regard to cultural youth work (Kappler et al., 2020; Stickel et al., 2024). As part of the ongoing implementation of Safeguarding Programs within YSOs, further studies are required to ascertain their efficacy and assess their implementation.

1.3. The current study

Because Safeguarding Programs were developed primarily in research focused on child psychiatry and developmental psychology, some have argued that the Programs have neglected to include offender perspectives and offender-related approaches from sexual medicine or forensic psychiatry (Jud et al., 2019). Safeguarding Programs often only vaguely address concepts like Situational Crime Prevention (e.g., Smallbone et al., 2008) and the Integrated Theory of Sexual Offending Ward (Ward & Beech, 2006) in *risk analysis*, i. e., determining offender strategies regarding CSA in YSOs (Fegert, Kölch, Kliemann, et al., 2018; Kuhle et al., 2015). For example, they emphasize the need to address a YSO's unique safety risks by tailoring prevention efforts to each YSO (Fegert, Kölch, Kliemann, et al.,

2018). However apart from these aspects and brief forays by experts in sexual medicine into the secondary and tertiary prevention of CSA (see e.g., Kuhle et al., 2015), Safeguarding Programs have, to the best of our knowledge, not yet considered the perspectives of adult (potential) offenders and therapists experienced in secondary and tertiary prevention with adult (potential) offenders.² Secondary prevention focuses on preventing sexual offending among individuals who identify as being at risk of committing CSA, e.g. due to a pedophilic disorder (i.e. potential offenders). Tertiary prevention is concerned with the prevention of recidivism among individuals with a history of sexual offenses with child victims (i.e., offenders).³ Since (potential) offenders can occupy all sorts of roles among volunteers and formal staff, they have many opportunities to commit offenses. Therefore it was hypothesized by Wurtele (2012) that CSA by adult volunteers and formal staff in YSOs is most likely to occur in a combination of a lack of effective risk management strategies in YSOs and adults with personal and/or professional problems in need of intimate contact.

As proposed by offender-based research approaches (Bernasco, 2010; Leclerc et al., 2015), offenders are able to provide valuable insights into CSA in YSOs because they have knowledge about various aspects of it, such as planning, execution, and cover-up, that remain hidden from victims and researchers. Potential offenders may have knowledge of specific aspects of criminal offenses, e.g. non-completed sexual offenses, or internal and external inhibitions that have prevented them from committing the offense (Finkelhor, 1984; Leclerc et al., 2020). Since many people who have engaged in CSA or who feel at risk of engaging in CSA have unique insights due to their past behavior and/or therapeutic or rehabilitative experiences and often a desire to prevent future CSA, they can be involved in improving programs and policies to protect children. Given the difficulties in reaching (potential) offenders of CSA in YSOs, for example due to the persisting stigma of pedophilic disorder (Tewksbury, 2012; Wurtele, 2021), therapists with experience in treating and counseling in secondary and tertiary prevention can provide valuable insights by complementing findings and corroborating the perspectives of potential offenders, drawing on their knowledge of further cases.

1.4. Study goal

The aim of this study was to investigate the perspectives of adult (potential) offenders and their therapists on CSA in YSOs. We explored which existing core elements of Safeguarding Programs participants considered effective against CSA in YSOs and what additional measures they would recommend to improve the protection of children in YSOs. In addition, we also examined participants' perceptions of barriers and facilitating factors for functioning Safeguarding Programs in YSOs.

2. Methods

2.1. Study design

This study was part of the grant “Mapping programs against child sexual abuse in religious organizations, sports and musical education” in Bavaria, Germany (study period: May 01, 2022, to April 30, 2023). Two separate but complementary projects investigated how (potential) offenders and therapists (Project 1) and CSA victims and staff involved in the prevention of CSA (Project 2) view Safeguarding Programs against CSA in YSOs. The results of Project 1 are presented here, and those of Project 2 are published elsewhere (Stickel et al., 2024; Walter et al., 2023). To ensure that the participants fully understood Safeguarding Programs and to allow them to provide feedback, we developed vignettes in the form of a diagram and a short video (see Appendix 2 & 3). Vignettes are widely used in social sciences when studying complex problems and sensitive topics (Hughes, 1998; Hughes & Huby, 2002; Kandemir & Budd, 2018). Because of the challenges of studying (potential) offenders, as noted in the existing literature (Elffers, 2010; Jacques & Wright, 2010), and to complement our findings and corroborate (potential) offenders' perspectives, we also conducted interviews with therapists experienced in treating and counseling in secondary and tertiary prevention. Ethical approval was obtained from the Medical Ethics Review Committee of University of Ulm (Medical Faculty; Ref. No.: 208/22). To ensure detailed and comprehensive reporting of the qualitative research methods in this study, we followed the Consolidated Criteria for Reporting Qualitative Research Checklist (COREQ) by Tong et al. (2007); the COREQ checklist is included as Appendix 5.

2.2. Recruitment

2.2.1. (Potential) offenders

To recruit (potential) offenders, we used a snowball system in which we asked therapists to forward flyers to potentially interested

² Only adults who self-identified as either “potential offenders” or “offenders” were included in this study. As discussed with participants in the interviews, individuals always take on many different social roles (e.g., father, employee, victim), so the label of “(potential) offender” should only be considered as a notational aid to capture new aspects of existing Safeguarding Programs. Its potentially stigmatizing effect is discussed in the limitations of this study.

³ It is crucial to acknowledge that pedophilia, pedophilic disorder (ICD-11), and CSA offending are distinct constructs (see Seto, 2018). While sexual interest in children has been identified as a risk factor for CSA (Mann et al., 2010; Seto, 2017), individuals who have a romantic and/or sexual attraction towards pre- and/or peripubertal body types (often referred to as “minor attracted persons”, or MAPs for short) not necessarily commit sexual offenses (Cantor & McPhail, 2016). In the present study, the term “MAPs” is therefore not used in reference to potential offenders. In accordance with the ICD-11, this study employs the term “pedophilic disorder” to describe instances where thoughts, fantasies, or urges are acted upon or where individuals are markedly distressed by them (e.g. seeing themselves at risk of committing CSA).

and eligible patients. Flyers contained information about the content and purpose of the study and participation (i.e., study requirements, confidentiality, option to participate online or in person). Furthermore, they mentioned that potential participants could contact the research team and participate anonymously. A staff member (CG) was available to answer any questions and discuss the further procedures. Inclusion criteria for participants included being at least 18 years of age, completed or ongoing counseling or treatment in secondary or tertiary prevention facilities, and a self-identified risk for committing CSA in YSOs and/or a history of committing CSA in YSOs. For online participation, additional criteria were the availability of an internet-enabled device (e.g., PC, smartphone) and a stable internet connection. To ensure their anonymity, (potential) offenders were free to choose between giving verbal or written informed consent at the beginning of each interview. Only participants who provided informed consent were included in the study.

2.2.2. Therapists

We sent emails to therapists from secondary prevention and tertiary prevention, inviting them to participate in the study.⁴ Along with the invitation email, we sent therapists a flyer that included information about the content and purpose of the study and about participation (i.e., study requirements, confidentiality, option to participate online or in person). Inclusion criteria were at least two years' experience in counseling or treating individuals with a history of committing CSA in YSOs. For online participation, additional criteria were the availability of an internet-enabled device (e.g., PC, smartphone) and a stable internet connection. Therapists had to provide written informed consent to participate.

2.3. Data collection

To adequately address Vignettes, we conducted semi-structured interviews, in which we asked participants to give comprehensive verbal feedback and also elicited their personal experiences. We created Vignette 1 on the basis of existing literature and previous research (Fegert et al., 2015; Fegert, Kölch, König, et al., 2018; Wolff et al., 2017) in the form of a diagram (Götzl et al., 2023) (see Appendix 2 – Vignette 1). For Vignette 2 we used a video from the Independent Commissioner for Child Sexual Abuse Issues (UBSKM, 2020). The video provides brief information on all measures in Safeguarding Programs and was helpful for explaining these to participants (see Appendix 3 - Vignette 2). Before being used in the study, both vignettes were piloted with forensic-psychiatric staff (vignette 2 was presented shortly after vignette 1). Feedback indicated that the both vignettes aided understanding. All participants were sent the vignettes one week before their interview to give them some initial insight into the Safeguarding Programs. In the interviews, a semi-structured topic guide was used flexibly and followed the narrative of the participants' remarks, allowing the participants to refer to the vignettes throughout the interview. The topic guides focused on previous experiences with (risk of) CSA in YSOs or reports of patient behavior related to CSA in YSOs, participants' opinions on measures included in existing Safeguarding Programs, and barriers and facilitators to improve the functioning of Safeguarding Programs from the perspective of (potential) offenders (see both topic guides in Appendix 1). Before the study, the topic guides were reviewed by a group of fellow qualitative researchers.

Interviews with (potential) offenders were conducted online or in person in the practices of participating therapists, depending on the interviewee's preferred setting. All therapists chose to participate in their interview online. Online interviews were conducted with a video-based online tool (Zoom Video Communications Inc.; Version: 5.14.11). To ensure that all participants had seen vignettes 1 and 2, before starting the interview the interviewer showed them again either via Zoom (i.e., via "share file" or "share screen") or, in a face-to-face setting, on paper (Vignette 1) and on a laptop (Vignette 2). All interviews were audio recorded and transcribed verbatim by following the rules of basic transcription (Dresing & Pehl, 2015). Field notes were taken before and after data collection by CG. All interviews were conducted by CG from September 22 to October 10, 2022, and lasted approximately 1.5 h. No financial compensation was provided for participation in the study. Data collection ended with data saturation and the repetition of responses about core elements of Safeguarding Programs.

CG has experience in conducting and facilitating interviews, had no personal relationship with the interviewees, and introduced himself as a male sociologist and researcher at the Department of Forensic Psychiatry and Psychotherapy, University of Ulm (see affiliations). Besides the interviewer and the interviewee, no one else was present during the interviews. Beyond the research topic as described in the study information, no other topics were elaborated.

2.4. Data analysis

Data from (potential) offenders and therapists were analyzed separately by CG using structural content analysis according to Kuckartz (2014). Firstly, important parts of the transcripts related to the research question were highlighted, and texts were read repeatedly to become familiar with the data. Main thematic categories were developed along the topic guides. Before further assessing the data, memos and codes were generated for important aspects in light of the research question, to enable the discovery of previously unknown themes and concepts. After coding all the material according to the main categories, relevant passages of the transcripts were analyzed in depth and inductive sub-categories were developed. Then, main categories and subcategories were consecutively added to

⁴ Unlike many other countries, such as the United States, Germany has no mandatory reporting laws for professionals when patients disclose that they have committed CSA (except for definite and immediate plans to commit CSA). On the contrary, unauthorized disclosure by a treating therapist or scientific researcher is considered a breach of confidentiality and is punishable by law. This situation makes it possible for secondary prevention to provide treatment and for participants in this study to participate in interviews without fear of prosecution.

the evolving coding tree and themes were refined, modified, and structured. We checked categories for disjunctions and summarized categories when necessary (see coding trees in Additional file 4). The research team discussed the coding trees and text passages that were difficult to interpret and thereby focused on the rigor and reliability of the coding. Finally, a category-based analysis was conducted along the main categories as well as group comparisons between (potential) offenders and therapists. All qualitative data analyses were performed with MAXQDA version 12 (VERBI Software, 2018).

3. Results

3.1. Sample characteristics

Among the group of (potential) offenders, six of seven interviews were eligible for inclusion in the study. One interview was excluded because although the interviewee met the inclusion criteria of having treatment experience and being sexually/romantically attracted to children and/or adolescents, the interviewee did not consider himself at risk of committing CSA in YSOs and did not have a clear commitment to any YSO. The mean age of all included respondents was 44.5 years (range = 41–61, $SD = 9.5$) and all identified as male (see Table 2). Therapists (see Table 3) had worked on average for 11.6 years with (potential) offenders (range = 6–22, $SD = 6.3$). All participants stated their interest in protecting children from CSA in YSOs as the main reason for their participation in the study.

3.2. Feedback and opinions on Safeguarding Programs

Overall, after participants had been presented with information on Safeguarding Programs in the form of the vignettes (see Appendix 1 & 2), they acknowledged that Safeguarding Programs are a “*system of really comprehensive measures*” (PO2) that contain “*many important points*” (PO1) for protecting children from CSA. Both groups, i.e., (potential) offenders and therapists, pointed out the complexity of the Safeguarding Programs and the need for supporting materials and expert advice to ensure that the measures are implemented successfully in YSOs. One participant concluded that to make the Programs “*work*,” “*the whole circle*” (i.e., all of the measures shown in Appendix 2) should be fully implemented because many of the components “*appear to be interrelated*” (PO2). In the following paragraphs, the combined major themes mentioned by (potential) offenders and therapists are presented (see also Table 4).

3.2.1. Importance of balancing effectiveness and realistic expectations in Safeguarding Programs

Regarding participants' feedback on the individual measures of the Safeguarding Programs, we found that they perceived the measures to be beneficial in the areas of prevention, intervention, and processing, particularly when implemented as a whole. However, (potential) offenders and therapists alike noted that it is challenging to cover all eventualities. T2 therefore recommended to view Safeguarding Programs as follows:

“I would not overrate that it [Safeguarding Programs] [...] has a significant effect on each individual. But I think that it's like a net, so to speak ... where the meshes get a little tighter. Some still slip through. But [...] not so many, so to speak.”

This is in line with the opinion of PO2, who also reported a similar perspective on Safeguarding Programs and their usefulness to prevent CSA in YSOs:

“I believe that if someone actually wants to do something [commit CSA], they always manage it. It doesn't matter whether there are Safeguarding Programs or not. But I do believe that if there is a safeguarding program, he might not make it as far. [...] So, and I do think that these things that creep in like that are more likely to be noticed and stopped.” (PO2).

3.2.2. Safeguarding programs in all areas where children are present

With regard to the scope of Safeguarding Programs, one participant (PO1) with a sexual attraction to teenage boys argued that Safeguarding Programs should be extended to all settings where young people regularly spend time. PO1 talked about various trainees and interns who were regularly involved in dependent relationships with him:

Table 2
Overview of (potential) offenders.

ID	Gender	Profession	Area of self-identified risk and/or YSOs where CSA occurred	Prior Knowledge on Safeguarding Programs in YSOs
PO1	M	Retail salesman	Volunteer in church / CSA with underage boys he met online	Church had implemented full Safeguarding Programs
PO2	M	Therapist	Practice with children and adults / risk only	Never heard of protection programs before
PO3	M	Teacher	Teaching and other voluntary work in sports clubs / CSAM offenses	Never heard of protection programs before
PO4	M	Educator	Volunteer in sports club / CSA of a boy in Kindergarten	Some measures known from kindergarten
PO5	M	Real estate agent	Volunteer and part-time employee in sports club / CSA of trainee	Some measures known from kindergarten
PO6	M	Teacher	Volunteer in church & music education / CSAM offenses	Church had implemented full Safeguarding Programs

CSA, child and adolescent sexual abuse; YSO, youth-serving organization; CSAM, child sexual abuse material.

Table 3
Overview of therapists.

ID	Gender	Number of years working with (potential) offenders	Prevention area	Prior Knowledge on Safeguarding Programs in YSOs
T1	W	12	Secondary prevention	Never heard of them before
T2	M	22	Tertiary prevention	Heard of them as a parent of a child in kindergarten
T3	W	6	Tertiary prevention	Heard of them as a parent of a child in kindergarten
T4	W	8	Secondary prevention	Never heard of them before
T5	W	10	Tertiary prevention	Never heard of them before

YSO, youth-serving organization.

Table 4
Overview of (potential) offenders and therapists' feedback on Safeguarding Programs.

Feedback and opinions on Safeguarding Programs
1. Importance of balancing effectiveness and realistic expectations in Safeguarding Programs
2. Safeguarding Programs in all areas where children are present
3. Clear position against CSA in a YSO's <i>mission statement</i> and <i>code of conduct</i> with a strong deterrent effect
4. Not overestimating the usefulness of obtaining a criminal record certificate
5. Addressing stigma and promoting open dialogue in <i>staff training</i> and <i>prevention offerings</i>
6. Fostering open communication and empowering children and parents through <i>participation</i>
7. Balancing accountability and rehabilitation: <i>reporting procedures</i> and <i>emergency and action plans</i>
8. Considering Internet risks and the need for communication policies

CSA, child and adolescent sexual abuse; YSO, youth-serving organization.

PO1: "So I have school interns, where nothing happens, but they are girls and boys 14 to 15 years old, and I treat the boys differently than the girls. Definitely."

Interviewer: "[...] That would be your preferred age..."

PO1: "Exactly, we have a secondary school nearby, there [...], in the last year, they do vocational internships. We sometimes even have high school students here from the 'Economics School,' things like that. And apprentices, right."

However, he questions the feasibility of implementing such a comprehensive solution:

"I honestly don't know, so ... in such organizations like churches, sports clubs, for example, like schools and so, is that feasible? I've also thought about whether it's something that can be done in public and not, for example, like in my case [retail]; it's difficult to implement."

(PO1)

(Potential) offenders generally reported that Safeguarding Programs offer the opportunity to extend awareness of CSA beyond YSOs and thus raise awareness about CSA in families or in the "service sector," i.e. in the private sector or the general public.

3.2.3. Clear position against CSA in a YSO's mission statement and code of conduct with a strong deterrent effect

In terms of deterrence, clearly referencing CSA in the job interview was seen by (potential) offenders as being more important than being required to present an extended criminal record certificate, especially when combined with a clear position of the YSO against CSA in their *mission statement* and/or *code of conduct*. Or, as one person with pedophilic disorder reported:

"So things like handing in an extended criminal record certificate. Here, I have no entries either. But the topic of sexual violence, for example, would have been [...] the first thing that would have made me feel a bit insecure and [...] if it [CSA] is actually addressed openly then the probability is also higher that someone is vigilant."

(PO2)

In the case of PO5, the existence of specific protective measures, i.e., a football club's mentioning of CSA in their *mission statement*, was actually the decisive factor for him not to choose to become employed at the club:

PO5: "I also admit that I turned down some applications, ... Because I knew that they have a certain mission statement. Yes? Because you have to say that I took my relationship [alleged relationship with a 13-year-old boy] with me every time I changed clubs. Yes? And in view of that, [...] I said, hey, we'd better look somewhere else for something [...]."

3.2.4. Not overestimating the usefulness of obtaining a criminal record certificate

Regarding the measure of *staff management* in Safeguarding Programs, most participants believed that the requirement to provide an extended criminal record certificate could have a deterrent effect. However, none of the offenders had a criminal record at the time they committed CSA or a potential boundary violation. Some participants reported that although they worked with children, a criminal record certificate was often not required, e.g., because the employer and applicant "*knew each other from before*" (PO2), or a criminal

record certificate was required for employees but not for volunteers (PO1). Two out of five therapists stated that they consider it paramount to require an extended criminal record certificate in areas where employees or volunteers work directly with children and where caregiving activities, such as changing diapers, are a daily issue. Other therapists mentioned that although this may deter people from applying for work at the organization, it does not deter them from committing CSA:

“The extended criminal record certificate is extremely dissuasive. I notice that with my patients, who then say, ‘I don't know, I'd rather not apply at all.’ You really have to motivate them to say that there are people who give other people a second chance. So it's a deterrent. But not in the sense of preventing abuse. Unfortunately [...]. And in the abuse situation, it doesn't help because they have a need, so to speak, that has to be satisfied and they don't think about all the consequences. That's not how people work.” (T5)

3.2.5. Addressing stigma and promoting open dialogue in staff training and prevention offerings

Participants stated that openly discussing sexuality, boundaries, and sexual violence is essential for *staff training* and *prevention offerings*. Two of the five therapists emphasized that it was particularly relevant to address prejudice against (potential) offenders, especially persons with a pedophilic disorder, because “*stigma*” and “*having to keep their sexual preference a secret*” (T4) represent one of the main reasons for their suffering. PO1 and PO2 also reported that stigmatization was one of the main reasons that had prevented them from seeking help in the first place. In particular, PO2 hoped that prevention measures in Safeguarding Programs could help to clarify what “pedophilia,” “sexual abuse,” and “sexuality” mean and that the more relevant dangers to children often came from people who had no pedophilic disorder at all but committed CSA. Two therapists also reported and emphasized that social withdrawal often leads to an increase in the use of child sexual abuse material (CSAM) by patients with a pedophilic disorder. For *staff training* and *prevention offerings*, three out of five therapists suggested that it might be possible to invite groups with expertise in treating offenders (e.g., secondary or tertiary prevention organizations) to support YSOs in training staff and volunteers and/or educating parents and their children.

3.2.6. Fostering open communication and empowering children and parents through participation

Besides educating staff about potential offenders in training of staff, four participants emphasized the importance of openly discussing sexuality, boundary violations, and sexual violence with children. This discussion should occur regularly within YSOs and involve the *participation* of children, not just during Safeguarding Programs. Therefore, a “*culture*” (T2) should be established that enables open communication on such issues. In this regard, participants viewed the *participation* of children in the development and implementation of Safeguarding Programs as an important measure. Three out of six (potential) offenders who commented on the *participation* measure also felt that it was essential to involve parents in this process as well. Although therapists recognized the importance of involving parents so that they would know “*who they could turn to for assistance*” (T3), the same therapists also expressed concern about how parents would manage to find time for the participatory process. Two individuals with a history of sexual offending also reported that when they worked in sports clubs, it was often not easy to convince parents to attend events, and even less so when it came to attending after-school events. Therefore, they would expect the same reluctance for the *participation* measure when implementing Safeguarding Programs in a YSO.

3.2.7. Balancing accountability and rehabilitation: reporting procedures and emergency and action plans

In the case of *reporting procedures* as well as *emergency and action plans*, (potential) offenders emphasized the need for age-appropriate solutions (e.g., tailored for children in kindergarten) and low-threshold options (e.g., online chat, local contacts) that would be easy for children to access and use (PO4). *Reporting procedures* should be sensitive, even if there are only vague indications of a child being exposed to borderline behavior on the part of an employee, as reported by a participant with pedophilic disorder (PO1):

“The reporting procedure [...] that's what I meant with getting children and young people ‘on board’, telling them ‘If anything ... is not the way it should be, you can report it and you can report it directly, immediately, without fearing any consequences.’” (PO1)

At the same time, participants thought it was necessary for staff to react to reports of CSA with appropriate calmness and to follow up any indications of CSA quickly and persistently by following *emergency and action plans* (PO1). Both PO1 and PO2 found it important that *reporting procedures* do not create hysteria, but that suspicions are thoroughly investigated and that rehabilitation procedures are in place for staff and volunteers who are wrongly accused (e.g., through dialogues with all concerned). Three of the 11 participants were convinced that rehabilitation measures could be successful, but two were sure that any allegations of CSA (even if they turned out to be unsubstantiated) would ultimately lead to the expulsion of the employee in question. One (potential) offender summarized the tension between *reporting procedures* and rehabilitation of wrongfully accused persons as follows:

“I think [...] there are actually two competing problems. On the one hand, there's the problem of not believing real victims [of CSA]. And on the other hand, there's the problem of accusing innocent people. And there's the balance to be struck between how to accuse ... innocent ... uh, with accusations that have not yet been proven. Without possibly giving credence to actual victims, yes, but on the other hand, presumption of innocence. I do not imagine that is easy. I also do not know what ... how to resolve this.”

(PO2)

One therapist (T2), who serves as a supervisor in multiple YSOs, suggested that the solution to this issue is to foster an “*open culture*” within the institution. This approach involves constructively addressing mistakes, including unintentional boundary violations, to enable an employee's potential rehabilitation (T2).

3.2.8. Considering Internet risks and the need for communication policies

Five out of 11 participants reported that Safeguarding Programs should thoroughly address ‘the internet’, especially communications via messenger services as part of offenders' strategies. For three participants out of 11, the main focus should be on increasing awareness of the potential risks of the internet for children and their parents. These measures involve providing prevention measures and educating staff on the hazards of digital communication. In particular, PO4 recommended that YSOs set clear rules for communication between parents and staff, e.g., via WhatsApp, because he used to check in regularly with the parents of the kindergarten child he sexually abused. In his messages, PO4 expressed concern for the child's well-being in a casual manner (such as asking about daily activities in kindergarten) and tried to determine whether the child had disclosed the sexual abuse to their parents. In his opinion, frequent contact attempts via WhatsApp and other messenger services could indicate boundary violations and should therefore be regulated as a matter of principle and, if they occur frequently, should be a reason for parents or the YSO's management to more closely investigate the person concerned. One possibility, as suggested by PO4, could be to limit communication to working hours and impose documentation requirements for everything else. Therapists also emphasized the importance of internet activities for Safeguarding Programs. T5 reported that patients' internet use was an important part of the initial diagnostic screening, e.g., to determine whether any grooming attempts had taken place on the internet (e.g., initiating contact with a child with the goal of inducing sexual activity). Additionally, T5 reported that the internet frequently exposes children to potentially dangerous content, so the internet should remain a high priority for both the YSO's management and parents:

“...we simply observe how much sexual assault happens very early on the internet, even with eleven-year-olds, i.e. first porn contact, first contact with an adult who demands that he somehow wants to have a nude picture, etc. So I think you can do a lot more. So really a bit more in the direction of prevention, internet competence, how do I defend myself, when do I go to my parents? Where can I turn when something like this happens to me?” (T5)

3.3. Perceived barriers to and benefits of implementing Safeguarding Programs

Many of the reported barriers to implementing Safeguarding Programs address general issues, but not necessarily from an offender-specific perspective. According to seven out of 11 participants, the greatest barrier they perceived was that Safeguarding Programs appear to be complex and support is needed for their implementation. Furthermore, three out of 11 participants suggested that political or legal pressure may help in facilitating implementation, and seven out of 11 mentioned that adequate staffing and resources help to effectively implement the measures within YSOs. PO5 reported that small sports clubs may be particularly appealing for offenders who want to commit CSA because often, no second coach is present and there is a general lack of rules and awareness about CSA within such clubs. In addition, PO4 reported that staff shortages not only led to less attention being paid to individual caregivers but also had a negative impact on his self-control:

“Because that's ... it was very noticeable with me, I only got into these abusive situations, or I let myself drift into them, when I was alone, right? That is, being alone coupled with excessive demands. And yes, because the staffing ratio was not right, yes?” (PO4)

The aspect of external control affecting self-control was also recognized by PO2. He regarded Safeguarding Programs as advantageous, not only for increasing the focus on CSA and the risk of CSA being detected, but also for enabling potential offenders to regulate their own behavior. He reported, for example, that the implementation of differentiated codes of conduct enables a clear set of permissible and impermissible behaviors to be established:

“He [patient of PO2, boy approx. six years old] sits here on my lap and rubs himself up and down my leg and so on. And [...] there was actually a short physical reaction. One of the very rare moments when that happened. And then I floundered a little bit. Because I thought, okay, what do I do now? And that's where I think something like Safeguarding Programs would have helped me. Because, first of all, am I allowed to put therapy kids on my lap at all? And if so, under what conditions? And second, if something like that were to happen, what would I do then? And I simply forbade myself, so to speak, to think like that [about children in a sexual way]. And that actually worked.”

(PO2)

In addition, PO2 also emphasized that necessary structural changes identified in analyses of *risk* and *status quo* (e.g., eliminating spaces that are unsupervised) were also beneficial, as he had experienced when switching jobs:

“The new workspace is much, much more structured. The work is much more, I would say, professional. [...] When I introduced myself there [...] I had the feeling, okay, I will perhaps never feel as ‘comfortable’ here, I'll say in quotation marks, as in the other practice. Never as intimate, something like that. But that's exactly what helps me today. [...] So, the distance to the patient comes automatically. Because I'm actually here a 100% in my professional role. Because in the other practice I was there 90% privately. [...] Well, from the feeling.”

In general, for (potential) offenders, the greatest benefits for child protection arising from the introduction of Safeguarding Programs were reported to be deterrence and an increased likelihood of detection. Four out of six (potential) offenders emphasized that Safeguarding Programs themselves had a deterrent effect (without referring to specific individual measures) because they address CSA and make it clear that such issues are discussed in the respective institution. Or, as one offender described with regard to his club activities in football:

“And then simply, when there was a safeguarding program, as I mentioned, at my last position, it was clear to me from the start that ‘nothing would work’ [in regard to committing CSA]. You can't do anything. Because there are simply too many eyes, because everyone is vigilant.”

(PO5)

In addition, PO2 reported that with a Safeguarding Program in place, CSA in certain contexts (e.g., caregiving in kindergarten, assistance in sports), would be more likely to be noticed earlier and stopped:

“I think that maybe you have fewer chances for CSA the moment you join a club or something, so to speak, when such things are established and you know that people are paying attention to them. And I think these things that start to ‘creep in’ can be noticed and stopped sooner. So, I say things like ‘I am going to the toilet with you ...’ there is no one there who can control what I am doing at that moment or basically I am working there all alone and no one controls anything and no one asks questions, no one asks the parents ‘is the therapist actually behaving correctly?’ [...] Like that. I think it changes the awareness even more.”

(PO2)

Besides this, (potential) offenders and therapists expressed the hope that Safeguarding Programs may encourage earlier help-seeking because they lead to problematic behavior being addressed earlier and include help for potential offenders (e.g., in *prevention offerings, staff training*). Or as PO1 states for a possible effect of Safeguarding Programs on (potential) offenders:

“to make potential offenders feel...’Hey, there is something. You can get help’ [emphatically taps on the table]. There is something that is there for you. That [...] these hints for help not always go in the direction of children or or...educators ...or parents and so on, but ... a stronger emphasis that the potential offender is also addressed. ‘You can get help, not just the child’.”

(PO1)

This point was also emphasized by therapists, who also mentioned that Safeguarding Programs could “*bring the issue of CSA more into the discourse*” (T2) and could raise “*awareness*” (T4) and “*consciousness*” (T5) for the topic of CSA. Thus, T4 argued that because Safeguarding Programs promote awareness of CSA, YSOs' responsibilities for CSA may also become more salient and thereby create a certain deterrent effect through an “*open discussion culture*” because “*‘things’ are being talked about*”.

4. Discussion

The aim of this study was to analyze how (potential) offenders and therapists view Safeguarding Programs regarding CSA in YSOs. In a qualitative vignette approach we investigated how participants evaluated core components of Safeguarding Programs and what additional measures they suggested should be implemented to prevent CSA in YSOs.

We found that, in principle, (potential) offenders as well as therapists were convinced of the usefulness of the Safeguarding Programs as presented by the research team during the interviews (see Vignettes 1 & 2). Overall, study participants highlighted the benefits of implementing the comprehensive measures of Safeguarding Programs; such benefits included the increased awareness of CSA, the discouraging effect on potential offenders, and improvement of safety in YSOs. Meanwhile, considerable literature and practical resources are available on Safeguarding Programs, so it is unsurprising that the replies from (potential) offenders and therapists often confirmed current programs and measures (e.g. [Fegert, Kölch, König, et al., 2018](#); [UBSKM, 2023a](#)). Nevertheless, several relevant aspects emerged from the study results:

First, study participants regarded Safeguarding Programs as a comprehensive set of measures to protect children from CSA. However, to ensure the effectiveness of Safeguarding Programs, participants stressed that it is essential that all measures are fully implemented because the isolated use of individual measures (e.g., extended criminal record certificate) was not considered sufficient for effective child protection. This finding highlights the importance of a comprehensive approach to protecting children from CSA in YSOs, as recognized in previous research studies on holistic approaches ([Assini-Meytin et al., 2021](#); [Kappler et al., 2020](#); [Kindler & Derr, 2018](#)). This topic was emphasized in particular regarding the extended criminal record certificate in *staff training* because the majority of offenders in our study reported either lacking an entry on their criminal record certificate or receiving one long after the check had been conducted. Evidence for this also arises from offender-based research conducted by [Leclerc and Cale \(2015\)](#), who found in an offender-based study in 23 Canadian adult sex offenders in YSOs that 78 % of them had never before been arrested for a sexual offense prior to the offense for which they were then convicted. Thus, our participants proposed that a clear reference to CSA in job interviews (*staff management*), along with a strong organizational stance against CSA in *mission statements and codes of conduct*, are more effective in deterring potential offenders than being asked to provide an extended criminal record certificate.

Second, according to our participants, the aforementioned comprehensive approach that aims to lead to a common culture or mission ([Assini-Meytin et al., 2021](#); [Katsch, 2018](#)) and therefore respects the interests and goals of all stakeholders (i.e., children and youth, parents, and staff) should also include contributions of potential offenders. Because all participating (potential) offenders communicated that their goal was not to commit CSA and that they wanted to help protect children, they easily aligned their goals with

the principles of Safeguarding Programs (see also limitations of this study). Consequently, they saw the implementation of Safeguarding Programs as being in their interest and as a way to increase behavioral control for people struggling with urges to commit CSA in YSOs. In order for child protection to work, the measures of Safeguarding Programs should therefore provide a clear framework that helps (potential) offenders to control their behavior. This point was most clearly illustrated in the interview with PO2, who described how the rooms or “*atmosphere*” of the practice in which he worked as a therapist had a strong influence on his own behavioral control. Initially, he reported that in his old practice, the environment (e.g., structure of rooms, their tidiness, relationships with patients) felt “*family-like*” to him, which is why he spoke of experiencing a greater struggle to avoid problematic behavior and to maintain a professional demeanor as a therapist. In this case, the change to a more “professional” organization allowed PO2 to regulate his behavior more easily, as the atmosphere and working conditions contributed to a change in his behavior towards patients. Accordingly, this participant underscored the significance of a clearly defined *code of conduct* and the comprehensive implementation of Safeguarding Programs in general. The advantages of cultivating a “culture of mindfulness” and giving greater consideration to situational factors in YSOs (e.g., considering them in organizational designs, such as including the layout of practice rooms in *risk analysis*), is well-founded in Situational Crime Prevention (Smallbone et al., 2008). According to Situational Crime Prevention the likelihood of committing a crime depends on both the offender's propensity or criminal disposition and the crime-enabling variables in the immediate environment. However, besides increasing the risk of detection, situational factors were also reported to help (potential) offenders draw and maintain self-imposed boundaries. Given that a significant proportion of potential offenders in YSOs, whether employed on a full-time or voluntary basis, are at an elevated risk of CSA but do not engage in sexual violence, it seems imperative to support their efforts in behaving responsibly. In consideration of the findings of this study, it seems reasonable to propose that Safeguarding Programs may prove beneficial with respect to this cause.

Third, participants emphasized the significance of open discussions on sexuality, boundaries, and sexual abuse within YSOs. They advocated for the *participation* of children in the creation and implementation of Safeguarding Programs, in alignment with the concept of an open communication culture. On the one hand, interviewees argued that this would mean empowering children to recognize and report CSA and teaching them about consent, dating, and relationship skills, which are potential interventions in primary prevention (Schneider & Hirsch, 2020). On the other hand, participants hoped that by promoting an open culture and dialogue, Safeguarding Programs could also address the stigma associated with a sexual and/or romantic attraction to children, which both therapists and (potential) offenders described as the major barrier to help-seeking. Therefore, participants argued that integrating these aspects into *staff training* and *prevention offerings* in Safeguarding Programs could address the social stigma associated with sexual attraction to children (which is frequently and erroneously conflated with child sexual abuse) and support help-seeking among (potential) offenders. This idea is consistent with recent research that emphasizes the importance of reducing stigma and increasing awareness of pedophilic disorders to enable help-seeking (Cantor & McPhail, 2016; Jahnke, 2018; Lawrence & Willis, 2021). Therapists and (potential) offenders were convinced also of the effectiveness of secondary and tertiary preventive measures aimed at helping (potential) offenders engage in non-offending behaviors (Kuhle et al., 2015). They argued that by addressing these issues in Safeguarding Programs, open dialogue about offending could ultimately lead to a reduction in CSA. Although research on therapeutic programs against recidivism among offenders (Kim et al., 2016) and prevention among potential offenders is promising (Beier, 2018; Kindler & Derr, 2018), it remains to be seen whether addressing this issue in holistic approaches can contribute to destigmatization or whether other approaches are needed (e.g., Harper et al., 2016, 2022).

Last, participants identified a gap in Safeguarding Programs concerning the internet and communication via messenger services, which offenders may use as part of their grooming strategies. Consequently, some participants recommended increasing children's, parents' and educational staffs' awareness of the potential risks of digital communication. Clear rules for communication between parents and personnel, particularly through platforms like WhatsApp, were proposed. Participants also emphasized the role of the internet for potential grooming attempts and the exposure of children to dangerous content and emphasized the need to prioritize internet safety in safeguarding efforts. Since the protection programs already take digital communication into account and have been expanded to better cover the digital space (UBSKM, 2022), this participants' feedback should be seen as criticism of the study vignettes (Appendices 2 + 3) rather than as a real gap in the existing Safeguarding Programs (see also limitations). Nevertheless, the protection plans for the digital space appear to be somewhat isolated from the core elements of Safeguarding Programs and could be integrated more prominently in future iterations, e.g., as is the case in Assini-Meytin et al.'s theme 2 (Code of Conduct) under “electronic communication” and “communication with parents” (2021, p. 6).

5. Limitations and future directions

Several limitations should be considered when interpreting our results. Of course, the individuals who participated in this study as “offenders” or “potential offenders” have many different social roles depending on the observer, context, and time (e.g. they may be victims of other crimes themselves). For the purposes of this study, this simplification was deemed necessary to allow us to compare the perspectives of (potential) offenders and therapists and to summarize the feedback on the complex Safeguarding Programs. In post-interview feedback, participants indicated that they agreed with this approach and did not feel burdened by the study. It is crucial to acknowledge that the rationale behind the involvement of all (potential) offenders was to foster the protection of children and to contribute to the improvement of Safeguarding Programs. This may have resulted in the exclusion of individuals who do not perceive sexual acts with children to be a form of violence. As a result, some of the feedback on Safeguarding Programs, particularly with respect to deterrence, may not apply to these offenders to the same extent. Also the (potential) offenders' unequivocal support of Safeguarding Programs and their opposition to CSA may represent a potential bias and socially desirable response behavior. Although the (potential) offenders who participated in the study often had years of treatment experience and were very open about their own delinquent

behavior, we cannot rule out that they may have presented an overly positive picture (e.g., by describing past criminal behavior as less intentional than it actually was in the given situations). A further limitation of the present work is that although the data collection was closed with repeated responses in relation to the primary research objective (i.e. feedback on protection policies), it can be assumed that further insights would have emerged with more and more diverse participants in the research (especially among potential offenders). Similarly, future studies should provide a more detailed account of the differences between offenders and potential offenders in order to ascertain whether there are significant differences. Although this exploratory study included (potential) offenders with knowledge of different contexts of YSOs, it did not include, for example, young offenders or therapists of young offenders (e.g. perpetrating as peers, volunteers or formal employees). Given the potential increase in CSA perpetrated by juveniles and the need to tailor prevention efforts to this clientele (Mathews et al., 2024), future studies should also include juvenile (potential) offenders when examining Safeguarding Programs.

It is noteworthy that all of the therapists included in this study indicated a lack of prior experience with Safeguarding Programs. It is therefore recommended that their feedback on the implementation of these programs be treated with caution and subjected to further analysis. Future studies should also incorporate the input of therapists who have greater experience with Safeguarding Programs and protective factors for CSA in YSOs. Another limiting factor of this study lies in the exploratory vignette approach of German Safeguarding Programs. As a result, the feedback on safeguarding programs and their transferability to other holistic approaches is not necessarily applicable outside of Germany. This is due to a number of factors, such as the existence of mandatory reporting laws in other countries or fewer support services in secondary prevention. Because we had to summarize Safeguarding Programs to present them as concisely as possible and enable the participants to review them in a reasonable period of time, the vignettes may not have comprehensively described the Safeguarding Programs in accordance with the most recent literature (e.g., UBSKM, 2023a), which may have limited comprehensibility. Nevertheless, based on the participants' responses, it can be assumed that they understood the basic structure of the Safeguarding Programs and that all participants engaged with the Programs sufficiently to be able to provide feedback and suggestions for possible improvements.

6. Conclusion

To our knowledge, to date no study has examined the perspectives of (potential) offenders and therapists on comprehensive Safeguarding Programs. Our study provides insight into the perspectives of (potential) offenders and therapists regarding both Safeguarding Programs and other holistic organizational approaches that YSOs can implement to protect children from CSA. Future research should consider using participatory research approaches (Vaughn & Jacquez, 2020) in studies with (potential) offenders (i.e., offender-based research (Bernasco, 2010)), which have the potential to enhance knowledge about CSA through direct participant involvement in all aspects of research projects, including design, evaluation, and validation of results. Nevertheless, we believe that the findings of this study have the potential to inform and enhance the development of core elements of holistic approaches needed to protect children from CSA in YSOs. Furthermore, the findings demonstrate that (potential) offenders are capable of and willing to provide valuable insights into the prevention of CSA in YSOs.

CRedit authorship contribution statement

Christian Götzl: Writing – original draft, Visualization, Validation, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Sebastian Pichlmeier:** Writing – review & editing, Validation. **Teresa Walter:** Writing – review & editing. **Marius Stickel:** Writing – review & editing. **Andreas Jud:** Writing – review & editing, Funding acquisition. **Judith Streb:** Writing – review & editing, Validation, Supervision, Resources, Project administration, Funding acquisition, Conceptualization. **Manuela Dudeck:** Writing – review & editing, Validation, Supervision, Resources, Project administration, Funding acquisition, Conceptualization.

Ethics approval and consent to participate

Ethical approval was obtained from the Medical Ethics Review Committee of Ulm University (Medical Faculty Ulm; Ref. No.: 208/22), and the study was performed in accordance with the Declaration of Helsinki (World Medical Association, 2013). Prior to the interviews, participants were provided with a participant information sheet explaining the study procedures and an informed consent and privacy form. All therapists provided written informed consent, and all (potential) offenders provided written or verbal informed consent. Only participants who provided informed consent were included.

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Appendices. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2024.107212>.

Data availability

The datasets obtained and analyzed during the current study are available from the corresponding author on reasonable request. Full transcripts of interviews with (potential) offenders or therapists are not publicly available because although they are anonymized, they may allow individuals to be identified.

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