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PREVENTING HARM WHILE PROTECTING RIGHTS

A Human Rights Approach on Addressing Pedophilia in Europe

Author: Jenny Neumann

Supervisor: Prof. Dr. Julien Pieret, Prof. Dr. Laurent Chabert

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Abstract

This thesis looks at the contradictions within human rights in the social stigmatization of pedophiles, which requires a dignity, legality and early intervention prevention response. It makes a distinction between the attraction itself and offending behavior and argues that this conflation renders prevention ineffective, adds to psychological distress and ultimately undermines child protection. Grounded in Erving Goffman's theory of stigma and Howard S. Becker's theory of labeling, the research illustrates how individuals become socially discredited and deviant-directed by societal responses, further escalated by those of the media and institutions. Using Michel Foucault's analysis of psychiatric power and historical construction of deviance, this work examines the medicalization and pathologization of pedophilia in control frames. A critical examination of European legislative action, such as the Lanzarote Convention and Directive 2011/93/EU and the "Stop It Now!" prevention program reveals the mechanisms by which legislative frameworks fail to prioritize preventive over punitive measures. The thesis urges a shift towards a human rights-based approach with an emphasis on access to confidential, non-discriminatory healthcare and psychosocial support. This approach recognizes the rights of non-offending parties while enhancing public safety and provides a more ethical and efficient

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List of Abbreviations

APA	American Psychiatric Association
CJEU	Court of Justice of the European Union
CoE	Council of Europe
CRC	UN Convention on the Rights of the Child
CSA	Child Sexual Abuse
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
ESC	European Social Charter
EU	European Union
FRA	European Union Agency for Fundamental Rights
GDPR	General Data Protection Regulation
ICCPR	International Covenant on Civil and Political Rights
ICD-10	International Classification of Diseases, Tenth Revision
ICESCR	International Covenant on Economic, Social and Cultural Rights
LFF	Lucy Faithfull Foundation
MAP	Minor-Attracted Person
NGO	Non-Governmental Organization
OHCHR	Office of the High Commissioner of Human Rights
OPSC	Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography
SiN	Stop it Now!
SiN-NL	Stop it Now! Netherlands
U.S.	United States of America
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
WHO	World Health Organisation

1. Introduction

The subject of pedophilia and how society manages those who are affected generates more public controversy and unease than perhaps any other topic. Strong emotional responses, moral condemnation and calls for severe penalties, sometimes even for self-justice, often influence public discourse. As stigmatization scholars have long emphasized, such a reaction can have profound consequences for both individuals and society. Erving Goffman's (1963) work on stigma theory helps explaining how pedophilic individuals become discredited in social interactions, typically ending in what Howard S. Becker (1963) described in his labeling theory as a self-fulfilling prophecy of deviance amplification. This process is reinforced by what Becker termed "moral entrepreneurs", individuals and institutions that shape social attitudes and define deviance according to their own moral standards. In the context of pedophilia, these include diagnostic catalogues, legal definitions or media portrayals, all of which play a powerful role in constructing and maintaining societal perceptions of deviance.

These processes of labeling and moral boundary-setting are not only sociological but also deeply rooted in historical and institutional power structures. As Michel Foucault has shown in *History of Madness* and *The Power of Psychiatry*, concepts like pedophilia are not timeless or purely medical, but social constructs shaped by evolving psychiatric discourse and mechanisms of control.

Even though these declining responses are understandable, they do help to obscure the complicated reality of those who are impacted. Especially, it is unusual in public debate to distinguish between pedophilic inclination and criminal behavior. Besides making it more difficult to create and apply effective prevention and treatment programs, this confusion also stigmatizes the victims further.

At a time when child protection and mental health are coming increasingly onto the political and practice agendas, it is important to deal with this sensitive topic from a multidisciplinary and human rights perspective. Only in this way can it be ensured that children are effectively protected, without ignoring the rights and dignity of people with unacted but highly stigmatized sexual preferences.

This thesis looks at the difficult balance between protecting children and respecting human rights. It focuses on how strong negative reactions to pedophilia can sometimes cause more harm than good. These reactions can create obstacles to early help, reduce access to medical support and eventually increase the risk of harm, both for people struggling with their thoughts and for the children meant to be protected. The central research question guiding this thesis is therefore: To what extent does social stigmatization of people affected by pedophilia lead to human rights tensions, especially regarding the rights to health,

security, privacy and non-discrimination? And how can a human rights-based prevention approach help reduce the risk of child sexual abuse?

The aim of this thesis is to critically analyze to what extent prevention programs can effectively reduce the risk of child sexual abuse without violating basic human rights. The focus is on a comprehensive evaluation of the current legal frameworks in the European context, public health strategies and psychosocial support systems. Special attention is given to how these elements interact and contribute to barriers in accessing help for individuals with pedophilic tendencies. By highlighting the human rights aspects of privacy and data protection, health and healthcare access and the prohibition of torture and cruel treatment, this thesis promotes a responsible, informed and evidence-based prevention strategy that emphasizes early intervention over only punitive responses. Thereby, this research addresses several controversial questions in the treatment literature, including debates about the effectiveness of current intervention models, the appropriate balance between destigmatization and risk management and the tension between confidentiality principles and mandatory reporting obligations.

This thesis is also relying on broader controversies in the treatment literature, including large research gaps and data collection limitations due to the sensitive nature of the problem. There are still controversies around balancing state security interests and individual privacy rights, ethical issues about neurocorrective treatments and pharmacological interventions and balancing providing treatment access and doing no harm. One that is especially contentious is the assessment of effectiveness of prevention programs, which is gravely compromised by anonymity requests and dependence on self-reporting.

To achieve this goal, the thesis uses a literature-based approach. It critically analyses existing scientific, legal and policy literature, as well as international human rights documents, in trying to theoretically address the tension between child protection and human rights. The methodology is multidisciplinary, using the insights of public health, sociology, law, ethics and political analysis, but not systematically integrating these disciplines. The goal is to make a richer interpretation of this complex issue through the lens of various lenses. Such an effort rests on a range of core postulates of human rights thought, including the universality of human rights, the non-discrimination principle, proportionality and respect for the rule of law – all being the essential in order to evaluate prevention strategies that align with both child protection and human rights of individuals with pedophilic tendencies. The research tackles the topic from a human rights perspective, only considering psychological factors as far as they refine the discussion of legal and ethical issues.

Therefore, the primary sources of this thesis are indeed international human rights documents such as the Universal Declaration of Human Rights (UDHR), the European Convention on Human Rights (ECHR), the Convention on the Rights of the Child (CRC) and regionally applicable ones such as the Lanzarote Convention and the General Data Protection Regulation (GDPR). These legal frameworks construct essential defenses of the right to data protection and privacy, the right to access healthcare and health and against torture and cruel treatment – both as a "sword" to protect future victims and as a "shield" against disproportioned reaction. The European Social Charter and the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR) are the normative instruments examined here. In addition, the EU Directive 2011/93/EU and its application in practice in every European country in which the *Stop It Now!* programme is conducted will be scrutinized in detail, explaining how these legal instruments function in practice.

Additionally, the initiative *Stop It Now!*, that offers support to individuals at risk of committing sexual child abuse, serves as a case study to examine how these principles are implemented in practice. The international prevention program was founded by Fran Henry and is currently directed by Jenny Coleman in the US, with implementations in four European countries and supported by the European Commission's Daphne Programme - the UK, Ireland, the Netherlands and Belgium. This program exemplifies the public health approach to child sexual abuse prevention, utilizing confidential helplines as low-threshold intervention points for early intervention before abuse occurs. Some previous scientific research on *Stop It Now!* has examined its effectiveness, though evaluations face methodological challenges due to confidentiality requirements and the sensitive nature of the data collected.

This thesis follows a logical structure that allows readers to gradually develop a comprehensive understanding of a human rights-based approach to pedophilia. Chapter 2 first lays the necessary foundation through basic information about pedophilia and child sexual abuse. This differentiation is essential, as precise term definition, medical diagnostic criteria and the clarification of common misconceptions form the prerequisite for an objective and fair discussion of the topic.

Basing this awareness, Chapter 3 centers on the normative framework of relevant human rights. This is important because it provides legal and ethical grounds from which preventive measures have to be built. The right to privacy, the right to health and the right to security are given special priority – rights of significant importance for affected individuals and society. This chapter reflects how human rights constitute a foundation for balancing protection and treatment, in the context of the fact that a rights

approach acknowledges the requirement of treatment alongside protection. It explores how human rights principles establish the grounds for and limits of intervention in this sensitive area.

After establishing the theoretical foundation, Chapter 4 analyzes the program *Stop It Now!* as a concrete practical example for implementing a human rights-based approach to pedophilia. This case study illustrates how the previously discussed principles are applied in reality and what legal challenges such programs face in various legal systems. The examination of an established program makes it possible to learn from practical experiences. The analysis will highlight how the program's confidentiality provisions reflect respect for privacy rights while its non-judgmental approach recognizes the dignity of individuals struggling with problematic thoughts, key aspects of a human rights-oriented prevention strategy.

Chapter 5 deepens the analysis through a critical examination of the ethical and legal areas of tension in prevention work, such as between legal reporting obligations and necessary confidentiality. This section presents concrete solution approaches and illustrates how a human rights-based approach can help with such dilemmas. It addresses the controversy over medical/therapeutic versus punitive frameworks and the debate on voluntary versus mandatory treatment approaches that dominate current discourse. The chapter particularly examines the tension between confidentiality in healthcare and reporting obligations, highlighting how this represents a balancing of competing rights in human rights frameworks.

Finally, Chapter 6 brings together all findings and answers the main research question. The conclusions are based on the systematic analysis of definition, legal framework, practical experiences and ethical considerations and lead to concrete recommendations for action regarding a human rights-based approach to pedophilia. These recommendations reflect on how a human rights framework shifts focus from purely punitive to prevention-oriented approaches and how a rights perspective helps counter stigmatization while maintaining protection obligations, ultimately protecting children's rights and safety as the paramount concern while recognizing the humanity of individuals with pedophilic attractions, particularly non-offending ones.

2. Understanding Pedophilia and Child Sexual Abuse

The prevention of child sexual abuse is perhaps one of the most critical duties of any advanced society. But the issue demands more than a sermon of moral outrage. It needs a complex discourse, not merely one of moral condemnation of the acts themselves, on the concepts and realities that are often confused in public discussions. This chapter is intended to take a step in achieving such conceptual and analytic

clarity by making a distinction between pedophilia as a psychosexual preference as opposed to sexual abuse of a child as a positive unlawful action.

The first subchapter (*2.1 Distinguishing Pedophilia from Child Sexual Abuse*) systematically elaborates on this fundamental distinction. Pedophilia is presented as a clinically diagnosable sexual preference based on the diagnostic criteria of the ICD-10 and DSM-5, contrasted with the legally punishable offense of child sexual abuse. This part includes prevalence data, an overview of current treatment approaches and a discussion of new challenges arising in the digital sphere.

Following that, subchapter *2.2 Psychological Distress and Social Stigmatization* examines the psychosocial price of pedophilic inclinations, particularly among non-offenders. Of especial concern there is social stigmatization, which can not only increase personal suffering but also severely reduce access to helping services. These conceptual frameworks, for instance, Goffman's stigma theory, labeling theory and Foucault's analysis of medical power relations offer a deeper understanding of such dynamics. These remarks highlight the way social labeling and moral panic, typically exaggerated through media discourses, can undermine preventive work.

The last subchapter (*2.3 Legal Framework for Child Protection in Europe*) presents the legal regime surrounding child protection in Europe. It discusses salient international and European legal instruments and provides a critical analysis of how stricter legal criteria designed to protect children's rights may inadvertently contribute to the stigmatization of pedophilic offenders. This introduces the broader question which legal language does not merely discipline conduct in an abstract sense but is engaged in producing social deviance and notions of threat and thus plays a part in the stigmatization processes discussed in chapter 2.2.

From conceptual and medical clarification to psychosocial impacts and, finally, legal frameworks, the chapter's structure is not just formal; it reflects a conscious attempt to approach this complex issue in a methodical and interdisciplinary manner. The intention is to promote understanding rather than discrimination and to support an effective and human rights-respecting approach to child protection.

2.1 Distinguishing Pedophilia from Child Sexual Abuse

Pedophilia is a multifaceted and highly stigmatized subject that needs to be analyzed not just from medical and psychological viewpoints but also from social and legal standpoints. For the purposes of facilitating an evidence-based discussion, one has to be explicit in the distinction between sexual orientation and criminal activity. The chapter deals with aspects of pedophilia ranging from diagnostic and clinical fundamentals to social attitudes and ongoing scientific controversies. Its purpose is to promote a greater awareness of the subject, uncover present myths and critically examine the problems in research, prevention and practice.

People with pedophilia or pedophilic tendencies exist at all levels of society¹. Pedophilia refers to attraction to prepubescent children but hebephilia explicitly refers to attraction to people in early adolescence². For the sake of readability, the words 'pedophilia' will be used throughout the thesis to denote pedophilia and hebephilia, even though the stricter and more accurate term should be 'pedohebephilia.'³

According to the ICD-10, the internationally recognized system for classifying and coding diseases developed by the World Health Organization (WHO), pedophilia is a sexual preference that lasts for at least six months and can be directed towards one or more genders⁴. It is classified as a paraphilia, meaning a disorder characterized by unusual or pathological sexual preferences. These manifest as recurrent and intense sexual fantasies or impulses involving atypical objects, activities or specific groups of people⁵.

In the same line, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association (APA) is the other main source of diagnoses. The DSM-5 diagnoses pedophilic disorder only if the individual has also acted on the sexual urges portrayed in sexual fantasies or is experiencing significant distress as a consequence of those fantasies. Through that, a distinction is drawn between a pedophilic inclination and a paraphilic illness. In addition, the person concerned must be at least 16 years old and at least five years older than the child concerned⁶.

¹ Bian, J./ Yao, Y./ Zhou, R., *The Influence of Social Factors on the Formation and Development of Pedophilia*, <https://www.clausiuspress.com/conferences/AETP/ASSSD%202022/Y1275.pdf> [accessed 27 May 2025], p. 57.

² Cohen, L./ Galynker, I./ Schaefer, A./ Wittenberg, A., *Qualitative Analysis of Minor Attracted Persons' Subjective Experience: Implications for Treatment*, in: *Journal of Sex & Marital Therapy* 49 (4), 391–411, p. 391.

³ Blagden, N./ Chronos, A./ Jahnke, S., *The Treatment Needs and Experiences of Pedohebephiles: A Systematic Review*, in: *Archives of Sexual Behavior* 2024, <https://doi.org/10.1007/s10508-024-02943-0> [accessed: 27 May 2025].

⁴ Bian et al., *The Influence of Social Factors on the Formation and Development of Pedophilia*, p. 57.

⁵ Bjelajac, Ž./ Filipović, A., *Profiling of online pedophiles*, in: *Pravo - teorija i praksa* 39 (4) (2022), 30–47, p. 30.

⁶ Jara, G./ Jeglic, E., *Changing public attitudes toward minor attracted persons: an evaluation of an anti-stigma intervention*, in: *Journal of Sexual Aggression* 27 (3), 2021, 299–312, p. 299.

Some scholars have argued that attractions to minors may constitute a sexual orientation rather than solely a mental disorder, challenging the DSM-5's narrow classification of pedophilia. This perspective has important implications for reducing stigma and guiding therapeutic approaches, particularly those that promote self-acceptance and reinforce safe behavior⁷.

Nevertheless, experts are very broadly in agreement that pedophilia is a sustained sexual interest in children⁸. The diagnostic differences between the DSM-5 and the ICD-10 have serious implications for clinical practice. They present a significant barrier to standard patient care, creating uncertainty in diagnosis. It creates fragmented care and interferes with access to treatment and prevention efforts. A common and standardized approach to the diagnosis and treatment of pedophilia therefore illustrates great importance in being able to provide effective support to affected individuals, as well as informing the quality of care⁹.

A deeper engagement with historical and intercultural perspectives enriches the understanding of pedophilia, which in modern psychiatric classifications is defined as a persistent sexual interest in prepubescent children¹⁰. Historically, the determination of sexual maturity and appropriate marriage age were shaped by a complex mix of biological, legal and cultural factors that influenced the perception of maturity, responsibility and consent. In this context, childlike innocence is constructed as the opposite of child sexuality, with one excluding the other¹¹.

Nevertheless, the distinction between the simple preference and the actual behavior remains crucial: pedophilia is and remains a purely medical-psychiatric diagnosis, not a legal term¹². In fact, only about half of all documented sexual assaults on children are committed by individuals with pedophilic tendencies, underscoring the need for a clear separation between preference and action¹³. Overall,

⁷ Grady, M./ Levenson, J., *Preventing Sexual Abuse*, p. 1008.

⁸ Grundmann, D., *Investigating clinical characteristics of pedophilia and hebephilia via self-reports in a sample of undetected men from the community*, PhD thesis, Charité Berlin (2017), https://refubium.fu-berlin.de/bitstream/handle/fub188/12048/Grundmann_D._Diss.pdf?sequence=1&isAllowed=y [accessed: 27 May 2025], p. 5.

⁹ Bayram, G./ Juth, N./ McMahan, A./ Rahm, C., *Health care professionals' view on pedophilic disorder: a qualitative study*, in: *Sexual and Relationship Therapy* 38(4) (2023), 684–695, p. 685.

¹⁰ Bian et al., *The Influence of Social Factors on the Formation and Development of Pedophilia*, p. 57.

¹¹ Eelmaa, S./ Murumaa-Mengel, M., *Who is Worthy of Help? Constructing the Stereotype of the "Ideal Victim" of Child Sexual Abuse*, in: Ischebeck, J./ Stelzmann, D. (ed.), *Child Sexual Abuse and the Media* (Nomos Verlagsgesellschaft mbH & Co. KG, Baden-Baden, 2022), 261–278, p. 268.

¹² Bulut, S./ Çankaya, M., *Understanding the Reasons of Pedophilia*, in: *Clinical Research in Psychology* 3 (1), 2020, p. 1.

¹³ Amelung, T./ Beier, K. M./ Kruger, T./ Mohnke, S./ Ponseti, J./ Schiffer, B./ Schuler, M./ Walter, H./ Walter, M., *Neural processing associated with cognitive empathy in pedophilia and child sexual offending*, in: *Social Cognitive and Affective Neuroscience* 17 (8) (2022), 712–722, p. 712.

approximately 1% to 5% of surveyed men report sexual interest in prepubescent or early pubescent children, while fewer than 1% of women report similar tendencies¹⁴. These gender differences raise important biological, psychological and social research questions.

Unfortunately, research in this area remains insufficient¹⁵. Yet, the determination of underlying mechanisms is key to ensuring that effective measures are not being formulated. Multidisciplinary interventions are most critical in examining the neurological, psychological and social factors driving these trends. For example, the role of dysfunctions in neural networks is still poorly understood, although evidence suggests that impairments in the orbitofrontal cortex and ventromedial and dorsolateral prefrontal regions may contribute to so-called "acquired pedophilia" by affecting impulse control and moral judgment. Similarly, malfunctions in the limbic system and hypothalamus, which regulate emotions and sexual behavior, may play a role¹⁶.

A multidimensional approach is essential for more effective therapeutic care. While cognitive behavioral therapies aim to improve emotional regulation, strengthen social skills and foster empathy for potential victims, medical treatments such as testosterone-lowering medications can be used as a supplementary measure in severe cases. Several regions have already implemented programs integrating cognitive-behavioral strategies with pharmacological options to accommodate the diverse needs of participants¹⁷. However, the long-term effectiveness of these multimodal approaches remains uncertain and requires further scientific investigation¹⁸.

Giving the right kind of help can improve the lives of those affected and lower the chances of illegal actions¹⁹. Because this issue is very complicated, it is important to carefully study how prevention programs work. Research so far shows some success in reducing risk factors linked to child sexual abuse, but there is still not enough information about how well treatments work over time. A full review,

¹⁴ Antfolk, J./ Blagden, N./ Jahnke, S./ Mcphail, I., *Secret-keeping in therapy by clients who are sexually attracted to children*, in: *Psychotherapy Research*, 2023, 1-16, p. 1.

¹⁵ Allnock, D./ Hynes, P./ Radford, L., *Promising programmes to prevent and respond to child sexual abuse and exploitation* (United Nations Children's Fund, 2015), <https://www.unicef.org/media/66741/file/Promising-programme-responses.pdf> [accessed: 27 May 2025], p. 35.

¹⁶ Battaglia, U./ Berryessa, C./ Bianchetti, M./ Caggiu, I./ Camperio Ciani, A./ Costa, C./ Devinsky, O./ Ferracuti, S./ Focquaert, F./ Forgione, A./ Gilbert, F./ Pennati, A./ Pietrini, P./ Rainero, I./ Sartori, G./ Scarpazza, C./ Swerdlow, R., *Acquired Pedophilia: international Delphi-method-based consensus guidelines*, in: *Translational Psychiatry* 13 (11, 2023), p. 13.

¹⁷ Jahnke, S./ Kuhle, L./ Stelzmann, D., *Media Coverage of Pedophilia and Its Impact on Help-Seeking Persons with Pedophilia in Germany - A Focus Group Study*, in: *International Journal of Environmental Research and Public Health* 19 (9), 2022, p. 2.

¹⁸ Macassa, G./ McGrath, C., *Common Problems! and Common Solutions? - Teaching at the Intersection Between Public Health and Criminology: A Public Health Perspective*, in: *Annals of Global Health* 90.1 (2024), 1–11, p. 4.

¹⁹ Baker, J., *Pedophilia and Sexual Orientation*, in: *Kwantlen Psychology Student Journal* 3 (2021), p. 129.

including a randomized controlled trial, is planned to be completed by the end of 2025²⁰. This shows the importance of keeping prevention programs under review and improving them, so effective and consistent methods can be created²¹.

However, psychological and medical knowledge alone is insufficient to explain the complicated issue of pedophilia and child sexual abuse entirely. However, broader societal dynamics are important for the creation of public discussion and institutional responses. Today, in the digital kingdom in which children live, the internet is often the primary location where these crimes occur, creating a gray area between the online realm and real life. Online spaces give offenders new chances to take advantage of vulnerable people, especially children, by using manipulative methods. Because this problem is complicated and keeps changing, it requires help from different areas of expertise²².

The "Triple-A Engine" that the internet has established, in terms of **accessibility**, **affordability** and **anonymity**, has contributed to the prevalence of internet assisted sexual offences such as the distribution and possession of child sexual exploitation material and online grooming, which includes perpetrators tricking children into applying a wide range of online interaction type involving sexually explicit content²³. Many offenders use the darknet to hide both their real identity and their online presence, which remains a challenge for law enforcement. Moreover, research indicates that approximately 80% of the activity on the darknet is related to child exploitation content, showcasing the need for effective policy and investigative tools²⁴.

The fight against child abuse, both physically and online, needs a variety of strategies. Improving laws, advancing technology and encouraging global cooperation are essential for a complete response. By combining research, policy and support for recovery, communities can reduce the damage from these crimes and work towards preventing them. Nevertheless, it is also important to remember that offenders

²⁰ Amelung, T./ Beier, K. M./ Fishere, M./ Nentzl, J./ von Heyden, M., *Preventing Child Sexual Abuse and the Use of Child Sexual Abuse Materials: Following up on the German Prevention Project Dunkelfeld*, in: *Journal of Prevention* 45 (2024), 881–900, p. 884.

²¹ Coleman, J./ De Boeck, M./ Findlater, D./ Van Dijk, Jill, *Moving Forward in Offender-Oriented Prevention: The Stop It Now! Prevention Project from an International Perspective*, in: McCartan, K./ Smid, W. J./ Uzieblo, K. (ed.), *Challenges in the Management of People Convicted of a Sexual Offence. A Way Forward* (Springer Nature, Cham, 2022), 261–282, p. 278.

²² Bjelajac/ Filipović, *Profiling of online pedophiles*, pp. 30-31.

²³ Fromberger, P./ Jordan, K./ Klein, L./ Müller, I./ Müller, J./ Wild, T., *Prevention of Sexual Child Abuse: Preliminary Results From an Outpatient Therapy Program*, in: *Frontiers in Psychiatry* 11 (88) (2020), p. 2.

²⁴ Divakarmurthy, P./ Menezes, R./ Oliveira, M./ Passold, J./ Requião da Cunha, B., *Unravelling the dynamics of child sexual exploitation material circulation on the Dark Web*, in: *PLoS ONE* 19 (7), 2024, pp. 1–2.

should be held responsible but not treated as less than human. When suitable, rehabilitation should be part of a broad plan to reduce repeat offenses and safeguard future generations.

2.2 Psychological Distress and Social Stigmatization

Pedophilia presents a complex interplay between clinical understanding, legal classification and social stigmatization. This chapter examines how these domains interact to create particular challenges for affected individuals while also influencing societal responses to the phenomenon. Pedophilia is a topic to be discussed publicly only in the context of criminality and moral condemnation. The ethical complexities surrounding pedophilia are frequently overlooked in favor of simplified moral condemnation, creating a climate where nuanced clinical understanding is difficult to establish. This dynamic contributes to a situation where individuals most in need of support are the least likely to receive it due to overwhelming stigma²⁵. This stigma is additionally reinforced by broader societal attitudes, where widespread discrimination compounds these challenges and contributes to far-reaching negative consequences²⁶.

Complicating matters further is the intersection of clinical framing and legal classification. While pedophilia itself (as a pattern of attraction) is not illegal, its strong association with child sexual abuse in both legal contexts and public discourse often leads to automatic assumptions of criminality, even towards individuals who have not acted on these attractions. The resultant conflation between the psychiatric condition and criminal behavior amplifies stigmatization, creating barriers unique to this population²⁷.

The impact of this stigmatization goes beyond a person's self-image, affecting their social interactions and chances of reintegration. Research shows that shame, stigma and secrecy create big obstacles. Many people are afraid to speak up because they fear rejection or hostility, which not only makes it harder for them to reintegrate but can also push them towards harmful peer groups that strengthen their new identity²⁸. Studies indicate that internalizing stigma damages the self-esteem of "Minor Attracted

²⁵ Moen, O., *The Ethics of Pedophilia*, in: *Etikk i praksis. Nordic Journal of Applied Ethics*, 9 (1), 2015, 111–124, pp. 122–123.

²⁶ Bian et al., *The Influence of Social Factors on the Formation and Development of Pedophilia*, p. 59.

²⁷ Bartels, R./Harper, C./Hogue, T., *Reducing Stigma and Punitive Attitudes Toward Pedophiles Through Narrative Humanization*, in: *Sexual Abuse* 30 (2018), 533–555, p. 534.

²⁸ Bernburg, J. G., *Labeling Theory*, in: Krohn, M. D./ Lizotte, A./ Penly Hall, G. (ed.), *Handbook on Crime and Deviance* (Springer Science + Business Media, New York, 2009), 187–208, p. 192.

Persons" (MAPs), often causing deep shame and serious psychological distress, like self-hatred and isolation, making it harder for them to seek professional help²⁹. As a result, many affected individuals experience deep despair, fear and a decline in self-esteem and self-confidence, particularly upon becoming aware of their attraction. These burdens are frequently compounded by comorbid mental health disorders such as depression, anxiety and suicidal thoughts, increasing the risk of severe crises³⁰.

It was found that internalized stigma operates through several mechanisms, including expectations of discrimination and rejection from others, shame related to having pedophilic attractions and hopelessness about the possibility of gaining control over these attractions. These psychological mechanisms significantly impact both mental health outcomes and willingness to seek treatment³¹.

However, similar to other highly stigmatized conditions, pedophilia could be better addressed through medical and psychological support rather than social exclusion. Therefore, understanding how individuals with pedohebephilic tendencies manage to avoid committing offenses is crucial for developing effective prevention strategies³². Yet, stigma and fear of discovery hinder the recruitment of research participants³³. Nonetheless, existing support and treatment programs for non-offending pedophiles demonstrate that many affected individuals are willing to seek therapeutic help³⁴.

Stigmatization is a strong social issue that affects many people and communities. It happens when individuals or groups are seen as less important because of certain traits³⁵. Stereotypes usually come from the way people think to make sense of those they do not know. However, these negative views can become stronger when the public is given wrong or misleading information. Not knowing much about a certain group can lead to stereotypes, but learning the truth and interacting with people from marginalized groups can help reduce these biases and stop stigmatization³⁶.

²⁹ Harper, C./ Lievesley, R./ Swaby, H./ Woodward, E., *Identifying and working with appropriate treatment targets with people who are sexually attracted to children*, in: *Journal of Sex & Marital Therapy* 49 (5) (2023), 497–516, p. 499.

³⁰ Jimenez-Arista, L./ Reid, D., *Realization, Self-View and Disclosure of Pedophilia: A Content Analysis of Online Posts*, in: *Sexual Abuse* 35 (2) (2023), 214–240, p. 231.

³¹ Elliott, H./ Harper, C./ Lievesley, R., *The Internalization of Social Stigma Among Minor-Attracted Persons: Implications for Treatment*, in: *Archives of Sexual Behavior* 49 (2020), 1291–1304, pp. 1292–1294.

³² Brown, A./ Eisenberg, M./ Jago, N./ Kerr, J./ McNaughton Nicholls, C./ Mulder, J./ Paskell, C./ Stam, J./ Van Horn, J./ Webster, S., *Stop It Now! A Pilot Study Into the Limits and Benefits of a Free Helpline Preventing Child Sexual Abuse*, in: *Journal of Child Sexual Abuse* 24 (8) (2015), 853–872, p. 865.

³³ Grady, M./ Levenson, J., *Preventing Sexual Abuse: Perspectives of Minor-Attracted Persons About Seeking Help*, in: *Sexual Abuse* 31 (8), 991–1013, 2019, p. 1008.

³⁴ Radford, L., *Action to end child sexual abuse and exploitation: A review of the evidence* (UNICEF, New York, 2020), p. 84.

³⁵ Bernburg, *Labeling Theory*, p. 188.

³⁶ Grady, M./ Levenson, J., *"I Could Never Work With Those People . . .": Secondary Prevention of Child Sexual Abuse Via a Brief Training for Therapists About Pedophilia*, *Journal of Interpersonal Violence* 34 (2019), 4281–4302, pp. 4295–4296.

To gain a deeper understanding of the social processes involved in stigmatization and social exclusion, it is worth discussing labeling theory. Labeling theory appeared in the second half of the 1960s as one among several criticisms of mainstream criminology. It posits that deviant behavior is not only constituted by the act, but instead takes place when society reacts to the action. Labeling was influenced by symbolic interactionism³⁷ and emphasized the importance in the definition and labeling of behavior. Labeling theorists believe that choices in the criminal justice system are often based on stereotypes, which are strongly influenced by things like gender and race or ethnicity. These stereotypes can affect who gets labeled as deviant and how others react to those labels³⁸.

As Becker illustrated, behaviors are not seen as deviant because of their deviant qualities, but as a result of how society responded to them³⁹. There are many groups within society and it is the group response to the deviant act that creates the label of "outsider"⁴⁰. For Becker, deviance is produced by the labeling process, the 'process' he referenced is the chain-reaction that occurs when the action is labeled: this labeling can impact upon one's self-identity and future behaviors⁴¹.

It is also closely related to Erving Goffman's stigma theory. Goffman, in his classical work *Stigma* (1963), understands stigma as a social label attached to persons due to certain (supposed) traits or associations, which dreadfully tarnishes their social status. He distinguishes three main forms of stigma: physical characteristics, character ascriptions and group-related affiliations, such as ethnic or religious identities. Such stigmas reduce a person's social perception to a single, negatively connoted trait⁴².

Goffman's dramaturgical approach views social life as a stage where individuals play roles and present identities. When a person is stigmatized, their "role" in the social game changes fundamentally, either by adopting the negative label or consciously rejecting the ascribed role⁴³. He also points out that stigmatization does not necessarily align with internal agreement, many stigmatized individuals perceive their behavior as normal and reject the label, highlighting the tension between self-image and societal

³⁷ Triplett, R./ Upton, L., *Labeling Theory: Past, Present, and Future*, in: Piquero, A. R. (ed.), *The Handbook of Criminological Theory* (John Wiley & Sons, Chichester, 2016), 271–289, p. 271.

³⁸ Brennan, P. K., *The Joint Effects of Offender Race/Ethnicity and Sex on Sentencing Outcomes*, in: Krohn, M. D./ Lizotte, A./ Penly Hall, G. (eds.), *Handbook on Crime and Deviance*, Springer Science + Business Media New York 2009, 319–348, p. 321.

³⁹ Gay, D., *Labeling Theory: The New Perspective*, in: *The Corinthian 2* (1), 2000, 1–18, p. 1.

⁴⁰ Triplett/ Upton, *Labeling Theory*, p. 271.

⁴¹ Becker, H. S., *Outsiders: Studies in the Sociology of Deviance*, Free Press Glencoe 1963, p. 44.

⁴² Atmaca, T., *An Examination of Oppositional Student Behavior Against School Norms in the Context of Erving Goffman's Theory of Stigma*, *International Online Journal of Educational Sciences* 12 (2020), 112–129, p. 113.

⁴³ Gay, *Labeling Theory: The New Perspective*, pp. 4-5.

perception⁴⁴. His approach has profoundly influenced the understanding of deviance and significantly shaped the social constructivist perspective on stigma. The introduction of stigma as a sociological topic prompted numerous studies on issues like mental health, disability, racialization and social inequality⁴⁵.

The theory distinguishes between primary and secondary deviation: Primary deviation refers to initial, often minor rule violations that do not immediately lead to a deviant identity. In contrast, the secondary deviation that arises when a person internalizes the deviant identity assigned to them, can, as a consequence, reinforce further deviant behavior. This distinction was formulated by Edwin Lemert, who argued that initial deviant acts may be part of typical behavior. However, the label of delinquent can lead individuals to internalize this identity, resulting in continued or increased deviation. This dynamic demonstrates how societal reactions can create a self-fulfilling prophecy, where the expectation or assignment of a negative label diminishes self-esteem and fosters a defiant identity⁴⁶.

The effects of labeling are evident in the experiences of people with pedophilic attractions, particularly those who have not acted on their interests. Many participants in studies such as Freimond (2013) reported being labeled as “pedophile,” “child abuser,” or “sexual deviant” by society, contributing to feelings of being misunderstood, ashamed and socially isolated⁴⁷. Through the lens of labeling theory, researchers have shown that such labels influence public attitudes and reduce opportunities for social acceptance and integration⁴⁸. Theoretical frameworks under development aim to better understand the psychological and social consequences of stigma towards people with pedophilic interests, drawing on existing stigma models used in the study of mental illness and sexual minority orientations⁴⁹.

Another important part of the theory is the idea of "moral entrepreneurs", people or groups who create and enforce social rules⁵⁰. Becker says these individuals help to shape how the public sees certain behaviors by starting and pushing for "moral crusades". They may create new rules or make sure existing ones are enforced. By doing this, they shape how certain actions are seen, including which ones are called deviant or criminal⁵¹.

⁴⁴ Gay, *Labeling Theory: The New Perspective*, pp. 4-5.

⁴⁵ Kusenbach, M./ Smets, P., *New Research on Housing and Territorial Stigma: Introduction to the Thematic Issue*, *Social Inclusion* 8 (2020), 1–7, p. 2.

⁴⁶ Lanier, M. M./ Restivo, E., *Measuring the Contextual Effects and Mitigating Factors of Labeling Theory*, in: *Justice Quarterly* 32(1) (2015), 116–141, p. 117.

⁴⁷ Lawrence/ Willis, *Understanding and Challenging Stigma*, pp. 152–153.

⁴⁸ *Ibid.*, pp. 156-157.

⁴⁹ Hoyer/ Jahnke, *Stigmatization of People with Pedophilia*, p. 20-21.

⁵⁰ *Ibid.*, pp. 8-9.

⁵¹ Triplett/ Upton, *Labeling Theory*, p. 275.

In the realm of pedophilia, both clinical experts and legal authorities function as powerful moral entrepreneurs whose classifications carry significant weight in determining social responses⁵². The intersection of clinical authority and legal power creates particular barriers for those seeking help. The fear of being misunderstood or judged by professionals was a significant barrier to treatment-seeking among minor-attracted persons⁵³, highlighting how clinical expertise itself can become a vehicle for stigmatization when occurring within punitive legal frameworks.

Although labeling theory provides many valuable insights, the theory has been criticized by some social scientists. For instance, some have argued that the theory treats a complex social phenomenon in a too simplistic manner, such as by assuming that all individuals follow a similar path from social reaction to further deviance after being labelled a deviant, ignoring the individual differences in response to stigma⁵⁴. Others have noted that labeling theory has not as explicitly drawn attention to the role of internal or situational factors that may produce deviant behavior, as it has to the effects of stigma and maybe suppression of deviant behavior by punishment⁵⁵. Though all forms of criticism, labeling theory remains an important analytic tool of how social control through reactions shape identities or behaviors of deviants, thus offering some important insights into the dynamics of social control⁵⁶.

To gain a deeper understanding of the current societal stigmatization of people with pedophilic inclinations, it is essential to consider the pathologization of pedophilia in its historical dimension. As Foucault illustrates in his *History of Madness* and *The Power of Psychiatry*, pedophilia is also not a timeless, natural category, but rather a social construct that emerged within specific historical, cultural and scientific contexts and continues to evolve⁵⁷.

The categorization and pathologization of sexual inclinations are closely linked to the development of psychiatry as a scientific discipline. Foucault describes this process as medicalization, in which certain behaviors are no longer seen as errors, but rather perceived in contrast to ordinary, normal behavior, thus gaining ontological independence and being considered a disease. The beginning of the medicalization of mental illness can be traced to the publication of Philippe Pinel's *Traité médico-philosophique* in its

⁵² Krause, R., *Wissen um den Wahn. Foucaults Geschichte der Psychiatrie*, in: *Komparatistik Online* 1 (2006), 35–36, p. 35.

⁵³ Grady, M./ Levenson, J., *Preventing Sexual Abuse*, p. 1002.

⁵⁴ Bernburg, *Labeling Theory*, pp. 187-188.

⁵⁵ Triplett/ Upton, *Labeling Theory*, pp. 275-276.

⁵⁶ Kaplan, H. B., *Self-Referent Processes and the Explanation of Deviant Behavior*, in: Krohn, M. D./ Lizotte, A./ Penly Hall, G. (eds.), *Handbook on Crime and Deviance* (Springer Science + Business Media, New York, 2009), 121–151, p. 145.

⁵⁷ Maureira Velásquez, M./ Tirado Serrano, F., *The Last Lesson of Michel Foucault: Avitalism for a Future Philosophy*, in: *Athenea Digital*, 19 (2), 2019, 6–7, pp. 6–7.

second edition in 1809 and Jean Étienne Dominique Esquirol's *Des Maladies mentales* in 1838. This process of medical categorization results in shifting the phenomenon from the realm of morality to the realm of pathology, it is no longer seen primarily as sin or crime, but as illness⁵⁸.

The power to define what is considered normal and what is considered pathological lies in the hands of the medical-psychiatric profession. As Foucault emphasizes, within the framework of contemporary psychiatric discourse, the treating physician represents the absolute right of non-madness over madness. He embodies competence and truth in contrast to the ignorance of the deviant⁵⁹. With regard to pedophilia, this means that the psychiatric discipline holds the authority to define this sexual inclination and thereby also the power to pathologize individuals with such tendencies.

This Foucauldian perspective is directly relevant to understanding the evolution of clinical approaches to pedophilia. The medicalization of pedophilia has created a particular framework that, while potentially reducing some forms of stigma by positioning it as a treatable condition⁶⁰, simultaneously introduces new forms of control and marginalization. Because, as Foucault notes, psychiatric assessment represents a dual entronement: it affirms both the expert in their role as diagnostic authority and the patient in their role as deviant⁶¹. In the context of pedophilia, this means that the diagnosis itself contributes to the perpetuation of stigma and fixes the affected person in their deviant identity. This dynamic makes it even more difficult for those affected to seek help and to live a non-offending life.

Nevertheless, pedophilia has been identified as a "blind spot" in stigma research, with scholars noting that, despite the severe consequences of stigmatization for individuals with this condition, it remains significantly under-researched compared to other stigmatized groups⁶². Their research indicates that stigma towards people with pedophilia is more pronounced than towards almost any other stigmatized group, characterized by greater social distance, discriminatory intentions and reduced empathy⁶³.

To conclude, effective prevention of harm requires recognizing that pedophilic attractions themselves appear largely immutable while focusing on skills development that allows individuals to live with these

⁵⁸ Krause, R., *Wissen um den Wahn. Foucaults Geschichte der Psychiatrie*, in: *Komparatistik Online* 1 (2006), 35–36, p. 35.

⁵⁹ *Ibid.*, p. 35.

⁶⁰ Blagden, N./ Harper, C./ Hocken, K./ Lievesley, R., *Humanizing Pedophilia as Stigma Reduction: A Large-Scale Intervention Study*, in: *Archives of Sexual Behavior*, 51 (2022), 945–960, p. 955.

⁶¹ Krause, *Wissen um den Wahn*, p. 35.

⁶² Hoyer, J./ Jahnke, S., *Stigmatization of People with Pedophilia: A Blind Spot in Stigma Research*, https://www.researchgate.net/publication/264231704_Stigmatization_of_People_With_Pedophilia_A_Blind_Spot_in_Stigma_Research [accessed: 11 May 2025] p. 18.

⁶³ *Ibid.*, pp. 12-13.

attractions without acting on them. Such approaches necessarily involve reducing the most harmful forms of stigmatization while maintaining appropriate boundaries and safeguards⁶⁴. But such policies can only work in a context that both acknowledges and actively works against the ill effects of social stigmatization. Label theory, as developed by Becker and Lemert, is valuable in explaining how individuals come to be defined by the socially given label, particularly where the "deviant" label becomes internalized, leading to subsequent social exclusion and psychological harm. In this instance, pedophiles experience not just primary stigma but secondary deviance as well, whereby ostracism from society brings with it isolation, self-hatred and, in some cases, becoming even more entrenched in harmful behavior or groups. This dynamic underscores the self-fulfilling nature of deviant labeling.

Goffman's theory of stigma further explains that negative social labeling reduces complex individuals to a discredited single trait, hence stripping them of social legitimacy and entrenching marginalization. Therefore, non-offending persons labeled as pedophilic tend to be excluded from access to support groups that are key in controlling their condition. Moral entrepreneurs such as media figures, policy makers or even clinical specialists frequently legitimize such stigmatizing labels and heighten stigma in the name of morals or science. It requires a shift from labeling, punitive reactions to one that is more therapeutic in its strategy but still acknowledges the humanness of concerned individuals without jeopardizing public safety.

Therefore, prevention must not be built solely on the fear of punishment but on a dual strategy: maintaining legal safeguards while fostering environments in which early, non-judgmental support is accessible. Destigmatization is not about minimizing the potential risk but about creating conditions under which people can seek help before any harm occurs. Incorporating the insights of labeling and stigma theory reveals that societal reaction is not just a backdrop but an active force in shaping individual behavior. Consequently, effective responses to pedophilia demand not only legal clarity and clinical understanding but also a critical reflection on the societal mechanisms that turn internal struggles into public danger.

2.3 Legal Framework for Child Protection in Europe

Child sexual abuse and exploitation are core challenges of modern societies. International and regional laws establish fundamental guidelines that enable both the protection of children and the implementation

⁶⁴ Cantor/ McPhail, *Non-offending Pedophiles*, pp. 122-123.

of effective safeguarding procedures. Europe implements a legal framework to defend children that combines two different yet interdependent methods: preventative measures and repressive actions.

For the sake of this discussion, "repressive measures" are legal means of criminalizing abuse, sanctioning abusers through criminal prosecution, incarceration and other punishment. These measures are mainly directed at responding to abuse after it has occurred. "Preventive measures," in contrast, are proactive efforts aimed at stopping abuse from occurring in the first place, such as education, awareness-raising, early intervention programs, therapeutic treatment for those at risk and protective regulatory frameworks.

The fundamental question this section addresses is whether, and to what extent, European legal frameworks have achieved an optimal balance between repression and prevention or whether they systematically prioritize one approach at the expense of the other, creating potential imbalances or ambivalences in child protection policy.

The international legal framework focused on the protection of children has changed considerably over the last thirty odd years, with each instrument seeking a more refined balance between the repressive and preventive approach. This development highlights the knowledge that effective child protection must have both strong criminal justice responses and prevention systems.

The UN Convention on the Rights of the Child (CRC), adopted in 1989 (and ratified by 196 states⁶⁵), forms the foundation of child protection across the world. The CRC has shaped legal frameworks globally and prompted the establishment of regional protection systems, in various forms within the European Union and the Council of Europe.

Unlike later instruments, the CRC establishes a primarily rights-based approach to child protection rather than a criminal justice framework. It has elements of repression and prevention but with different emphases. On the repressive side, article 19 obliges states to protect children from "all forms of physical or mental violence, injury or abuse" by way of "legislative, administrative, social and educational measures", thus indirectly predisposing towards criminal sanctions when needed. Articles 34-36 also commit protection from sexual exploitation, abduction and all other forms of exploitation, opening the door to criminal prohibition in national law.

The Convention's preventive provisions are more extensively developed. In addition to its repressive character, article 19 clearly calls for "effective procedures for the establishment of social programmes to

⁶⁵ Cantor/ McPhail, *Non-offending Pedophiles*, p. 67.

provide necessary support for the child and for those who have the care of the child". Article 39 also highlights "physical and psychological recovery and social reintegration" of child victims with the aim of healing, not punishment. Apart from that, articles 17 and 24 also promote access to information and education that can avert the exploitation of children by empowering children and communities with knowledge about rights and risk.

The CRC's balance between repression and prevention reflects its origins as a human rights instrument rather than a criminal justice treaty. It establishes children's rights as a priority and frames protection primarily in terms of supportive structures rather than punitive measures. While it provides the foundation for criminal prohibitions, these are less explicitly developed than the preventive approaches, creating a framework that subtly prioritizes prevention over repression, a balance that would shift in subsequent instruments.

Feeling the need for more specific action against sexual exploitation of children, the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (OPSC) was adopted in 2000 to supplement the CRC⁶⁶. The Protocol represented a major step towards more specific criminal justice provisions while still emphasizing prevention.

The OPSC's repressive measures are considerably more detailed than those in the CRC. Articles 1-3 specifically require states to criminalize the sale of children, child prostitution and child pornography, with detailed definitions of these offenses. Article 3(3) mandates "appropriate penalties" that reflect the "grave nature" of these offenses, moving beyond the CRC's more general protection requirements. Articles 4-7 establish provisions for jurisdiction, international cooperation in criminal matters, extradition and seizure of proceeds, all elements of an enhanced criminal justice response.

At the same time, the Protocol maintains substantial preventive elements. Article 8 is centered on the protection of child victims throughout the justice system, accepting that children are favoured upon and have special, vulnerability and needs. Article 9 clearly stipulates preventative measures; including awareness measures for the public and education/training measures on preventative measures, information on harmful consequences, community based prevention programs to protect children from harm, etc. These provisions acknowledge that criminal justice alone cannot adequately address the complex issue of sexual exploitation.

⁶⁶ Allnock et al., *Promising programmes to prevent and respond to child sexual abuse and exploitation*, p. 71.

The OPSC thus represents a more balanced approach than the CRC, giving greater weight to criminal justice responses while maintaining a commitment to prevention. However, a subtle imbalance emerges in the specificity of its provisions: the criminal justice articles are detailed and precise, while preventive measures are described in broader, less specific terms. This distinction suggests that while prevention is acknowledged as important, repression receives more concrete attention in the Protocol's framework.

The Lanzarote Convention, created by the Council of Europe, is one of the most complete agreements focused on protecting children from sexual abuse. It was adopted in 2007 and became active in 2010⁶⁷. The Convention is followed by all 47 Council of Europe countries, along with Tunisia, forming a broad system for protecting children in the region. As a binding international instrument, its primary aim is to enhance child protection in Europe⁶⁸. It strengthens the protective responsibilities laid out in the CRC with specific preventative measures and focuses on developing laws for addressing online exploitation and human trafficking as well as other areas of sexual exploitation, such as prostitution and pornography⁶⁹.

The Lanzarote Convention contains extensive repressive measures focused on criminal justice responses. Articles 18-23 require states to criminalize sexual child offences to a series of offenses including, amongst others, sexual abuse, prostitution, pornography, pornographic performance and grooming. Enactment into law of preparatory offenses such as grooming constitutes significant advancement of reaction to sexual child crime, particularly during the age of the internet. Articles 24-26 offer criminal responsibility for attempt, aiding and abetting and jurisdiction, article 27 prescribes "effective, proportionate and dissuasive sanctions" and aggravating circumstances. The Convention also requires reporting and sharing information on convicted sex offenders (article 37) and establishes a pattern for international cooperation in criminal affairs (article 38).

⁶⁷ Greijer, S./ Wenke, D., *Barnahus: a European journey. Mapping study on multidisciplinary and interagency child-friendly justice models responding to violence against children in Council of Europe member states* (Council of Europe, 2023), <https://rm.coe.int/barnahus-a-european-journey-mapping-study-on-multidisciplinary-and-int/1680acc3c3> [accessed: 27 May 2025], p. 33.

⁶⁸ CoE, *Protection of children against sexual exploitation and abuse. Child-friendly, multidisciplinary and interagency response inspired by the Barnahus model* (2018), https://edoc.coe.int/en/module/ec_addformat/download?cle=75a7c30fc0063c4952d7eb044a3c0897&k=010aa0f19e75240c5c75eef12db265c8 [accessed: 27 May 2025].

⁶⁹ Lievens, E., Livingstone, S., McLaughlin, S., Miles, D., O'Neill, B. and Verdoodt, V., *Policy guidance on empowering, protecting and supporting children in the digital environment* (Council of Europe, 2018), <https://rm.coe.int/it-guidelines-background-document-policy-guidance-on-empowering-protect/168093b644> [accessed: 12 March 2025], pp. 15–16.

What distinguishes the Lanzarote Convention from earlier instruments, however, is its equally robust preventive framework. Article 5 requires specialized training for professionals working with children, while article 6 mandates education for children about risks and self-protection. The Convention breaks new ground in article 7, which ensures access to intervention programs for persons who fear they may commit offenses, recognizing the importance of early support for at-risk individuals. Article 8 promotes public awareness campaigns and articles 10-13 establish protective measures including reporting mechanisms and helplines. Articles 14-17 address assistance to victims and intervention programs for offenders, acknowledging the importance of both victim support and offender rehabilitation.

The Lanzarote Convention represents a significant development in European legal thought on child protection since it is specifically said that the worth of therapy and support programs for individuals with pedophilic inclinations must be considered. This consideration that sanctions alone will not suffice for complete child protection represents a basic departure from more reactive mindsets, though implementation remains unbalanced with repressive strategies.

The European Union's approach to child protection took a significant leap forward with the adoption of Directive 2011/93/EU, which represents a milestone in establishing a comprehensive framework for combating sexual abuse and exploitation of children⁷⁰. Unlike international conventions that provide broad guidelines, this directive creates binding obligations for EU member states to implement specific measures⁷¹, thereby substantiating the general principles established in international conventions and harmonizing both criminal prosecution and prevention efforts throughout the EU's territory⁷².

The directive operates through a distinctive legal mechanism that balances EU-wide harmonization with national implementation flexibility. As opposed to rules that apply directly, directives obligate the member states to achieve certain political objectives but reserve the actual implementation method to national legislators. The member states were required to transpose its objectives into national law by December 18, 2013, in the case of Directive 2011/93/EU, harmonizing a shared European child protection approach while sensitive to differing legal traditions.

⁷⁰ McCashin, D./ Merdian, H./ Perkins, D./ Webster, S., *Transnational Child Sexual Abuse: Outcomes from a Roundtable Discussion*, in: *International Journal of Environmental Research and Public Health* 16 (2019), 243, p. 4.

⁷¹ European Union, *Directive*, <https://eur-lex.europa.eu/EN/legal-content/glossary/directive.html> [accessed 06 May 2025].

⁷² European Union, *Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA*, <https://eur-lex.europa.eu/eli/dir/2011/93/oj/eng> [accessed 06 May 2025].

Viewed from repression vs. prevention, the directive represents a noticeable trend that echoes broader patterns of European child protection policy. The repressive elements are extensive and detailed, dominating its structure. Articles 3 through 7 define specific criminal offenses that member states must adopt, including sexual abuse, exploitation, child pornography, grooming and related attempts or incitement. These provisions leave little room for interpretation, prescribing exact behaviors to criminalize.

Articles 9 to 13 strengthen this framework with concrete rules on penalties, aggravating factors and confiscation of criminal proceeds. They lay down minimum standards for punishment, including a minimum of eight years' imprisonment for grave sexual abuse and three years for child pornography production. This level of detail points to a highly harmonized system of criminal sanctions within member states.

Articles 14 and 15 further bolster enforcement by requiring effective investigative tools and allowing prosecution even if a child victim withdraws their statement. Articles 16 and 17 set out comprehensive rules on reporting and jurisdiction, including extraterritorial jurisdiction, ensuring that offenders cannot exploit legal gaps.

In contrast, the directive's preventive aspects are less detailed and more flexible. Articles 18 to 20 provide protective measures for child victims during investigations and trials, aiming to reduce secondary trauma. Articles 21 and 22 require support services for victims, both short and long term.

Articles 23 and 24 shift towards explicit prevention, mandating programs to reduce recidivism and provide interventions for individuals at risk of offending. Article 25 targets online exploitation, requiring action against websites hosting child pornography. However, these provisions are less prescriptive, offering broader implementation discretion.

Generally, the directive's structure suggests a simple ordering: criminal law harmonization is the EU child protection's axis around which it turns and prevention as a second-order, ancillary objective. This fits with a general trend in policy, where criminal justice interventions tend to receive more political attention and complex legislation than prevention. By imposing minimum standards for repression and prevention across the EU, Directive 2011/93/EU is a useful precursor to more holistic thinking. But the imbalance identified raises the question whether current EU policy reflects the growing evidence that prevention, particularly early intervention and help for vulnerable groups, can be as effective as criminal measures in protecting children.

The application of the directive within member states, as illustrated in the case studies below, shows the ongoing tensions between preventive and repressive measures and how the EU-level framework is reproduced at member state level with different priorities. The directive requirements are interpreted and applied in ways which reflect, and sometimes exacerbate, the structural imbalance between preventive and criminal justice measures at member state level. To understand how this tension plays out in practice, this section examines four European countries, the United Kingdom, Ireland, the Netherlands and Belgium, each of which hosts branches of the *Stop It Now!* prevention initiative. This shared presence enables a meaningful comparison of how different legal frameworks balance punitive and preventive measures.

The United Kingdom's implementation of six key implementing acts connected to the Directive 2011/93/EU⁷³, prior to its withdrawal from the EU in January 2020, reveals a distinct emphasis on strengthening criminal justice mechanisms. By December 2013, Gibraltar had increased maximum sentences for certain sexual offenses from five and seven to eight years through the Crimes Act 2011 (Amendment No. 2) Regulations, directly transposing key criminal provisions of the Directive⁷⁴. This focus on enhanced penalties exemplifies the repressive dimension of child protection, addressing abuse primarily through deterrence and retribution.

Simultaneously, the UK did implement certain preventive elements, particularly through the Special Measures for Child Witnesses (Sexual Offences) Regulations 2013 in England and Wales. These regulations extended the Youth Justice and Criminal Evidence Act 1999, automatically granting minors access to special evidence preservation and protection measures⁷⁵. While this represents a preventive element, it remains reactive rather than proactive, operating within the framework of criminal proceedings rather than addressing root causes.

The Working with Children (Exchange of Criminal Conviction Information) Regulations 2013 further highlighted the UK's emphasis on repressive approaches. These regulations facilitated information exchange on relevant convictions between Member States' central authorities, implementing the

⁷³ European Union, *Document 32011L0093*, <https://eur-lex.europa.eu/legal-content/EN/NIM/?uri=CELEX:32011L0093> [accessed 05 May 2025].

⁷⁴ Government of Gibraltar, *Second Supplement to the Gibraltar Gazette*, <https://www.gibraltarlaws.gov.gi/legislations/crimes-act-2011-amendment-no2-regulations-2013-2894/version/18-12-2013/download> [accessed 06 May 2025].

⁷⁵ Government of the United Kingdom, *Criminal Procedure, England and Wales. The Special Measures for Child Witnesses (Sexual Offences) Regulations 2013*, <https://www.legislation.gov.uk/ukSI/2013/2971/made/data.pdf> [accessed 06 May 2025].

disqualification obligations under article 10 of the Directive⁷⁶. Similarly, Scotland's Protection of Vulnerable Groups (Scotland) Act 2007 (Miscellaneous Provisions) Amendment Order 2014 supplemented existing legislation with data disclosure requirements for persons on the Children's List⁷⁷.

Taken together, these measures reveal a clear imbalance in the UK's implementation strategy. While the country established comprehensive mechanisms for criminal prosecution, information-sharing about offenders and enhanced penalties, comparatively less attention was devoted to preventive programs, early intervention measures or support systems targeting at-risk individuals. The UK's approach primarily conceptualizes child protection through the lens of criminal justice, with prevention appearing as a secondary consideration largely confined to the context of criminal proceedings.

Ireland's implementation of Directive 2011/93/EU presents a more nuanced picture, with significant attention to both repressive and preventive dimensions, though with notable temporal sequencing. The implementation period officially ended in 2013, but this marked only the beginning of a series of national initiatives aimed at strengthening child protection across multiple domains. To date, a total of 34 national transposition measures have been documented in Ireland in connection with the Directive⁷⁸ - a clear indication of how seriously the legislator takes the continuous adaptation to European requirements and how broad the spectrum of legal and administrative initiatives actually is.

On the repressive side, Ireland enacted the European Union (Combating the Sexual Abuse and Sexual Exploitation of Children and Child Pornography) Regulations 2015, which implemented the harmonized criminal offenses required by the Directive. This legislation tightened existing offenses and explicitly incorporated child pornography and online grooming into national law⁷⁹, addressing articles 3-8 of the Directive. A major enhancement of repressive measures followed in early 2017 through the Criminal Law (Sexual Offences) Act, which significantly increased penalties for sexual assault on minors and

⁷⁶ Government of the United Kingdom, *The Working with Children (Exchange of Criminal Conviction Information) (England and Wales and Northern Ireland) Regulations 2013*, <https://www.legislation.gov.uk/ukxi/2013/2945/body/made/data.pdf> [accessed 06 May 2025].

⁷⁷ Government of the United Kingdom, *The Protection of Vulnerable Groups (Scotland) Act 2007. (Miscellaneous Provisions) Amendment Order 2014*, <https://www.legislation.gov.uk/ssi/2014/33/made/data.pdf> [accessed 06 May 2025]

⁷⁸ EU, *Document 32011L0093*

⁷⁹ Government of Ireland, *Statutory Instruments. S.I. No. 309 of 2015*, <https://www.irishstatutebook.ie/eli/2015/si/309/made/en/pdf> [accessed 06 May 2025].

created new offenses such as "acquiring sexual dependence," while also specifying age limits for consensually permissible sexual acts⁸⁰.

Regarding prevention, Ireland enacted the National Vetting Bureau (Children and Vulnerable Persons) Act as early as 2012, establishing background check requirements for volunteers and professionals regularly interacting with children or vulnerable individuals⁸¹. This preventive measure operates on the principle of risk management through screening rather than criminal prosecution. Simultaneously, the Criminal Justice (Withholding of Information on Offences against Children or Vulnerable Persons) Act came into force, creating a legal obligation⁸² to report suspected abuse to police⁸², a measure that bridges prevention and repression by focusing on early intervention through mandatory reporting.

A major preventive step occurred in the Children's First Act of 2015, which created governmentally standardised and binding due diligence obligations for government agencies, NGOs and all other institutions that come into contact with children. Through mandatory child protection guidelines, internal reporting systems and employee training requirements⁸³, the Children's First Legislative framework, specifically its obligations regarding child protection, addressed the preventive measures found in articles 24-25 of the Directive. Subsequently, the Criminal Justice (Victims of Crime) Act 2017 enhanced the rights of victims (of sexual violence and abuse), specifically in relation to information, consultation, psychosocial support and compensation, providing implementation for articles 18-22 of the Directive⁸⁵.

Ireland's implementation demonstrates a comparatively balanced response than in the UK, exhibiting considerable attention to both repressive and preventive responses. However, the timing of implementation indicates otherwise: while some preventive implementation occurred early (legislation on vetting), the most expansive preventive legislation in Ireland (the Children First Act) came after the implementation of criminal offences. This sequence of implementation suggested that although a

⁸⁰ Government of Ireland, *Criminal Law (Sexual Offences) Act 2017*, <https://www.irishstatutebook.ie/eli/2017/act/2/enacted/en/pdf> [accessed 06 May 2025].

⁸¹ Government of Ireland, *National Vetting Bureau (Children and Vulnerable Persons) Act 2012*, <https://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/pdf> [accessed 06 May 2025].

⁸² Government of Ireland, *Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012*, <https://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/pdf> [accessed 06 May 2025].

⁸³ Government of Ireland, *Criminal Law (Sexual Offences) (Amendment) Act 2019*, <https://www.irishstatutebook.ie/eli/2019/act/4/enacted/en/pdf> [accessed 06 May 2025].

⁸⁴ Department of Children and Youth Affairs Ireland, *Children First. National Guidance for the Protection and Welfare of Children*, https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf [accessed 06 May 2025].

⁸⁵ Government of Ireland, *Criminal Justice (Victims of Crime) Act 2017*, <https://www.irishstatutebook.ie/eli/2017/act/28/enacted/en/pdf> [accessed 06 May 2025].

comparatively balanced approach was evident in Ireland, nevertheless the timeline of implementation favoured criminal law procedures first, with a comprehensive responsive prevention coming second.

The Netherlands' application of Directive 2011/93/EU exemplifies a comprehensive strategy that aims to combine preventive and repressive components into a logical whole. Following the Directive's entry into force, the Dutch government identified eleven different implementation measures spanning criminal law, victim protection and prevention⁸⁶.

The repressive dimension was addressed through early revisions to the Dutch Criminal Code, ensuring harmonization of offenses and minimum penalties in accordance with articles 3-8 of the Directive. These revisions introduced new offenses such as grooming, specified the crime of possessing child pornography and clarified age limits for consensual sexual acts^{87,88}. The prosecutorial framework was strengthened through the Richtlijn voor strafvordering seksueel misbruik minderjarigen, a guideline for prosecuting sexual abuse of minors that has been revised multiple times, most recently in 2024, to provide consistent direction to investigating and prosecuting authorities⁸⁹.

What is distinct in Dutch approach is that it targets both prevention and criminal justice concurrently. Bijlage met betrekking tot art. 24 RI 2011/93 specifically outlines prevention programs focusing on early intervention, detection of risk and professional help⁹⁰, directly implementing articles 23-25 of the Directive. These programs indicate a focus on prevention over response to offense.

Victim protection represents a third pillar in the Dutch implementation strategy. Through both official guidelines and legal adjustments, the Netherlands strengthened child victims' rights to comprehensive information, psychological support and child-appropriate questioning procedures⁹¹, addressing articles

⁸⁶ Ibid.

⁸⁷ Raad van State, *Proposal for the Law implementing Directive 2011/93/EU of the European Parliament and of the Council on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA (OJ L 335), with an explanatory memorandum*, <https://www.raadvanstate.nl/adviezen/@62476/w03-12-0474-ii/> [accessed 06 May 2025].

⁸⁸ Nederlands Juristenblad, *Stb. 2014, 74 Seksueel misbruik kinderen*, <https://www.njb.nl/wetgeving/staatsbladen/seksueel-misbruik-kinderen/> [accessed 06 May 2025].

⁸⁹ Staatscourant van het Koninkrijk der Nederlanden, *Aanwijzing seksuele misdrijven*, <https://zoek.officielebekendmakingen.nl/stcrt-2024-20756.html> [accessed 06 May 2025].

⁹⁰ Overheid Wettenbank, *Richtlijn voor strafvordering seksueel misbruik minderjarigen*, <https://wetten.overheid.nl/BWBR0036267/2015-03-01> [accessed 06 May 2025].

⁹¹ Eerste Kamer der Staten-Generaal, *Fiche 3: Mededeling EU-strategie bestrijding seksueel kindermisbruik*, https://www.eerstekamer.nl/bijlage/20200925/bnc_fiche_com_2020_607/document3/f=vlcdmdhchwpv.pdf [accessed 06 May 2025].

19-22 of the Directive. By assisting with criminal processes and preventing additional suffering, this victim-centered approach unites preventative and repressive aspects.

The integration of the legal and social aspects of child protection is what distinguishes the Dutch approach. The Netherlands showed a strong commitment to preventative programs, especially those that focused on professional training and early intervention, even though criminal legislation amendments gained early attention. The balance between repression and prevention appears more equitable in the Dutch approach than in the UK implementation, though criminal law measures still received more specific regulatory attention.

Belgium's implementation of Directive 2011/93/EU stands out for both its comprehensiveness and its relatively balanced approach to repression and prevention. Belgium's reaction, which includes 43 documented implementation steps⁹², demonstrates that ongoing legal and structural adaptation is necessary for effective child protection as opposed to one-time legislative adjustments.

In terms of repression, Belgium completely revised its sexual offenses statute in 2022, bringing consent rules into line, creating new offenses like non-consensual sexual sharing of content and greatly increasing the penalty for child abuse. This reform represented a key element in fulfilling the criminal harmonization requirements of articles 3-8 of the Directive. Multiple additional measures strengthened prosecution mechanisms and facilitated international cooperation in criminal matters related to child sexual abuse⁹³.

What distinguishes Belgium's approach is its equally robust development of preventive infrastructure. As early as 2013, a welfare decree established specialized reporting centers for violence and sexual abuse in each Flemish province. These centres not only serve to document and forward suspected cases, but also to refer victims to psychosocial support structures in accordance with data protection regulations⁹⁴ - a direct contribution to the implementation of victims' rights in accordance with articles 23 and 24 of the Directive. Simultaneously, the German-speaking Community founded a Centre for Healthy Child Development focused on prevention through early intervention and specialist training. The establishment

⁹² EU, *Document 32011L0093*

⁹³ Service Public Federal Justice, *Loi modifiant le Code pénal en ce qui concerne le droit pénal sexuel*, https://etaamb.openjustice.be/fr/loi-du-21-mars-2022_n2022031330.html [accessed 06 May 2025].

⁹⁴ Vlaamse Overheid, *Decreet houdende diverse bepalingen betreffende het beleidsdomein Welzijn, Volksgezondheid en Gezin*, https://etaamb.openjustice.be/nl/decreet-van-21-juni-2013_n2013204518.html [accessed 06 May 2025].

of this centre reflects the preventive aspirations of the Directive, particularly with regard to at-risk families and structurally disadvantaged contexts⁹⁵.

Belgium's institutional framework for prevention was further strengthened in 2016 through a royal decree regulating the recognition of therapy centers for sex offenders⁹⁶. This decree established binding standards for organizations working with convicted offenders⁹⁷, including programs like *Stop It Now!* operating in Flanders. By ensuring quality control and professional standards in offender rehabilitation, this measure addresses a critical preventive dimension often overlooked in other national implementations.

The formal recognition of 'Vertrouwenscentra Kindermishandeling' in Flanders in 2017 further enhanced the preventive infrastructure. These contact points offer victim protection, counseling and targeted measures to prevent recurrence⁹⁸, providing a comprehensive model for implementing articles 24-25 of the Directive.

Belgium's practice represent the most balanced practice of the four countries compared. The nation has invested extensively both in repressive machinery and preventive mechanisms, with particular priority given to institutional prevention, therapeutic treatment and supportive community networks. The balance reflects the concern of Belgium to address both short-term security threats through criminal justice and long-term danger diminution through prevention and treatment. The Belgian experience shows that effective child protection is not just a question of legal measures but also of robust social infrastructure for prevention, early intervention and rehabilitation.

The national usage examples demonstrate a wide range of variation across Europe on how countries navigate repressive and preventive approaches in child protection. These different national approaches

⁹⁵ Ministerium der deutschsprachigen Gemeinschaft, *Dekret über das Zentrum für die gesunde Entwicklung von Kindern und Jugendlichen*, https://ostbelgienlive.be/PortalData/21/Resources/downloads/home/aktuelles_2014/Kaleido_Dekret_vom_31.03.2014.pdf [accessed 06 May 2025].

⁹⁶ Service Public Federal Justice, *Arrêté royal fixant les conditions d'agrément de l'organisation visée à l'article 383bis/1 du Code penal*, https://etaamb.openjustice.be/fr/arrete-royal-du-18-septembre-2016_n2016009455 [accessed 06 May 2025].

⁹⁷ Ministère de la Communauté Française, *Décret relatif à l'agrément et au subventionnement des partenaires apportant de l'aide aux justiciables*, https://etaamb.openjustice.be/fr/decret-du-13-octobre-2016_n2016029607.html [accessed 06 May 2025].

⁹⁸ Vlaamse Overheid, *Besluit van de Vlaamse Regering betreffende de erkenning en subsidiëring van de vertrouwenscentra kindermishandeling en de partnerorganisatie*, https://etaamb.openjustice.be/nl/besluit-van-de-vlaamse-regering-van-17-november-2017_n2017031838.html [accessed 06 May 2025].

impacted political priorities, institutional traditions and different conceptual understandings of child protection. They also demonstrate that the country implementation of European directives and recommendations allows for significant national latitude, particularly in terms of the repression-prevention balance. Despite meeting Directive 2011/93/EU to the letter for all four states, they had done so along very distinct balance strategies, meaning that European harmonization still leaves considerable room at the national level for conceptual variation and operational differences in child protection.

The existence of *Stop It Now!* in each of the four countries provides a helpful point of view from which to examine these differences. This prevention program is working in obviously different legal and institutional contexts in the four countries, with varying degrees of integration into formal prevention plans. In the Netherlands and Belgium, these schemes seem more firmly placed within the overall child protection system, whereas in the UK and Ireland they are contrasted with more criminally justice-focused systems. These differences serve to underscore the importance of examining how civil society initiatives interact with national legal systems, discussed further in Chapter 4.

To summarize, the comparative analysis of European child protection frameworks reveals a consistent imbalance between repression and prevention. Across global and state systems, more repressive responses, oriented to criminal prosecution, are mobilized earlier, specified more precisely in law and backed by larger levels of resources than preventive interventions. The criminal justice focus is exemplified in instruments such as EU Directive 2011/93/EU, where there are precise provisions on crimes and penalties but prevention is addressed only very vaguely and lack of specificity. Redressing the systemic bias towards repression must involve legal reform, but also a change in how the conception of child protection operates, addressing not simply punishing abuse once it has taken place, but rather preventing it from occurring at all.

4. Case Study: Stop it Now!

Child sexual abuse remains one of society's most serious child protection challenges, requiring innovative approaches that go beyond traditional law enforcement models. This chapter examines *Stop It Now!*, a groundbreaking prevention initiative that has emerged as one of the world's leading models for addressing child sexual abuse before it occurs. By interacting directly with people who are at risk of abusing others and those who have already displayed problematic behavior, *Stop It Now!* represents a paradigm shift in prevention.

This case study not only demonstrates practical prevention efforts but also offers a powerful lens through which to examine how the theoretical frameworks discussed earlier in this thesis, particularly Goffman's stigma theory and Becker's labeling theory, manifest in real-world interventions. *Stop It Now!* represents a fundamental challenge to the dominant social response to pedophilia, which usually - and essentially always - depends on stigmatization and exclusion rather than support and intervention. Examining this initiative through the ladder of human rights introduced by the UDHR, ECHR, CRC, Lanzarote Convention and EU Directive 2011/93/EU, offers greater insight into both the obligations of states to protect children and the complex interplay between rights and obligations within these and therefore within prevention work.

The foundation of *Stop It Now!* is an innovative public health strategy that seeks to satisfy fundamental human needs in ways that do no harm. Concerned family members, professionals working with children, survivors of abuse as well as people worried about their own thoughts or behaviors can all find a safe haven on the program's trained professionals' confidential helplines. In numerous international contexts, *Stop It Now!* has shown encouraging outcomes in early intervention by establishing low-threshold access to support services prior to harm occurring.

This chapter addresses the program's international expansion beyond the United States into the UK, Ireland, the Netherlands and Belgium, focusing on the adaptations to the model depending on national context, without compromising its foundations. It also considers the important tension between confidentiality and child protection, the evidence of reducing stigma and increasing help seeking behavior and the ongoing barriers to sustainable funding and evaluating long-term effectiveness. All of the experiences outlined in this case study offer important reflections on the role of preventive initiatives that provide support for at-risk individuals to remedy their behavior while ensuring the safety and wellbeing of children.

4.1 Origins, Expansion and Funding

The *Stop It Now!* initiative was founded in 1992 in the United States by Fran Henry, a survivor of child sexual abuse⁹⁹. Its goal was to prevent further child sexual abuse by reaching out to individuals at risk as well as those who had already exhibited problematic behavior, offering them support and resources. A key component of the program is its confidential helpline, which offers guidance on treatment strategies

⁹⁹ Foreman, T./ Heasman, A., *Bioethical Issues and Secondary Prevention for Nonoffending Individuals with Pedophilia*, in: *Cambridge Quarterly of Healthcare Ethics* 28 (2019), 264–275, p. 267.

and safety planning¹⁰⁰. Thereby, the program is based on the Good Lives Model, which seeks to fulfill basic human needs in ways that do not cause harm to others. In doing so, it plays a crucial role in protecting children from sexual abuse¹⁰¹.

The Good Lives Model aligns with the human dignity principles underlying human rights frameworks, particularly the notion that all individuals, even those who may pose risks to others, retain fundamental rights and the capacity for positive change. This approach directly counters what Goffman (1963) described as "spoiled identity," where stigmatized individuals are reduced to their stigmatized attribute¹⁰². For people with pedophilic interests, this stigmatization often leads to social isolation and increased risk factors¹⁰³, precisely what *Stop It Now!* seeks to prevent. The program's approach reflects the understanding that addressing pedophilia requires moving beyond the simple categorization described in Becker's (1963) labeling theory, where individuals are labeled as "deviants" and subsequently treated according to that label¹⁰⁴.

Over the years, *Stop It Now!* developed into one of the world's leading models for child abuse prevention and inspired similar initiatives in other countries¹⁰⁵. Building on the U.S. model, the program began expanding internationally. The first branch outside the U.S. was established in 2002 in the United Kingdom and Ireland by the Lucy Faithfull Foundation (LFF), a non-governmental organization focused on child sexual abuse prevention¹⁰⁶. This success paved the way for further expansion across Europe: the Netherlands launched its program in 2012, followed by Belgium (Flanders) in 2017¹⁰⁷.

In the Netherlands, the program operates under the name *SiN-NL* and was launched in collaboration with the Dutch hotline for child sexual abuse material (*Meldpunt Kinderporno*) and the *de Waag Center for Forensic Psychiatry*¹⁰⁸. In Belgium, specifically in Flanders, *Stop It Now!* was established in 2017 through a partnership between the University Forensic Centre, a Flemish reference center for the care

¹⁰⁰ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 269.

¹⁰¹ Allnock, D./ Hynes, P./ Radford, L., *Preventing and Responding to Child Sexual Abuse and Exploitation: Evidence Review* (United Nations Children's Fund, 2015), <https://www.unicef.org/media/84081/file/Preventing-Responding-to-Child-Sexual-Abuse-Exploitation-Evidence-Review.pdf> [accessed: 27 May 2025], pp. 56-57.

¹⁰² Atmaca, *An Examination of Oppositional Student Behavior*, p. 115.

¹⁰³ Harper et al., *Identifying and working with appropriate treatment targets*, p. 499.

¹⁰⁴ Bernburg, *Labeling Theory*, p. 187.

¹⁰⁵ Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 66.

¹⁰⁶ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 270.

¹⁰⁷ Janssen/ Wilpert, *Characteristics of offending and nonoffending CSA helpline users explored*, p. 175.

¹⁰⁸ *Ibid.*, pp. 175-176.

and treatment of sexual offenders and I.T.E.R., a clinic that provides services for individuals with deviant sexual interests or behaviors¹⁰⁹.

As the program's influence grew, additional prevention services were developed across Europe. In particular, countries like the Netherlands and the UK saw *Stop It Now!* play a significant role in shaping public health strategies. These efforts have greatly improved access to vital prevention resources for at-risk individuals and those seeking help¹¹⁰. Moreover, the program has contributed to reducing the stigma surrounding child sexual abuse and pedophilia, providing a safe space for affected individuals to express their concerns without fear of judgment¹¹¹.

This international expansion represents a progressive realization of state obligations under various human rights instruments. Article 4 of the Lanzarote Convention requires parties to "take the necessary legislative or other measures to prevent all forms of sexual exploitation and sexual abuse of children," while article 7 mandates preventive intervention programs for people who fear they might commit offenses. Similarly, articles 22 and 23 of EU Directive 2011/93/EU require member states to implement preventive intervention programs accessible both pre- and post-conviction. *Stop It Now!*'s expansion across Europe demonstrates an increasing recognition of these obligations.

The program explicitly emphasizes the responsibility of all adults to prevent child sexual abuse. As such, *Stop It Now!* provides support for professionals, parents, vulnerable individuals and those who have already committed offenses¹¹². It operates at all levels of public health protection: on the primary level by supporting at-risk individuals before crimes are committed, on the secondary level by working with individuals already identified by law enforcement and on the tertiary level by advising concerned third parties to prevent further abuse¹¹³.

The funding models of the international *Stop It Now!* initiative vary by region. In the Netherlands, for example, the program is supported by public health insurance¹¹⁴, while initiatives in other countries must navigate varying national funding landscapes¹¹⁵ or rely on European Commission funds for specific

¹⁰⁹ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 273.

¹¹⁰ Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 56.

¹¹¹ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 268.

¹¹² Brown et al., *Stop It Now! A Pilot Study*, p. 857.

¹¹³ Beier et al., *The Impact of a Public Health Campaign*, p. 653.

¹¹⁴ Brown et al., *Stop It Now! A Pilot Study*, p. 858.

¹¹⁵ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 277.

projects, such as prevention programs against child sexual abuse¹¹⁶. Therefore, ensuring continuous financial support remains a major challenge, especially considering the growing demand for the services provided¹¹⁷.

The varying funding models reflect different national interpretations of state obligations under international human rights frameworks. The Netherlands' approach of supporting the program through public health insurance aligns with a comprehensive understanding of prevention as part of the state's positive obligation to protect children from harm (CRC articles 19 and 34).

A particularly noteworthy funding opportunity was the Daphne Programme, launched by the European Commission in 1997¹¹⁸. Building on its commitment to prevention and victim support, it became a central EU initiative aimed at funding projects focused on preventing violence against children and supporting affected individuals. By supporting initiatives focused on early intervention, public awareness and therapeutic programs for vulnerable individuals, the Daphne Programme has significantly contributed to the EU's ongoing efforts to prevent child sexual abuse and sexual exploitation¹¹⁹.

In May 1997 the European Commission established the Daphne Initiative, which started as a one-year budget of 3 million ECU (European Currency Units, predecessor of the Euro) to fund NGO projects for helping victims of violence and combatting violence against women and children. Following this, support from NGOs to the initiative increased and the initial allocation was raised to 5 million ECU in 1998 and 1999. Based on this initial positive response, the Daphne Programme was expanded in a number of subsequent stages: the Daphne 2000–2003 Programme with 20 million Euros over four years, Daphne II (2004–2006) and Daphne III (2007–2013) with an increased annual budget. Between 2014 and 2020, the programme remained in the framework of the Rights, Equality and Citizenship Programme, demonstrating the European Union's long-term commitment to violence prevention and the safety of children¹²⁰.

In addition to financial support, the Daphne Toolkit was created, a comprehensive collection of project summaries, reports, research papers and awareness materials, which is currently being updated to

¹¹⁶ Beslay, L./ Di Gioia, R., *Help Seeker and Perpetrator Prevention Initiatives Child Sexual Abuse and Exploitation. A Mapping Update, Towards a Knowledge Platform*, Publications Office of the European Union, Luxembourg, 2023, p. 67.

¹¹⁷ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 277.

¹¹⁸ European Commission, *The Daphne Toolkit – An Active Resource from the Daphne Programme*, https://wayback.archive-it.org/12090/20210927084648/remote-office.novacom.europa.eu/daphne-toolkit/justice/grants/results/daphne-toolkit/daphne-toolkit--active-resource-daphne-programme_en.html [accessed: 20 March 2025].

¹¹⁹ Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 35.

¹²⁰ European Commission, *The Daphne Toolkit*.

document all projects supported by the Daphne Programme¹²¹. An outstanding example of the impact of the Daphne Programme is the initiative *Stop It Now!*, which is the focus of this chapter. The research project *Preventing Child Sexual Abuse: Evaluating and Implementing a European Model of Stop It Now!* (Reference number JUST/2011/DAP/AG/3031) was funded by the Daphne III Program and aimed to develop a comprehensive, research-based toolkit to support the establishment and expansion of *Stop It Now!* services across Europe¹²². With support from the international *Stop It Now!* initiative and the Directorate-General for Justice of the European Commission, the project was based on a health policy approach¹²³.

Although research into the long-term effectiveness of prevention strategies is still ongoing¹²⁴, many European member states, supported by EU-wide initiatives such as Daphne, have already established awareness campaigns, helplines and support networks. Increasing evidence suggests that well-structured, evidence-based measures can help prevent child sexual abuse before it occurs¹²⁵, an objective that closely aligns with the overarching goals of the Daphne Programme¹²⁶.

Overall, *Stop It Now!* has been a necessary asset to the global fight against child sexual abuse, delivering prevention work, information and assistance to offenders as well as victims. As a growing international operation and partner for local groups, it has helped lead the impact on public health strategies by normalizing intervention, reducing stigma over the subject. The continued financial and institutional support, most particularly through initiatives like the Daphne Programme, reinforces the importance of long-term, stable activity in the prevention of abuse. Notwithstanding, challenges still exist, most significantly with regard to having secure funding, but the ongoing effectiveness of the programme and its growing repository of evidence make one optimistic about a future where fewer children are harmed and more people are receiving the help they need to break the cycle of abuse.

4.2 Confidentiality, Support and Legal Issues

A central element of the program are the confidential hotlines, which cover a wide range of issues, from individuals who are concerned about their own sexual thoughts or behaviors towards children to worried

¹²¹ Ibid.

¹²² Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 56.

¹²³ Ibid., pp. 25-26.

¹²⁴ Ibid., p. 13.

¹²⁵ Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 35.

¹²⁶ Ibid, p. 13.

family members or professionals and survivors of child sexual abuse. The hotline in the UK and Ireland, for example, had handled nearly 94000 inquiries by 2022 and offers support via phone, email or chat¹²⁷.

The hotlines are run by trained specialists, including child protection experts¹²⁸, forensic psychologists and sexologists, who ensure empathetic and confidential counseling¹²⁹. The anonymity provided by *Stop It Now!* creates a safe space where individuals can acknowledge their challenges without immediately triggering the labeling processes Becker described, whereby public identification could possibly lead to status degradation and social exclusion.

The process of the hotline services is divided into two different phases: In the first phase, callers are informed about the confidentiality rules and the limits of anonymity, followed by a discussion of the reasons for the call. If further support is needed, the second phase provides specialized help from professionals with experience in child protection and working with sex offenders¹³⁰. If necessary, affected individuals can also be referred to inpatient or outpatient therapy centers. The Dutch hotline, as one example, collaborates thereby with De Waag, a center for outpatient forensic psychiatry, which offers long-term psychological support to those affected¹³¹.

In addition to the hotlines, *Stop It Now!* also offers comprehensive educational and training programs, including the “*Circles of Safety*” training series. This program promotes healthy sexual education worldwide and supports families in developing their own safety plans¹³². To expand the programme further, the “*WhatsOK*” initiative was launched, a website specifically designed for young people between the age of 14 and 21, with an associated hotline. It was launched in 2022 with the support of the World Childhood Foundation¹³³.

Furthermore, a central aspect of *Stop It Now!*'s educational work is addressing common stereotypes about the offenders. The goal is to create a more nuanced understanding of their behavior and provide parents and other responsible adults with the necessary tools to prevent child sexual abuse¹³⁴. These educational efforts directly challenge the stereotypical conceptions that underlie stigmatization processes. By

¹²⁷ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 270.

¹²⁸ Parr, J./ Pearson, D., *Non-Offending Minor-Attracted Persons: Professional Practitioners' Views on the Barriers to Seeking and Receiving Their Help*, in: *Journal of Child Sexual Abuse* 28 (8), 945–967, pp. 950–951.

¹²⁹ Janssen/ Wilpert, *Characteristics of offending and nonoffending CSA helpline users explored*, pp. 175-176.

¹³⁰ Brown et al., *Stop It Now! A Pilot Study*, pp. 857-858.

¹³¹ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, pp. 272-273.

¹³² *Ibid.*, p. 269.

¹³³ Beslay/ Di Gioia, *Help Seeker and Perpetrator Prevention Initiatives*, p. 106.

¹³⁴ Hudson, K., *Preventing child sexual abuse through education: the work of Stop it Now! Wales*, in: *Journal of Sexual Aggression*, 2018, 24(1), 99–113, p. 99.

complicating public understanding of individuals with pedophilic interests, moving away from the monster narrative towards recognition of human complexity, *Stop It Now!* works to dismantle what Becker termed "master status," where one attribute (in this case, sexual interest in children) overwhelms all other aspects of an individual's identity in social perception¹³⁵. This work aligns additionally with article 5 of the Lanzarote Convention, which calls for raising awareness about child protection and prevention of sexual abuse.

On top of that, the Get Help website offers a variety of free self-help resources, including videos and informational materials¹³⁶. These are intended to encourage people to seek help early in a low-threshold manner. In doing so, the platform serves as both: a first point of contact for individuals struggling with child sexual exploitation material and as a complementary resource for professionals in therapy and counseling work¹³⁷. With a high number of visitors, over 60% of users prefer to remain anonymous¹³⁸, the platform thus provides a safe space to address their own feelings. In many cases, this can be the first step towards long-term therapeutic support¹³⁹.

Especially individuals who have not yet been criminally prosecuted may have concerns about the potential legal risks associated with seeking help¹⁴⁰. In this regard, confidentiality and anonymity are key elements of *Stop It Now!*, as they create an environment where people are more likely to seek help. Consequently, this enables effective support for individuals concerned about child sexual abuse. However, this structural framework of the initiative also presents a particular challenge, especially regarding national legal reporting obligations and professional confidentiality duties¹⁴¹. As an example: Professionals working for the *Stop It Now!* hotlines in the United Kingdom are legally obligated to report known offenses and are generally subject to quite strict regulations regarding the reporting of abuse cases¹⁴². Other countries, such as the Netherlands, have data protection laws that allow the program to offer a truly confidential and accessible support, thereby fostering a greater sense of security among users¹⁴³.

¹³⁵ Gay, *Labeling Theory: The New Perspective*, p. 4.

¹³⁶ Beier et al., *The Impact of a Public Health Campaign*, p. 639.

¹³⁷ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 274.

¹³⁸ Ibid., p. 271.

¹³⁹ Beier et al., *The Impact of a Public Health Campaign*, p. 653.

¹⁴⁰ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, pp. 276-277.

¹⁴¹ Brown et al., *Stop It Now! A Pilot Study*, p. 866.

¹⁴² Beier et al., *The Impact of a Public Health Campaign*, p. 652.

¹⁴³ Brown et al., *Stop It Now! A Pilot Study*, p. 866

The issue becomes particularly evident in cases where individuals have downloaded child sexual exploitation material. In such situations, hotlines may be pressured to report the incidents to the authorities, even if there is no immediate danger to children. This leads to a dilemma: on the one hand, the legal obligation to report is an essential part of child protection, while on the other hand, it could hinder individuals from seeking help out of fear of legal consequences if they disclose their concerns¹⁴⁴. Thus, clearer guidelines on how to handle suspicions of abuse are needed.

This tension between confidentiality obligations and reporting is a textbook human rights dilemma: balancing the right to privacy (constitutive of human dignity and protected under various human rights conventions) and the state's interest in rescuing children from harm (CRC articles 19 and 34). While confidentiality promotes help-seeking behaviour, with the possibility of pre-empting abuse before it takes place, mandatory reporting strives to address impending or existing harm. The varying approaches across European contexts reflect different interpretations of how to optimize these competing rights considerations. The challenge exemplifies competing rights claims, where the right to confidentiality of the potential offender must be balanced against the child's right to protection, though importantly, both rights ultimately serve the same goal of preventing harm.

In conclusion, *Stop It Now!* offers low-threshold, private support to individuals at risk, their families and professionals, making it an essential and cutting-edge strategy to prevent child sexual abuse. The program's combination of extensive educational programs, expert-led hotlines and easily accessible self-help resources not only provide urgent support but also promotes long-term behavioral change. However, there are still moral and legal issues with striking a balance between required reporting and confidentiality. To ensure that the program continues to be effective in protecting children and available to individuals seeking assistance before harm occurs, it will be essential to address these complications by clear, consistent criteria.

4.3 Impact and Limitations

The *Stop It Now!* (SiN) program has proven to have a very successful strategy for increasing public awareness of pedophilia and child sexual abuse. Through its hotlines and self-help resources, it not only helps to lessen the stigma associated with those who are impacted, but it also provides helpful

¹⁴⁴ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, pp. 276-277.

psychological support. Furthermore, the program has a far-reaching impact by mobilizing public health campaigns that raise awareness of the risks of child sexual abuse in society¹⁴⁵.

The strong international engagement to the program highlights its success. For instance, the British website recorded over 109000 unique visitors¹⁴⁶, while the Dutch hotline received more than 3400 calls and emails since 2012¹⁴⁷. Additionally, during the first two years, over 13.000 people in the Netherlands and Flanders accessed the online platform Get.Help¹⁴⁸. During the active campaign periods, more people visited the website and called the hotline. This shows that the public awareness efforts were effective in encouraging people to get help. Furthermore, the numbers also show that many people knew about the program and more people wanted to use its services¹⁴⁹.

Despite these positive developments, significant challenges remain. One of the biggest is the lack of awareness about the program. Some callers had difficulties finding suitable support services, while others mistakenly believed that such resources did not even exist¹⁵⁰. In fact, one of the main sources of referrals is law enforcement, as nearly 46% of callers first learned about the hotline through the police¹⁵¹. But also the media campaigns have played a crucial role in raising awareness of the hotlines¹⁵² and informing the public about this issue¹⁵³.

Nevertheless, limited resources have severely impacted access to the program. This results, particularly in the United Kingdom, in a high number of unanswered calls due to financial and staffing constraints. For example, in March 2013, 2963 calls went unanswered, highlighting the discrepancy between high demand and limited supply¹⁵⁴.

The program's evaluation has shown useful results about its impact. Studies show that *Stop it Now!* helps people who might commit crimes and those worried about their own actions. For example, 58% of calls to the Dutch helpline were from people concerned about their sexual thoughts or feelings towards children, especially in connection with child sexual exploitation material¹⁵⁵. This demonstrates the

¹⁴⁵ Beier et al., *The Impact of a Public Health Campaign*, p. 635.

¹⁴⁶ Ibid., p. 646.

¹⁴⁷ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 272.

¹⁴⁸ Ibid., p. 274.

¹⁴⁹ Beier et al., *The Impact of a Public Health Campaign*, p. 635.

¹⁵⁰ Brown et al., *Stop It Now! A Pilot Study*, p. 862.

¹⁵¹ Beier et al., *The Impact of a Public Health Campaign*, p. 646.

¹⁵² Levenson, J./ Vicencio, C./ Willis, G., *Obstacles to Help-Seeking for Sexual Offenders: Implications for Prevention of Sexual Abuse*, in: *Journal of Child Sexual Abuse*, 2017, 26(2), 99–120, pp. 103–104.

¹⁵³ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 273.

¹⁵⁴ Brown et al., *Stop It Now! A Pilot Study*, p. 862.

¹⁵⁵ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 272.

success of the program in reaching potential offenders early and preventing future crimes¹⁵⁶. The program's ability to reach potential offenders before they commit harm represents thereby a significant advancement in child protection strategies while respecting the dignity of all involved, a core human rights principle. However, there are also country-specific differences: while the Dutch hotline primarily reached at-risk individuals, the British hotline mainly targeted individuals who had already come into contact with the justice system¹⁵⁷.

Additionally, program participants reported using a variety of strategies to prevent negative action. These included telling their partners about previous offenses, keeping an employment and seeking the help of supportive members of their own social networks such as family and friends. These measures are highly effective and play a crucial role in the program's success. They strengthen protective mechanisms such as self-control, resilience and problem-solving skills. Additionally, it is particularly noteworthy that almost 60% of participants in the Netherlands, who moved to the second phase of hotline counseling, chose regular forensic treatment, highlighting their proactive commitment to behavior change¹⁵⁸.

The *Stop It Now!* program exemplifies how a human rights-based approach can inform prevention efforts that protect children while avoiding unnecessary stigmatization of individuals with pedophilic interests. By creating low-threshold access to support, the program operationalizes the understanding that protecting children's rights (particularly under CRC articles 19 and 34) need not come at the expense of treating all individuals, including those with potentially harmful sexual interests, with dignity. The program's approach represents a practical application of destigmatization principles drawn from Goffman and Becker's work, while navigating the complex ethical terrain of medicalization that Foucault identified. Moving forward, strengthening these programs while maintaining their delicate balance of confidentiality, accessibility and child protection will be essential to fulfilling state obligations under the Lanzarote Convention and EU Directive 2011/93/EU.

Even though the program reaches a lot of people, there are still issues with the evidence-based evaluation of its long-term effects on stopping criminal behavior. It's difficult to track risk factors or measure the program's full impact, which makes it hard to say how successful it truly is at preventing child sexual abuse¹⁵⁹. Especially because the program is anonymous, it is difficult to collect detailed and valid

¹⁵⁶ Janssen/ Wilpert, *Characteristics of offending and nonoffending CSA helpline users explored*, p. 175.

¹⁵⁷ Brown et al., *Stop It Now! A Pilot Study*, p. 861.

¹⁵⁸ *Ibid.*, pp. 864-865.

¹⁵⁹ Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 56.

information. Therefore, past research has found that some data is missing or not complete, mainly because the topic is very sensitive. This makes it difficult to analyze exactly how the hotline has helped callers control their behavior, protect children or minimize risks¹⁶⁰. Furthermore, the program relies heavily on voluntary self-reports, meaning that the conclusions drawn are inherently limited. Participants from stigmatized groups may be inclined to provide socially desirable responses, which could manipulate the results¹⁶¹.

These evaluation challenges highlight tensions in Foucault's concept of medicalization. While framing pedophilia as a medical or psychological issue rather than purely criminal creates space for prevention and treatment, it also subjects individuals to new forms of surveillance and control. The difficulty in gathering data while respecting confidentiality reflects broader tensions between research needs and privacy rights. From a human rights perspective, this balancing act implicates both article 8 of the EU Directive 2011/93/EU on non-mandatory reporting of suspicions and CRC article 17 on children's right to access appropriate information for their well-being.

Aside from the program's extensive reach and impact, many challenges remain, particularly in terms of providing adequate resources, such as the availability of qualified professionals. To meet the diverse needs of participants, there is a constant demand for additional support to ensure appropriate aftercare, especially for those requiring long-term therapeutic care. The availability of qualified therapists is therefore a high priority for the initiative and some users have expressed concern about the quality of specialized care for this reason¹⁶².

The *Stop It Now!* program has been shown to have positive consequences on child sexual abuse risk reduction, to have facilitated behavioral change by providing access to treatment and support. While issues such as lack of resources and societal stigmatization remain problems, the program does well at reaching individuals at critical junctions within their lives. The program's success has encouraged other European countries to start their own hotlines, helping the idea of a holistic approach spread even more¹⁶³. Regular reviews and better data collection are important to gain data and to make it even more effective over time¹⁶⁴.

¹⁶⁰ Brown et al., *Stop It Now! A Pilot Study*, pp. 867-868.

¹⁶¹ Grady/ Levenson, *Preventing Sexual Abuse*, p. 1008.

¹⁶² *Ibid.*, p. 1006.

¹⁶³ Brown et al., *Stop It Now! A Pilot Study*, p. 867.

¹⁶⁴ Fikri, A./ Hermayanti, Y./ Kosasih, C./ Mediani, H./ Solehati, T., *The Current Preventing of Child Sexual Abuse: A Scoping Review*, in: *Social Sciences* 11 (508), 2022, pp. 19-20.

To sum up, the *Stop It Now!* program does definitely contribute to the prevention of child sexual abuse. It provides support for people who might present a risk of harming children and it helps to raise awareness about the issue of child sexual abuse. The program has been able to reach many people and is having meaningful results. However, there remain struggle, stigma, accessing support, inadequate resources and inadequate data. Therefore, more money needs to be invested into public health campaigns, professional support as well as ongoing evaluation. This funding will help the program handle more people who need it and create a real change in the fight against child sexual abuse. By examining what really works and what does not, *Stop It Now!* can continuously improve their offer. This ensures potential offenders receive the necessary support while strengthening the protection for children's safety.

5. Critical Analysis

Prevention of child sexual abuse is a very difficult and sensitive issue of human rights. It is a matter of carefully balancing two heavy responsibilities: protecting children from harm and ensuring everyone's fundamental rights, including the rights of would-be abusers. This chapter examines this issue in depth, using universal human rights principles and examining the real-world implementation of these concepts through the *Stop It Now!* program as an example.

This chapter looks at how the law, the ethical discourse as well as policies affect efforts to prevent harm to children by supporting people with pedophilic feelings before they commit a crime. A key issue is the question of how the law can tell the difference between someone's thoughts and their actions, while still protecting safety without taking away fairness, respect or equal treatment. The chapter also looks at mandatory laws in professional medical settings and how confidentiality is handled there. Additionally, it explicitly addresses how stigmatization affects individuals with pedophilic tendencies and society at large, drawing on stigma theory and concepts of deviance to understand these dynamics.

Thereby, the chapter explores how different rights, like the right to privacy, health and equal treatment, as well as the prohibition of torture and inhuman treatment, connect with each other and what that means for building prevention programs that truly respect human rights. It reviews current systems and suggests changes that can protect both children and the rights of individuals.

5.1 Preventing Harm while Protecting Rights

The prevention of child sexual abuse is a complex challenge in contemporary human rights work. It requires a careful balance between protecting children at risk and safeguarding individual rights. Drawing on the human rights framework outlined above and the *Stop It Now!* case study, this analysis explores the extent to which prevention is possible by engaging with potential perpetrators without violating fundamental rights such as freedom from discrimination, access to health care and safety.

The focus is on the legal and ethical tension between the duty to protect children at risk and the protection of individual rights. This tension is deeply rooted in the human rights framework: international instruments such as the UN Convention on the Rights of the Child and the Lanzarote Convention oblige states to protect children¹⁶⁵, while principles such as justice, human dignity and the rule of law demand fair treatment of all people, including those who could pose a risk.

The tension is further complicated by what Michel Foucault described as systems of power and knowledge that classify, categorize and control individuals deemed "abnormal" by society¹⁶⁶. Foucault's analysis of how societies medicalize and criminalize behavior offers valuable insights into how pedophilia is constructed both as a psychiatric disorder and as a criminal tendency. It accounts for the fact that preventative programs often struggle to find their place in systems dominated by punitive reactions.

The development of appropriate legal frameworks requires thoughtful and differentiated approaches that consider the complexity of prevention, intervention and rehabilitation as well as the protection of individual freedoms. Both obligations, protection and punishment, must therefore be recognized without neglecting one in favor of the other. Only in this way can legal systems be created that ensure the protection of children and enable effective early intervention without jeopardizing the rights of those seeking help. The ultimate goal is to establish justice and prevent future abuse.

When it comes to child protection, the law has a dual responsibility: it must align protection obligations and criminal claims. Accordingly, legal structures are designed to protect children through preventive measures, educational programs and support services, while at the same time ensuring that perpetrators are prosecuted¹⁶⁷. Despite this prioritization of child protection, however, fair and legally secure

¹⁶⁵ Allnock et al., *Promising programmes to prevent and respond to child sexual abuse and exploitation*, p. 28.

¹⁶⁶ Bigoni, M./Maran, L./Occhipinti, Z., *Of power, knowledge and method: The influence of Michel Foucault in accounting history*, in: *Accounting History* 29 (2024), 344–387, p. 345.

¹⁶⁷ Carr, J./ Lievens, E./ Livingstone, S., *Handbook for policy makers on the rights of the child in the digital environment*, <https://rm.coe.int/handbook-for-policy-makers-on-the-rights-of-the-child-in-the-digital-e/1680a069f8> [accessed 27 May 2025], p. 61.

framework conditions must also be created for those accused or seeking help¹⁶⁸. This creates serious practical challenges, especially where the right to protection and to criminal prosecution conflict.

As illustrated in Chapter 2.3, this systemic imbalance between preventive and repressive measures can be seen clearly in European legal documents, in particular in the EU Directive 2011/93/EU, in which there are detailed provisions on offences and penalties but mentions prevention only in general terms. This imbalance is reflected differently across European countries where *Stop It Now!* Operates, with the Netherlands and Belgium integrating prevention more thoroughly into their child protection systems, while the UK and Ireland maintain more criminal justice-focused approaches. These variations illustrate how European harmonization continues to permit considerable national discretion in the balancing of prevention and repression.

It is against this background, however, that a root question arises: how should legal systems treat those who would pose a threat but have yet to do anything illegal? In these situations, it is crucial that the law can distinguish between acts and ideas clearly. In other words, it must clearly differentiate between people with “only” pedophilic tendencies and those who actually express criminal behavior. This distinction is essential in order to create an environment in which people are encouraged to seek help at an early stage before criminal acts are committed. At the same time and in alignment with international and national agreements (such as the CRC, the Lanzarote Convention, Directive 2011/93/EU, the Palermo Protocol, etc.; see Chapter 2.3) it is equally important to establish appropriate legal mechanisms to intervene when there are real risks to children so that their safety is always guaranteed.

In this context, mandatory reporting laws become particularly important. They play a central role in protecting children but can also pose significant barriers to seeking help if they are too broad or too simplistic. Therefore, legal frameworks must strike a balance between mandatory reporting and the need for confidentiality, especially for prevention services aimed at people who have not yet committed a crime. If the reporting requirements are too strict, there is a risk that people at risk will hesitate to seek help¹⁶⁹, which in turn may even increase the risk to children.

It cannot be forgotten, though, that legal systems not only protect, but can inadvertently facilitate stigmatization, especially if there is no distinction between tendency and act. Again, here, human rights principle of non-discrimination applies. Enshrined in article 2 of the UDHR and numerous other

¹⁶⁸ CoE/FRA, *Handbook on European law*, p. 243.

¹⁶⁹ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, pp. 276-277.

documents, the principle of non-discrimination prohibits discriminatory differentiation on the basis of personal characteristics (see chapter 3.1).

The process of stigmatization, as theorized by Erving Goffman, is particularly relevant in this context. According to his framework, stigma functions as a profoundly discrediting attribute that diminishes an individual's social standing and identity¹⁷⁰. Pedophilic people experience this form of stigma, which greatly denigrates their worth in society and restricts access to resources and services. This has severe implications for prevention, as it precludes help-seeking and increases social isolation, factors that potentially increase the risk of harm unwittingly.

Moreover, Edwin Lemert's primary and secondary deviance theory sheds more light on the situation. Primary deviance refers to the initial act or attribute that deviates from social norms, while secondary deviance occurs when a person begins to employ their deviant behavior or role as a means of defense against societal reactions¹⁷¹. This applied to pedophiles, even those who have never acted on their arousal, can become "secondary deviance" as they internalize society's negative reaction and potentially acquire unhealthy ways of coping. This interaction also identifies a call for non-stigmatizing prevention interventions.

When it comes to pedophilia, the application of this principle poses a particular challenge. Affected people are often subject to considerable stigmatization, even if they do not engage in any criminal behavior¹⁷². This discrimination can make it more difficult to access support services and further increase isolation, which, in the worst case, can even increase the risk factors for criminal behavior¹⁷³. It follows that legal systems must ensure that their jurisdiction also includes people with pedophilic tendencies in the scope of protection of the prohibition of discrimination, if there is no criminal behavior. This is the only way to ensure that prevention and human rights protection go hand in hand.

An effective approach to the prevention of child sexual abuse must thus consider the complex areas of tension between various basic rights. In addition to the right of non-discrimination, the right to health and the right to privacy also play a fundamental part. Furthermore, the ban on torture and inhuman or degrading treatment, as established under Article 3 of the ECHR, is engaged when one considers how pedophilic tendencies are dealt with by legal and social structures. These rights are very interdependent

¹⁷⁰ Atmaca, *An Examination of Oppositional Student Behavior*, p. 113.

¹⁷¹ Fafejta, M., Maloušková, K., *The social marginalization of people living with a mentally ill label – family, friends, and work*, in: *Qualitative Sociology Review* 17 (2021) 3, 76–89, p. 79.

¹⁷² Battaglia et al., *Acquired Pedophilia*, p. 13.

¹⁷³ Harper et al., *Identifying and working with appropriate treatment targets*, p. 499.

and can satisfy contrary goals, that is where dealing with presumed perpetrators is the situation. The second section is therefore dedicated to a differentiated analysis of such rights in an attempt to expose the challenges and solutions of the confrontation of prevention and protection of human rights.

As chapter 3.2 explained, the right to privacy is protected by article 12 of the UDHR, article 17 of the ICCPR and article 8 of the ECHR. The right is particularly relevant for the prevention of pedophilia since it includes secrecy in health and protection against unnecessary disclosure of personal information¹⁷⁴. Data protection considerations have become particularly complex in prevention programs aimed at people who have not committed crimes (yet) but have problematic sexual thoughts. The willingness of these individuals to seek support often depends on assurances of confidentiality¹⁷⁵, although absolute confidentiality may conflict with child protection requirements in certain cases.

An examination of *Stop It Now!* program documents across different European countries reveals varying approaches to addressing human rights concerns. While all branches acknowledge the importance of confidentiality and privacy rights in their operational guidelines, their explicit references to human rights frameworks differ significantly. The Dutch and Belgian programs more prominently incorporate human rights language in their program materials, explicitly acknowledging their dual commitment to child protection and respecting the rights of individuals seeking help. In contrast, UK and Irish program documents tend to frame their work primarily in terms of child protection and risk management, with less explicit reference to the human rights of service users. These differences reflect the broader national approaches to balancing prevention and repression identified in Chapter 2.3.

Nevertheless, people with pedophilia have the right to access healthcare. Chapter 3.3 examined in detail how the right to health, enshrined in article 25 of the UDHR and article 12 of the ICESCR, applies to people with pedophilic tendencies. This right includes access to appropriate mental health services¹⁷⁶, including specialized treatment programs for those at risk of committing sexual crimes against children.

In reality, however, the stigmatization of pedophilia often creates barriers to accessing health services. For example, people with pedophilic tendencies may avoid seeking help due to fear of legal consequences or social exclusion¹⁷⁷. These doubts can prevent early intervention and increase rather than reduce the risk to children. From a human rights perspective, this stigma is even more problematic. Stigma can

¹⁷⁴ WHO, *Sexual health, human rights and the law*, p. 17.

¹⁷⁵ Brown et al., *Stop It Now! A Pilot Study*, p. 862.

¹⁷⁶ Carter et al., *Assessing the priority of human rights and mental health: the PHRAME approach*, p. 6.

¹⁷⁷ Brown et al., *Stop It Now! A Pilot Study*, p. 865.

inhibit an individual from accessing health care services and thus violates their right to health. Stigma also violates child protection objectives through a lack of early intervention. Concurrently, it also compromises child protection goals by discouraging early intervention. The *Stop It Now!* helplines across Europe attempt to address this contradiction by providing anonymous services that sidestep some of the barriers created by stigmatization. However, program documents indicate varying degrees of explicit awareness of this human rights dimension, with Dutch and Belgian materials more likely to frame their confidentiality policies as a matter of rights protection, while UK and Irish services tend to present them primarily as practical necessities for effective prevention.

At the same time, despite the urgency of child protection, it must not be forgotten that security law also includes the protection of individual liberties, even for people who are considered a potential risk. Nevertheless, they are also entitled to the guarantees of the rule of law, including protection from arbitrary denial of liberty (art. 5 ECHR), from inhuman or degrading treatment (art. 3 ECHR) and to a fair trial (art. 6 ECHR). Legal measures must therefore always be proportionate¹⁷⁸. Otherwise, there is a risk that well-intentioned protection will give rise to new forms of human rights violations. The following analysis therefore focuses on the concrete implementation of the principles of proportionality and necessity.

Proportionality means that interference with one fundamental right for the benefit of another must always be proportionate to the objective pursued¹⁷⁹. For instance, privacy violations in the context of prevention programs should not be applied indiscriminately but must be grounded in clearly defined and evidence-based risk factors. In concrete terms, that could mean that participants' personal data cannot be passed on to law enforcement authorities unless there is a specific risk. This is the only way to ensure protective measures are effective without violating fundamental rights more than necessary.

In addition, the principle of necessity demands that every intervention measure is limited to what is absolutely necessary¹⁸⁰. Therefore, it must always be examined whether less intrusive means are available that could fulfill the same protective purpose just as effectively. This implies that policymakers have to scrutinize very carefully all of the possible alternatives in order to minimize and legitimate as small an invasion as possible into basic freedoms.

¹⁷⁸ OHCHR, *Making a Difference*, p. 9.

¹⁷⁹ *Ibid.*, p. 9.

¹⁸⁰ OHCHR, *Making a Difference*, p. 9.

In conclusion, prevention of child sexual abuse is a very delicate and daunting exercise that seeks to balance carefully child protection with protection of the human rights of perpetrators. The framework of legality and ethics must be designed so that protection of the child and access to assistance and rehabilitation of potential offenders take place without promoting unjustified discrimination. This requires not only a clear distinction between desire and action, but also a sensitive approach to the right to privacy, health and life in order to prevent stigmatization and enable early intervention. The systemic bias towards repressive measures identified across European legal frameworks must be addressed not only through legal reform but through conceptual changes in how child protection is understood, shifting focus from punishment after abuse occurs to comprehensive prevention before harm is done. An integrated approach that combines prevention and intervention while respecting human rights therefore forms the basis for effective child protection. Only through close cooperation between policy makers, law enforcement agencies, healthcare professionals and society as a whole can a sustainable prevention strategy be developed that respects the protection of children but also the rights of all persons concerned.

3. Human Rights in Pedophilia Prevention

Chapter 3 opens with an exploration of the most abstract yet indispensable principles of universality, non-discrimination, subsidiarity, proportionality and the rule of law, since every concrete right must answer to these overarching norms. Once those bedrock ideas are in place, attention shifts to the right to privacy and data protection under the UDHR, ICCPR and ECHR, together with the GDPR's regime for safeguarding sensitive information. The fact that privacy comes right after bedrock principles emphasizes the need for any gathering or use of personal information to assess risk must be proportionate, essential and legally justified.

After establishing the privacy safeguards, the chapter discusses economic and social rights, emphasizing the right to health guaranteed by the UDHR, ICESCR and EU Charter as well as the unique difficulties in guaranteeing private, nondiscriminatory access to support and therapeutic services for those who are at risk. The reasoning makes it obvious that legitimate information processing should eventually facilitate access to treatment rather than impede it by prioritizing healthcare above data privacy. Key ECHR provisions, including the right to life, the prohibition of torture, liberty and security and ECtHR jurisprudence like *O'Keefe v. Ireland*, are used in the final section to address real-world implementation challenges. These examples show how institutional inertia, stigma and a lack of resources can undermine rights-compliant prevention.

This orderly progression from abstract principles to privacy, then to healthcare rights and finally to practical obstacles weaves civil and political rights together with economic and social rights, revealing their inextricable interdependence in the child-protection context. Those particular rights have been chosen because they capture the most sensitive tensions in prevention: balancing state duties to collect and act on information with obligations to respect individual dignity, ensuring that risk-reduction measures uphold both victims' security and the autonomy of all individuals. In doing so, Chapter 3 both extends the specific legal instruments surveyed in Section 2.3 and embeds them in a broader human-rights architecture that will guide every subsequent analysis of preventive interventions.

3.1 Foundational Human Rights Principles

The thesis is based on international human rights. A fundamental milestone in this sense is the Universal Declaration of Human Rights (UDHR), which clearly laid down that human rights are universal, indivisible and interrelated¹⁸¹. This so held belief is manifested in the provision enshrined in art.1 of the UDHR that all are born free and equal in dignity and right.

The preamble to the UDHR extends further in proclaiming the universality of such rights by stating that all human beings possess inherent dignity and equality which cannot be removed. Article 2 makes this claim again in as much as it categorically prohibits discrimination against a person on account of his or her race, sex, language, religion or other status. Such a step entrenches the principle that everyone, regardless of background or identity, deserves the same fundamental rights.

Despite this clear articulation, the universality of rights faces ongoing challenges, particularly in the context of tension between cultural relativism and global human rights standards. The debate over whether universal human rights apply equally in all societies or whether they need to be adapted to specific historical and religious contexts spans numerous academic disciplines¹⁸². Critics, especially from a relativist perspective, question whether these principles are universally applicable. They argue that human rights are not absolute but are shaped by social norms and moral frameworks that vary according to culture and epoch. Furthermore, they see the concept of human rights as historically young and

¹⁸¹ Altwicker, T., *Social justice and the judicial interpretation of international equal protection law*, in: *Leiden Journal of International Law* 35 (2022), 221–244, p. 230.

¹⁸² Ulrich, G., *Human Rights Scepticism*, in: Binder, C./ Hofbauer, J. A./ Janig, P./ Nowak, M. (eds.), *Elgar Encyclopedia of Human Rights*, Edward Elgar Publishing Cheltenham 2022, 478–483, p. 479.

influenced by political interests. This criticism may initially appear purely moral or legal-historical but calls into question the legitimacy of human rights as a whole¹⁸³.

These historical and philosophical debates about the universality of human rights often focus on whether these rights can or should benefit all individuals equally¹⁸⁴. Denying legal protection to certain groups sets a dangerous precedent: rights would no longer be considered unalienated, but conditional. Selective application undermines the fundamental principle that dignity and rights apply universally. Since human rights are based on the inviolable dignity of every human being, to exclude some groups - however they may stand socially or morally - from these rights would call into question the validity of the entire system.

Other than in theory, the practical implementation of human rights puts heavy emphasis on the principle of subsidiarity, which recognizes the national governments as being central to the realization of human rights. Although human rights treaties offer a framework, actual change is brought about by specific legislation at the national level. Yet accountability goes beyond the law; the right to information, civil society development and active public participation are equally crucial components of an effective human rights system¹⁸⁵.

As duty-bearers, states are obligated to actively guarantee human rights and address violations¹⁸⁶. This is achieved through a continuous monitoring process based on the analysis of state reports. These reports facilitate regular dialogue between international bodies and states to discuss how social rights can best be implemented and adapted to changing national circumstances. By monitoring and evaluating state reforms, this process contributes to the improvement of the protection of social rights and advancing legal developments¹⁸⁷.

A central principle within this framework is the prohibition of discrimination, which plays a fundamental role in the human rights system¹⁸⁸. This maxim is not only inscribed in the Universal Declaration of

¹⁸³ Mahlmann, M., *Mind and Rights. The History, Ethics, Law and Psychology of Human Rights* (Cambridge University Press, Cambridge, 2023), p. 25.

¹⁸⁴ Ulrich, *Human Rights Scepticism*, p. 478.

¹⁸⁵ Adeyi, O./ Arsenault, C./ Barker, P./ Daelmans, B./ Doubova, S./ English, M./ Gage, A./ García-Elorrio, E./ Guanais, F./ Gureje, O./ Hirschhorn, L./ Jiang, L./ Jordan, K./ Kelley, E./ Kruk, M./ Lemango, E./ Leslie, H./ Liljestrand, J./ Malata, A./ Marchant, T./ Matsoso, M./ Meara, J./ Mohanan, M./ Ndiaye, Y./ Norheim, O./ Pate, M./ Reddy, K./ Roder-DeWan, S./ Rowe, A./ Salomon, J./ Thapa, G./ Twum-Danso, N., *High-quality health systems in the Sustainable Development Goals era: time for a revolution*, in: *The Lancet Global Health Commission* 6 (11) (2018), 1196–1252, p. 1220.

¹⁸⁶ Ojanen, T., *Equality and Non-discrimination in Human Rights Treaties and Nordic Constitutions*, in: *Scandinavian Studies in Law* 68 (2022), 91–118.

¹⁸⁷ Dermine, E./ Eleveld, A., *Protecting working welfare recipients through human rights experimentalism*, in: *International Journal of Law in Context* 17 (2021), 529–547, p. 532.

¹⁸⁸ Ojanen, *Equality and Non-discrimination in Human Rights Treaties and Nordic Constitutions*.

Human Rights (UDHR) (article 2), it also exists in other European and international treaties. Article 2(2) of ICESCR, for instance, guarantees the right to the non-discrimination of social and cultural rights in all of its manifestations. Equally, article 14 of the ECHR safeguards access to their fundamental rights and the prohibition of discrimination.

However, only recognizing this principle in law is not sufficient to achieve actual equality. Therefore, states have both, negative and positive obligations: they must not only refrain from discrimination but also actively combat existing inequalities. The positive obligations require of governments to put laws and institutions into place capable of delivering substantive equality. This includes measures to prevent discrimination by third parties and to promote genuine substantive equality¹⁸⁹. Accordingly, an effective human rights policy must go beyond formal protection; it must dismantle structural barriers that perpetuate inequality¹⁹⁰. Failing to adopt and implement such measures would not only leave latent inequalities unchallenged but could also breach the obligation to protect individuals from ill-treatment by private actors¹⁹¹.

Another essential component of this system is the doctrine of proportionality, which ensures that any restriction on rights, such as those of privacy or liberty, always remain within the boundaries of the law. This requirement is of central importance in a democratic state because it actually prevents unwarranted and disproportionate intrusions¹⁹². At the European level, the principle of proportionality is supported by various legal regulations, particularly the European Convention on Human Rights, which serves as a benchmark for the legality of security measures¹⁹³.

This principle recognizes that while governments can limit some rights in special situations, they cannot do so without good reason. Each measure must stick to the principles of legality, necessity and proportionality. This means that every action must follow the law, be truly needed to keep a democratic society working and be balanced with the goal it tries to achieve. Consequently, each case must be looked at carefully to make sure the limits are fair and reasonable¹⁹⁴.

¹⁸⁹ Ibid..

¹⁹⁰ WHO, *Sexual health, human rights and the law* (WHO, 2015), https://iris.who.int/bitstream/handle/10665/175556/9789241564984_eng.pdf?sequence=1 [accessed: 27.05.2025], p. 29.

¹⁹¹ Douglas, T./ Kooijmans, T./ Lighthart, S./ Meynen, G., *Closed-Loop Brain Devices in Offender Rehabilitation: Autonomy, Human Rights and Accountability*, in: *Cambridge Quarterly of Healthcare Ethics* 30(4) (2021), 669–680, p. 677.

¹⁹² OHCHR, *Making a Difference*, p. 9.

¹⁹³ Council of Europe/European Union Agency for Fundamental Rights, *Handbook on European law relating to the rights of the child*, https://fra.europa.eu/sites/default/files/fra_uploads/fra-coe-2022-handbook-child-rights_en.pdf [accessed 27 May 2025], p. 16.

¹⁹⁴ OHCHR, *Making a Difference*, p. 9.

Underpinning all these principles is the rule of law, which transforms abstract human rights ideals into practical reality, ensuring that fundamental freedoms are practically safeguarded, not just theoretically enshrined¹⁹⁵. The rule of law guarantees fairness and justice, protecting individuals from arbitrary governmental power¹⁹⁶. When violated, this foundation undermines the state's moral authority and jeopardizes the values supporting human rights¹⁹⁷.

Additionally, the rule of law mandates state actions to be transparent and legally grounded to prevent arbitrariness and ensure the protection of all rights¹⁹⁸. Its maintenance is critical not only for safeguarding rights but also for fostering a society where these rights can flourish, while strengthening democracy at the same time¹⁹⁹. Ultimately, the rule of law creates a stable society where individual security, public safety and social harmony are all supported²⁰⁰, a crucial foundation for addressing complex issues like pedophilia prevention within a human rights framework.

In short, these fundamental human rights principles of universality, non-discrimination, proportionality, subsidiarity and the rule of law constitute a interlocking system that is essential for addressing delicate and complex issues like pedophilia prevention. When addressing such sensitive issues, these principles provide orientation as much as limits: they enshrine the principle that all human beings should be treated equally under the law and with equal dignity, but specify the limits within which states can move to protect vulnerable individuals. The conflict between personal and group security underlying prevention attempts at pedophilia can only be resolved through appropriate regard for such guiding principles. In what follows, the following framework shall be employed as the lens by which to observe the interplay between prevention measures and respect for rights.

3.2 Privacy and Data Protection in Prevention Context

The right to privacy is a fundamental human right that is anchored in numerous international and regional agreements. One concrete example for this is article 12 of the Universal Declaration of Human Rights

¹⁹⁵ Potrzezycz, J., *The natural human right to security and security as a constitutional human right*, in: *Studia Prawnicze KUL* 2020, 2 (82), 219–231, pp. 227-228.

¹⁹⁶ CoE/ FRA, *Handbook on European law*, p. 243.

¹⁹⁷ Aguirre, M., *The legitimization of torture in a post-September 11 scenario*, in: de Feyter, K./ Gómez Isa, F. (ed.), *International Human Rights Law in a Global Context* (University of Deusto, Bilbao, 2009), 123–160, p. 156.

¹⁹⁸ OHCHR, *Making a Difference: An Introduction to Human Rights*, UN Human Rights Regional Office for Europe, 2018, p. 10.

¹⁹⁹ Oraá, J., *The Universal Declaration of Human Rights*, in: de Feyter, K./ Gómez Isa, F. (ed.), *International Human Rights Law in a Global Context* (University of Deusto, Bilbao, 2009), 163–236, p. 191.

²⁰⁰ Potrzezycz, *The natural human right to security*, pp. 225-226.

(UDHR). It guarantees that "[n]o one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation". Thus, the article emphasizes the protection of personal and family life from unlawful interferences and recognizes privacy as an essential component of human dignity and freedom. Another article in this matter is article 17 of the International Covenant on Civil and Political Rights (ICCPR). It reaffirms the principle by prohibiting arbitrary or unlawful interferences with privacy and attacks on reputation.

In Europe, article 8 of the ECHR offers a guaranty to the right to privacy. While providing broad safeguards, this article also acknowledges certain exceptions, particularly regarding national or public security concerns. Such exceptions, however, must meet the stringent criteria of being legally justified, necessary and proportionate to be considered legitimate limitations²⁰¹.

It is worth mentioning that privacy protection is not confined to spheres of a purely private nature. The European Court has asserted a distinction between public and private spheres and indicated that the right to privacy may also be relevant in a public place. Nevertheless, the expectation of privacy in a public place may diminish further if an individual's behavior does not warrant that expectation. The court uses a "*reasonable expectation of privacy*" test in defining these bounds. The reasonable expectation of privacy test is premised upon the social context of personal autonomy. Furthermore, the court noted that article 8 does not only protect the most intimate aspects of a person's life, but also their autonomy to build and maintain relationships - an aspect of what makes a person autonomous²⁰².

The ECtHR has analyzed the balance between individual data protection rights and state interests extensively. An excellent example is that of *Söderman v. Sweden* (2013)²⁰³. The ECtHR held in *Söderman v Sweden*, that any limitation must be demonstrably necessary and to be accepted as such it will be required to be proportionate. *Söderman v Sweden* pertains to a case before the European Court of Human Rights pertaining to a privacy right under article 8 of the ECHR.

In 2002, a 14-year-old girl (*Söderman*) found out that her stepfather had attempted to film her naked without her consent and in secret using a hidden camera in the family bathroom. Even though the stepfather was confronted, Swedish authorities would not prosecute him as at the time there was no law prohibiting someone for covertly filming a person for private purposes. Instead, he was charged only

²⁰¹ Douglas et al., *Closed-Loop Brain Devices in Offender Rehabilitation*, p. 674.

²⁰² Valentiner, D.-S., *The Human Right to Sexual Autonomy*, in: *German Law Journal*, 22 (2021), 703–717, pp. 707–708.

²⁰³ *Söderman v. Sweden* [GC], no. 5786/08, ECHR 2013

with a minor offense of sexual harassment, but the case was later dropped. Söderman and her mother filed a lawsuit, arguing that the state had failed to sufficiently protect her right to privacy.

Söderman claimed that Sweden had violated her right to privacy under article 8 of the European Convention because the law lacked adequate protection against secret filming. Sweden justified itself on the grounds that the existing legal system, which consisted of civil and criminal law remedies, provided adequate protection against invasion of privacy.

The Swedish courts ruled against Söderman, stating that the existing laws were adequate and her stepfather could not be held criminally responsible. She then took her case to the ECtHR, which ruled in her favor, holding that Sweden had violated article 8 in that it had failed to provide adequate legal protection from invasion of her privacy. The court accordingly held that the states have a positive obligation to provide effective legal remedies against serious violations of personal privacy.

The ECtHR, through its ruling, has interpreted the concept of private life as dynamic and adaptable. According to its view, the term private life cannot be strictly defined in light of technological advancements and evolving ethical norms. Instead, it encompasses three core dimensions: personal data, physical integrity and psychological and moral well-being²⁰⁴. This expansive approach acknowledges privacy's multifaceted nature in contemporary society.

Consequently, the protection of privacy not only protects individuals by shielding them from state interference, but it contains duties from a state and this is particularly salient in health care, generally, but the treatment of pedophilia in particular, whereas a state should assure that confidentiality is maintained in counseling and medical treatment. This means that healthcare professionals may only disclose medical information with the explicit consent of the patients²⁰⁵, creating a protected space for treatment and prevention.

With an increasingly digitalized world, data protection is increasingly relevant, particularly under the General Data Protection Regulation (GDPR). Signed into law by the European Union in 2016, taking effect from May 2018, this set general provisions within personal data processing with focus on the protection of individual data and free data flow across borders²⁰⁶.

²⁰⁴ Douglas et al., *Closed-Loop Brain Devices in Offender Rehabilitation*, p. 673.

²⁰⁵ WHO, *Sexual health, human rights and the law*, p. 17.

²⁰⁶ CoE/ FRA, *Handbook on European law*, p. 306.

With the GDPR, the increased danger to privacy due to new ICTs (like big data and health apps in the digital sphere) is completely recognized. This is especially the case in the health sector, which deals with sensitive genetic or biological data and the protection of people's rights, therefore, being a vital aspect. Continuous digitalization requires the right protections to limit unauthorized access to the same data, while ensuring its confidentiality. These include, for example, multi-level access restrictions, whereby only the affected individual, authorized relatives or directly involved medical personnel have access to the data²⁰⁷.

Furthermore, the GDPR has significant implications for the handling of personal data in scientific research, particularly regarding data sharing. The need for explicit consent from study participants presents a challenge and creates tension between regulatory requirements and ethical research principles²⁰⁸. In addition, national legal exemptions undermine the intended harmonization of data protection within the EU and especially complicate cross-border scientific collaboration²⁰⁹.

Therefore, while the primary aim of the GDPR is to ensure the protection of individual privacy, it must also be aligned with the evolving human right to access scientific progress, which enables the free use of data for research purposes. Therefore, greater efforts are required to further harmonize regulations and provide transparent guidelines for international data exchange²¹⁰.

As a consequence, experts are calling for further clarification regarding consent, secondary data use and adjustments to reduce differences between national laws. Clearer regulations would not only allow for more comprehensive consent but also create more transparent guidelines for the reuse of data. To address these challenges, it is proposed that academic institutions, patient advocacy groups and data protection experts jointly develop updated EU-level guidelines that involve a variety of stakeholders²¹¹.

²⁰⁷ Nunes, *Healthcare as a Universal Human Right*, pp. 174-175.

²⁰⁸ Apweiler, R./ Argiles, A./ Beige, J./ Benigni, A./ Bischoff, R./ Black, P. C./ Boehm, F./ Céraline, J./ Chrousos, G. P./ Delles, C./ Evenepoel, P./ Fridolin, I./ Glorieux, G./ Hallinan, D./ Heidegger, I./ Ioannidis, J. P. A./ Jankowski, J./ Jankowski, V./ Jeronimo, C./ Kamat, A. M./ Masereeuw, R./ Mayer, G./ Mischak, H./ Ortiz, A./ Remuzzi, G./ Rossing, P./ Schanstra, J. P./ Schmitz-Dräger, B. J./ Spasovski, G./ Staessen, J. A./ Stamatialis, D./ Stenvinkel, P./ van Gool, A. J./ Vlahou, A./ Wanner, C./ Williams, S. B./ Zannad, F./ Zoccali, C./ Vanholder, R., *Data Sharing Under the General Data Protection Regulation. Time to Harmonize Law and Research Ethics?*, in: *Hypertension* (2021) 77, 1029–1035, pp. 1029–1030.

²⁰⁹ Slokenberga, S., *Setting the Foundations: Individual Rights, Public Interest, Scientific Research and Biobanking*, in: Reichel, J./ Slokenberga, S./ Tzortzatou, O. (ed.), *GDPR and Biobanking. Individual Rights, Public Interest and Research Regulation across Europe* (Springer Nature Switzerland AG, Cham, 2021), 11–30, p. 12.

²¹⁰ Slokenberga, *Setting the Foundations*, p. 11.

²¹¹ Apweiler et al., *Data Sharing Under the General Data Protection Regulation*, pp. 1029-1030.

A key ruling in this matter is the Schrems II case of 2020²¹². The Court of Justice of the European Union (CJEU) examined the validity of transferring personal data from the EU to an entity in the U.S. via the EU-US Privacy Shield system. An Austrian man named Max Schrems owned this legal suit. He won a similar case in 2015 (Schrems I²¹³). At the time, the Court ruled that the old data-sharing arrangement, known as Safe Harbor, was inadequate in that it did not protect EU citizens against espionage from the federal government in the United States. Since the first case, and now in this second case, often referred to as Schrems II, Schrems argued that U.S. authorities were still able to access personal data from the EU too easily through the new Privacy Shield. Thus, the CJEU nullified the Privacy Shield as well. This judgment reiterated that third-country transfers have to provide at least an equal level of protection as the GDPR and highlighted the supreme importance of data protection because the right of privacy is a fundamental right unbound by territory.

In short, the right to privacy is an evolving and fundamental human right which must keep pace with the constantly changing social, technological and legal challenges. From protecting people in the era of the digital to delimiting borders between state and private actors, privacy remains central to national and international law amidst rapidly changing social, economic and technological environments. In a globalized world, where huge amounts of information could be processed within seconds, creating a robust set of legal mechanisms such as privacy rights and effective surveillance tools ultimately safeguards the freedom and dignity of the people, values particularly in handling sensitive matters such as pedophilia prevention schemes.

3.3 Access to Healthcare and Support Services

Access to health services is a fundamental human right. Yet, its implementation remains a challenge, especially for disadvantaged groups. Article 25 of the Universal Declaration of Human Rights (UDHR) states that everyone has the right to a standard of living adequate for their health and well-being, including medical care. This fundamental principle is further reinforced by the International Covenant on Economic, Social and Cultural Rights (ICESCR), which, in article 12, protects the right to the highest attainable standard of physical and mental health.

²¹² Judgment of 16 July 2020, *Schrems II*, (C-311/18), EU:C:2020:559

²¹³ Judgment of 6 October 2015, *Schrems I*, (C-362/14), EU:C:2015:650

On the regional level in Europe, the right to health is also restated, for instance in article 35 of the Charter of Fundamental Rights of the European Union. Furthermore, also the European Social Charter (ESC) of the CoE explicitly includes the right to health (article 11). However, the ECHR itself does not make any mention of a right to health in so many words, even though there are health-related obligations which can be acquired under article 2 ECHR (right to life) and article 8 ECHR (right to respect for private and family life).

The right to health extends far beyond mere service provision. Given the inseparable connection between all human rights, establishing universal healthcare access necessarily requires respecting other fundamental rights, including self-determination and privacy²¹⁴. Moreover, the right to the highest attainable standard of health encompasses four essential criteria: availability, accessibility, acceptability and quality of healthcare services²¹⁵.

Confidentiality represents another critical dimension of healthcare systems²¹⁶, particularly in sensitive areas such as mental and sexual health. Legal barriers, provider refusals based on moral grounds and criminalization of certain services create significant obstacles to accessing necessary treatments. These barriers not only impede access but contribute to the stigmatization of affected groups, thereby undermining the universal right to health²¹⁷.

In addition, confidentiality and data security needs to be a paramount concern since personal and medical information must be used with care and diligence to avoid misuse or unauthorized access²¹⁸. Protection of personal data is vital to protect the dignity and autonomy of one person, which is recorded in paragraph 50 of the EU Directive 2011/93/EU. Healthcare systems therefore must provide adequate protection against the unauthorized access and misuse of sensitive medical information.

Effective legislation should not only recognize the right to healthcare but also guarantee the right to active public participation and access to information²¹⁹. In this context, a non-discriminatory health care system must ensure that even vulnerable groups receive early therapeutic support²²⁰. Only through a comprehensive understanding of human rights, combined with evidence-based and easily accessible

²¹⁴ Nunes, *Healthcare as a Universal Human Right*, p. 179.

²¹⁵ *Ibid.*, p. 2.

²¹⁶ WHO, *Sexual health, human rights and the law*, p. 17.

²¹⁷ *Ibid.*, p. 14.

²¹⁸ Nunes, *Healthcare as a Universal Human Right*, p. 88.

²¹⁹ Adeyi et al., *High-quality health systems in the Sustainable Development Goals era*, p. 1220.

²²⁰ Nunes, *Healthcare as a Universal Human Right*, p. 179.

health services²²¹, can the right to health be realized for all²²². Therefore, healthcare systems must document the quality of healthcare services and develop national health strategies²²³.

In this context, the case of *Aggerholm v. Denmark* (2019) stands out²²⁴. The applicant suffered from paranoid schizophrenia and was admitted to a psychiatric clinic in 2005 following violent incidents. On February 8, 2013, he was strapped to a bed with a belt and hand and foot restraints for almost 23 hours after being perceived as a security threat. Although a complaints commission ruled the restraint unlawful, later courts upheld its justification. The applicant took the case to the ECtHR and it was held that the restraint was not necessary and excessive and constituted a violation of article 3 of the European Convention on Human Rights.

The *Aggerholm v. Denmark* decision illustrates the manner in which state intervention in the realm of healthcare must strike a balance between protection needed and the risk of infringing human rights. The case highlights the risk of state intrusion in the cure of mental illness, which at times may lead to the infringement of human rights. By characterizing the excessive restraint as a violation of the prohibition on inhuman and degrading treatment, the ECtHR explained that the protection of vulnerable categories must not come at the cost of undermining individual fundamental rights.

Political frameworks play a crucial role in the accessibility and quality of mental health services. A legally grounded, socially and culturally differentiated approach can significantly contribute to improving mental health care²²⁵. This is particularly suitable when it comes to pedophilia, because the strong societal and political focus on punishment²²⁶ can lead affected individuals to feel pressured to remain silent about their condition. As a result, this makes access to preventive therapy and mental health services more difficult²²⁷.

²²¹ *Ibid.*, p. 36.

²²² MacNaughton, G., *The Maturing Right to Health: Deeper, Broader and More Complex but Still Unequal*, in: *Health and Human Rights Journal*, 2020, 22(1), 343–345, p. 343.

²²³ Adeyi et al., *High-quality health systems in the Sustainable Development Goals era*, p. 1218.

²²⁴ *Aggerholm v. Denmark*, no. 24429/14, ECHR 2019

²²⁵ Carter, G., Gill, N., Gronholm, P.C., Helmchen, H., Sartorius, N., Thornicroft, G., Watson, D., *Assessing the Priority of Human Rights and Mental Health: The PHRAME Approach*, in: *BJPsych Open* 9(56) (2023), 1–9, p. 6.

²²⁶ Enebrink, P., Hanson, R., Långström, N., Laurén, E., Lindblom, J., Werkö, S., *Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions*, in: *BMJ* 347 (2013), <https://www.bmj.com/content/bmj/347/bmj.f4630.full.pdf> [accessed: 27 May 2025], p. 4.

²²⁷ Harper et al., *Identifying and working with appropriate treatment targets*, p. 499.

Nevertheless, public discussions do often show that society is very skeptical about giving more healthcare rights²²⁸ to groups that are highly stigmatized, such as persons with pedophilia. Despite the theoretical knowledge, in real life many people, especially those who are already struggling with mental health issues or other stigmas, still find it hard to get appropriate healthcare. This is especially true for mental health services, even though public health experts emphasize repeatedly how important they are²²⁹.

The unequal application of anti-discrimination laws ensures that some individuals are still denied appropriate medical and psychological care. Ensuring the right to health of all citizens regardless of social status, state of mind or societal ostracism requires more than laws. Concrete steps must be taken²³⁰. This is particularly important for individuals with pedophilic tendencies, who often lack access to appropriate therapy due to social prejudice and limited specialized services²³¹.

However, untreated mental health issues increase the risk of criminal behavior and consequently numerous studies have shown that individuals with mental disorders are disproportionately represented in the criminal justice system²³². In dealing with pedophilia, the establishment of specialized therapy programs enables targeted support for affected individuals without prematurely criminalizing them²³³, which encourages people to voluntarily seek therapeutic help²³⁴.

Studies on prevention programs could even show that allowing for confidential therapy and a structured support system significantly ameliorate risks by providing those affected with tools to responsibly manage their behaviors²³⁵. These prevention-oriented frameworks can be an important mechanism for balancing children's protection and all peoples' human rights, including those with pedophilic tendencies. By providing access to confidential, readily available and specialized health services, states will fulfil both obligations to avoid harmful conduct including pedophilia from a human rights-based approach based on treatment and prevention, rather than a solely punitive response.

²²⁸ Ulrich, *Human Rights Scepticism*, p. 478.

²²⁹ Becker, T./ Nowak, M./ Orzechowski, M./ Steger, F./ Wigand, M. E., *Post-traumatic stress disorder; human rights and access to healthcare: an analysis of judgments of the European Court of Human Rights from an ethical perspective*, in: *European Journal of Psychotraumatology* 12 (2021), 1–9, p. 6.

²³⁰ WHO, *Sexual health, human rights and the law*, p. 29.

²³¹ Grady, M./ Levenson, J., *Preventing Sexual Abuse*, p. 1006.

²³² Macassa/McGrath, *Common Problems! and Common Solutions?*, p. 2.

²³³ Amelung et al., *Preventing Child Sexual Abuse and the Use of Child Sexual Abuse Materials*, p. 884.

²³⁴ Grady, M./ Levenson, J./ Morin, J., *Beyond the "Ick Factor": Counseling Non-offending Persons with Pedophilia*, in: *Clinical Social Work Journal*, 48 (2020), 380–388, p. 383.

²³⁵ Janssen, E./ Wilpert, J., *Characteristics of offending and nonoffending CSA helpline users explored*, in: *The Journal of Forensic Practice*, 22 (2020), 173–183, pp. 174–175.

In conclusion, ensuring that everyone has health services, including mental health care for stigmatized communities, is both a legal obligation in accordance with international and European human rights law, as well as a moral and public health obligation. A rights-based, evidence-based approach to mental health care that is accessible, confidential and non-discriminatory is fundamental to addressing the health needs of even the most marginalized individuals, while also considering overall health risks to society. Supporting the dignity and health of all individuals, including persons whose even this condition is highly stigmatized, requires confronting stigma itself and dismantling structural barriers to health care, thereby creating a healthier, more just and humane system of health care.

3.4 From Theory to Practice: Implementation Challenges

While the normative framework for human rights protection sets out clear obligations upon states, translating theory into practice faces several hurdles as it intersects with many sources of law and impacts the practice of law at a fundamental level²³⁶. One of the biggest barriers to public safety continues to be the disparity between the normative goals of legal order and the intricate social reality. Despite advances in the safeguarding of rights, prejudice and violence still menace human dignity gravely under practical situations.

In article 3 of the Universal Declaration of Human Rights (UDHR), everyone is stated to have the "right to life, liberty and security of person.". The right to security is one of the foundations for international protection of the right of security of the individual. This creates an obligation on the state and, by implication, internationally, to assure that all persons have the necessary physical and mental security on an ongoing basis. The European framework, through article 2 of the ECHR, describes the "right to life" and article 5 provides the "right to liberty and security". These articles highlight the broad responsibility of the state to assure security for its citizens, while respecting the fundamental freedoms of its citizens.

Around which all of these protections revolve is the absolute prohibition against torture and other inhuman or cruel or degrading treatment or punishment. This prohibition is the only indisputably non-derogable right in international human rights law, a reflection of its fundamental significance to safeguarding human dignity. As explicitly stated in the European Convention on Human Rights (art. 3) and various international instruments (e.g. UDHR art. 5), this prohibition cannot be suspended under any

²³⁶ Potrzezycz, *The natural human right to security*, p. 228.

circumstances, even in cases of war, public emergency or threats to national security²³⁷, as it constitutes a non-negotiable standard in democratic societies²³⁸.

The prohibition of torture and cruel treatment serves a dual function within the human rights framework. On the one hand, it acts as a "sword," providing protection for victims of serious abuse. Sexual abuse of minors, for instance, can be classified as cruel and inhuman treatment, obligating states to prevent and respond to such violations. The absolute nature of this prohibition reinforces the gravity of these offenses and demands rigorous state action to prevent them²³⁹.

On the contrary, the prohibition is a "shield" to protect all people, including suspects of crime and defendants, from state torture or inhuman treatment by state authorities²⁴⁰. The European Court of Human Rights has clarified that the prohibition is universal to everyone regardless of his or her behavior or the nature of crime he or she is accused of, reiterating that human dignity is absolute for criminal offenders as well.

The Committee against Torture (CPT) has further developed these standards in its visitations to detention facilities, always keeping in mind the clear objective that persons whose liberty is restricted, for example, those who have been convicted of sex crimes involving children, should be held in circumstances that are protective and suitable. This includes access to proper psychological treatment and care, keeping in mind that failure to so do might constitute cruel or inhuman treatment in itself²⁴¹.

This dual nature of prohibition, both shield and sword, demonstrates the delicate balance which has to be struck in the protection of human rights. The state must simultaneously seek responsibility over those who have committed serious violations of rights and ensure that its own actions in the pursuit of justice do not form themselves into violations of basic rights. In sexual abuse of children, this involves both punishing the perpetrators severely and ensuring that punishment does not offend human dignity but instead keeps away from cruelty and debasement.

²³⁷ Angulo López, *The prohibition of torture*, p. 3.

²³⁸ Kirchmair, *Objections to Coercive Neurocorrectives*, pp. 29–30.

²³⁹ CoE/ FRA, *Handbook on European law*, p. 16.

²⁴⁰ Kirchmair, L., *Objections to Coercive Neurocorrectives for Criminal Offenders – Why Offenders' Human Rights Should Fundamentally Come First*, in: *Criminal Justice Ethics* 38 (2019), 19–40, pp. 29–30.

²⁴¹ Jensdóttir, R., *The concept of the child's best interests in the work of the Council of Europe*, in: Council of Europe (ed.), *The best interests of the child – A dialogue between theory and practice*, Council of Europe Publishing, Strasbourg 2016, 81–85, p. 83.

The litigation from 2014 *O’Keeffe vs. Ireland*²⁴² exemplifies the necessity of the state in defending the rights of the individual. The case in question is associated with the fact that Louise O’Keeffe was sexually harassed by a teacher in her school in Ireland during the 1970s. At that time, although the teacher was arrested and charged, O’Keeffe brought her case before the European Court of Human Rights claiming that the Irish government failed to provide her with the necessary protection. The core legal issue was whether the Irish state had fulfilled its duty of protection.

According to O’Keeffe, the absence of state supervision over schools violated her human rights, specifically with regard to ECHR articles 3 (prohibition of inhuman or degrading treatment) and 13 (right to an effective remedy). However, the Irish government contended that since the teacher worked for the school and not the state directly, it was not liable for his actions.

When Irish courts at first declined to accept her case, O’Keeffe took her appeal to the European Court of Human Rights. The court held that Ireland did not sufficiently protect her and hence violated her rights. The decision highlighted the government’s duty to protect individuals and especially children from ill-treatment and offer sufficient legal remedies. The case is notable in that it highlights governments' duty of reparation in law to restore violations and the need for prevention of abuse action.

In addition to ensuring individual freedoms, a state has the obligation to consider governments' promotional role to achieve both political and social tolerance. Political tolerance refers to the degree of acceptance by the state of the presence, acceptance of multiple perspectives and lifestyles in society, while social tolerance implies that citizens must either allow or actively respect others' freedoms in social interactions²⁴³. Both forms are essential for striking the delicate balance between individual liberty and public safety. By encouraging mutual respect among citizens, the state supports environments where human dignity is upheld alongside social harmony, allowing diverse groups to coexist without unnecessary restrictions on their freedoms²⁴⁴ and contributing to a more stable and just society. Only through such a balanced approach can individual freedoms and social harmony be preserved²⁴⁵.

For example, in sexual offender treatment cases where there are potential neurocorrective or pharmacological treatments, there are additional human rights considerations at issue. The right to mental

²⁴² O’Keeffe v. Ireland [GC], no. 35810/09, ECHR 2014

²⁴³ Galeotti, A. E./ Liveriero, F., *Tolerance as the Balance Between Liberty and Security*, in: *The Journal of Ethics* 25 (2021), 161–179, pp. 162–163.

²⁴⁴ *Ibid.*, p. 176.

²⁴⁵ *Ibid.*, pp. 162-163.

integrity and self-determination in general is opposed to coercive treatments and the European Court of Human Rights has asserted that medical treatments cannot be administered without the free and informed consent of the person without infringing on their dignity and autonomy. This perspective further reinforces the "shield" aspect of the prohibition, protecting individuals from invasive treatments that might be justified as serving public security but which fundamentally undermine human dignity²⁴⁶.

Prevention emerges as a crucial element in addressing the gap between legal frameworks and effective implementation. Public awareness campaigns are an important way to prevent criminal actions like child sexual abuse. By making the broader population aware and educating them about areas of support for child sexual abuse victims, potential witnesses and likely perpetrators, public awareness raises awareness and urges everyone do something about these issues in their communities²⁴⁷. This is a major piece of the state's effort to achieve the right to security and to prevent violations before there is a violation.

Justice is not solely about protecting potential victims; it also encompasses the just punishment of offenders²⁴⁸. This duality illustrates the importance of balancing both accountability and protection mechanisms. In the absence of good detection and enforcement measures, the public's faith in the legal mechanisms can plummet. Thus, the effective accountability of offenders serves both a punitive stance and a deterrence role, enhancing the concept that criminal and human rights violations are unacceptable behaviors.

The examination of the legal framework for child protection in Europe (Chapter 2.3) and the analysis of human rights considerations in pedophilia prevention (Chapter 3.1 - 3.4) reveal a complex landscape where protection imperatives must be carefully balanced with fundamental rights guarantees. Several key insights emerge from this analysis that will shape the remainder of this thesis.

First, the legal architecture for child protection in Europe represents a multi-layered system with complementary instruments operating at international, European and national levels. The UN Convention on the Rights of the Child and its Optional Protocol establish universal standards, while the Council of Europe's Lanzarote Convention provides more specific European guidance. EU Directive 2011/93/EU serves as a catalyst to harmonized solutions across member nations. As revealed through the United

²⁴⁶ Kirchmair, *Objections to Coercive Neurocorrectives*, pp. 20–21.

²⁴⁷ Beier, K. M./ Denis, D./ Efthymiadou, E./ Koukopoulos, N./ Newman, E. F./ Quayle, E./ Squire, T./ Wortley, R., *The Impact of a Public Health Campaign to Deter Viewing of Child Sexual Abuse Images Online: A Case Study of the UK Stop It Now! Campaign*, in: *Sexual Abuse* 36 (6) (2024), 635–661, p. 635.

²⁴⁸ Loughran et al., *Deterrence*, p. 63.

Kingdom, Ireland, the Netherlands and Belgium case studies, enactment is not a one-off legislative move but a constant, evolving process that requires constant tweaking in response to emerging challenges, particularly in the online environment. This observation reveals that effective protection frameworks must be flexible enough to accommodate technological developments while maintaining consistent rights-based principles.

Secondly, the human rights framework has demonstrated that any preventive policy against pedophilia has to be grounded well in fundamental principles of universality, non-discrimination, proportionality, subsidiarity and the rule of law. They provide both the normative basis for intervention and the outer limits of lawful action by the state. The principle of universality reminds that every person, including someone with a pedophilic interest, has particular human rights and a base level of dignity. This knowledge is paramount in the development of prevention programs that do not stigmatize children, while still respecting the obligation to protect children.

Third, the examination of rights to privacy and data protection (Chapter 3.2) has highlighted the particular issues involved in prevention contexts. The *Söderman v. Sweden* case and the Schrems II decision remind us that any collection, processing or transfer of personal data, including data relating to potential risk behaviour, has to meet high standards of legality, necessity and proportionality. The provisions of the GDPR for special categories of data impose added measures of protection when dealing with health-related data. These restrictions will have a major impact on the design of prevention programs, especially on confidentiality measures and information-sharing norms.

Fourth, the investigation of the right to access healthcare (Chapter 3.3) indicates that thinking about prevention cannot only mean thinking of child protection, but also considering it as a fulfilment of the right to health for those who have a pedophilic inclination. By framing prevention as child protection and fulfilling the right to health, the apparent conflict is mitigated when early intervention is understood in this way. The case of *Aggerholm v. Denmark* makes clear that even where protection is justified, human dignity is non-negotiable and implies that prevention programs should aspire to voluntary participation rather than compulsory when feasible.

Finally, investigating implementation issues (Chapter 3.4) revealed through cases like *O'Keefe v. Ireland*, the state's positive obligations to minimize harm before it takes place. The prohibition on torture and inhuman treatment acts as much as a "sword" to protect potential victims as a "shield" to protect

rights of everyone inclusive of the rights of those likely to offend and so there is a tension in prevention programs in accountability measures that require respect for autonomy and dignity.

The findings from the analysis of legal and human rights will provide significant context for the analysis of the *Stop It Now!* project featured in Chapter 4. Here, the case study analysis will consider the legal standards and human rights and where the program was able to navigate the tensions between the expectations of confidentiality and reporting, voluntary participation and public safety as well as individualized service and generalized risk assessment. Chapter 5's critical analysis will expand on the legal elements and support a full framework for prevention that can simultaneously protect children and respect the rights of all involved.

In transitioning to an examination of practical prevention initiatives, the legal analysis provides crucial evaluative criteria: Does the prevention approach respect privacy and data protection while still enabling necessary interventions? Does it provide non-discriminatory access to healthcare and support? Does it meet the positive obligations of the state and not exceed justifiable limits? And lastly, does it provide a viable equilibrium between harm avoidance and rights action? The case studies will identify theoretical legal principles and will expose practical implementation questions. The thesis is intended to lead the reader to reflect on more nuanced possibilities for rights compliant prevention approaches in this contentious field.

5.2 Best Practices and Future Directions

Based on the analysis of international frameworks and the case study of the *Stop It Now!* initiative, several best practices and reform needs can be identified. One important practice is the provision of low-threshold services. These services, such as anonymous help hotlines and online resources, offer a lower barrier for individuals to access help before the crisis. By making it easier for people to enter into the system, these services allow those who may not have felt ready to come at all to seek help without judgment²⁴⁹.

One downside of programs like *Stop It Now!* is that they depend on people choosing to join. While this respects personal choice and creates a friendly atmosphere, it also means the program might miss those

²⁴⁹ Brown et al., *Stop It Now! A Pilot Study*, p. 865.

who do not see themselves as needing help or are worried about facing repercussions²⁵⁰. Finding a way to tackle this issue is important for making prevention strategies more effective and accessible.

An outstanding feature of the *Stop It Now!* program is thereby the multi-level prevention approach, which is an effective strategy to combat sexual abuse. The approach includes three levels of prevention: primary prevention is aimed at the general population, secondary prevention at people at specific risk and tertiary prevention at those who have already committed crimes²⁵¹. This differentiated approach prevents a “one-size-fits-all” model and instead, everyone receives the specific help that he or she needs.

This multi-level approach aligns with Lemert's understanding of deviance as a process rather than a fixed state²⁵². By intervening at different stages, before problematic thoughts develop into actions (primary prevention), when individuals recognize concerning attractions but have not acted on them (secondary prevention) and after offenses have occurred (tertiary prevention), these programs acknowledge the complex trajectory of deviant behavior and offer appropriate responses at each stage.

As explained in Chapter 4.2, maintaining confidentiality in the *Stop It Now!* prevention program is crucial to encourage people with problematic sexual thoughts to seek help at an early stage and thus prevent criminal actions²⁵³. However, this confidentiality can come into conflict with reporting requirements that aim to protect children from immediate harm. The comparison between countries such as the United Kingdom, which has stricter reporting requirements, and the Netherlands, which has stronger data protection rules, illustrates how different legal frameworks address this conflict in different ways²⁵⁴.

These differences in confidentiality policies reflect the broader trends in Chapter 2.3 for the ways European countries implement Directive 2011/93/EU. The Netherlands and Belgium, with more prevention-based systems, have stronger confidentiality protections in their *Stop It Now!* programs, whereas the UK and Ireland, with more justice-based systems, have stricter reporting requirements. The explicit references to human rights principles in program documents similarly follow this pattern, with more prevention-oriented systems more likely to frame their work in human rights terms.

However, the effectiveness of such programs does not depend only on the available services and protection mechanisms. Although *Stop It Now!* makes an important contribution to combating child sexual abuse²⁵⁵, there is considerable potential for optimization in the underlying evaluation framework.

²⁵⁰ Allnock et al., *Preventing and Responding*, pp. 56–57.

²⁵¹ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 266-268.

²⁵² Fafejta/ Maloušková, *The social marginalization*, p. 79.

²⁵³ *Ibid.*, p. 276-277.

²⁵⁴ Brown et al., *Stop It Now! A Pilot Study*, p. 866.

²⁵⁵ Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 56.

In particular, the protection of confidentiality and the problem of recording evidence-based long-term effects make it difficult to reliably monitor its success²⁵⁶. Optimizing the evaluation methods could lead to more evidence-based, effective practices that enable the programmes to continuously develop based on reliable findings.

However, empirical studies on risk factors, treatment success and rates of offending are essential to gain a differentiated understanding of the topic. This knowledge forms the basis for balancing the protection of society with the rights of the individual. Clear ethical guidelines and increased research are particularly necessary when working with individuals who have not been convicted and have pedophilic tendencies²⁵⁷. Only on this basis can well-founded political decisions be made, free of emotional reactions and prejudices and early, effective interventions made possible.

The legal and ethical tensions surrounding pedophilia and child sexual abuse are clearly reflected in public discourse. Stigmatization, ignorance and moral polarization often characterize the way society deals with the topic. The widespread confusion between pedophilic tendencies, a psychological disorder, and the actual sexual abuse of children, which constitutes criminal behavior, is a central problem here. Media reports and public debates often do not make this distinction precisely, which contributes to the spread of misunderstandings and makes social dialog more difficult²⁵⁸. From Goffman's perspective on stigma, the public discourse around pedophilia represents a particularly powerful form of "spoiled identity," where individuals with pedophilic tendencies are reduced to their stigmatized attribute and denied full social personhood²⁵⁹. This lack of clarity has far-reaching consequences: It can lead to people with pedophilic tendencies who are aware of their thoughts and want help avoiding seeking support out of fear of social rejection or legal consequences²⁶⁰. This not only makes access to effective prevention and treatment more complicated but also clogs the social debate over the etiology of child sexual abuse.

In this context, public relations activities are a critical component of child sexual abuse prevention. Awareness campaigns can help to counteract overall misconceptions and myths, to aid de-stigmatization and thereby raise awareness of the support services that are available. By providing precise information and making a clear distinction between preference and action, they promote a more objective public debate and create a social framework in which early help is possible and accepted. At the same time,

²⁵⁶ Brown et al., *Stop It Now! A Pilot Study*, pp. 867-868.

²⁵⁷ Beier et al., *The Impact of a Public Health Campaign*, p. 653.

²⁵⁸ Bian et al., *The Influence of Social Factors on the Formation and Development of Pedophilia*, pp. 57-58.

²⁵⁹ Atmaca, *An Examination of Oppositional Student Behavior*, p. 115.

²⁶⁰ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, pp. 276-277.

such campaigns underline the commitment to protecting children and thus make an important contribution to the long-term effectiveness of preventive measures²⁶¹.

Foucault's analysis of how power operates through systems of knowledge helps explain why changing public discourse is so challenging yet essential. The dominant discourse around pedophilia combines medical, legal and moral frameworks in ways that simultaneously pathologize, criminalize and morally condemn individuals with pedophilic tendencies, regardless of their behavior. This powerful knowledge/power complex makes it difficult to establish alternative narratives that maintain a clear ethical stance against child sexual abuse while creating space for non-stigmatizing prevention approaches. The varying degrees to which *Stop It Now!* program documents explicitly challenge these dominant discourses reflects the different political and cultural contexts in which they operate.

However, the lack of visibility of prevention programs in the public eye makes it difficult to gain political support as well as the necessary funding and attention for effective interventions. Increased media coverage of successful initiatives such as *Stop It Now!* could raise public awareness and encourage potentially affected individuals to seek help at an early stage²⁶². In addition, a media narrative that moves away from simple scandalization towards solution-oriented approaches would promote a broader social discussion about preventive measures²⁶³.

The media has a significant influence on the public understanding of pedophilia and child sexual abuse and its role in prevention efforts should not be underestimated²⁶⁴. Unfortunately, however, there is often only limited reporting on prevention. While criminal cases receive widespread attention, initiatives to prevent abuse usually receive far less media coverage²⁶⁵. A possible solution to this dilemma is setting up and advancing ethical reporting standards. Having media reporting standards of sensitive issues such as pedophilia and child sexual abuse may make reporting much more balanced and accurate. The guidelines should encourage context, avoid stigmatizing language and maintain a focus on child

²⁶¹ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, pp. 271-272.

²⁶² Beslay/ Di Gioia, *Help Seeker and Perpetrator Prevention Initiatives*, p. 67.

²⁶³ Goodier, S./Lievesley, R., *Understanding the Needs of Individuals at Risk of Perpetrating Child Sexual Abuse: A Practitioner Perspective*, *Journal of Forensic Psychology Research and Practice*, 2018, 18(1), 77–98, p. 79.

²⁶⁴ Jahnke et al., *Media Coverage of Pedophilia*, p. 11.

²⁶⁵ Çelik, F./ Karabaş, B., *You don't talk about that!? – A survey on prospective social workers' knowledge on CSA and their use of media*, in: Ischebeck, J./ Stelzmann, D. (eds.), *Child Sexual Abuse and the Media*, Baden-Baden: Nomos Verlagsgesellschaft mbH & Co. KG, 2022, 123–136, pp. 124–125.

protection. Through the promotion of ethical journalism, the media landscape can be more positively involved in the shaping of public opinion²⁶⁶ and policy.

The issue of resource distribution further illustrates the tension between the protection of children and the rights of (potential) offenders. A considerable amount of public funds currently flows into the criminal justice system, which indicates a societal prioritization of punishment over prevention. Nevertheless, empirical studies are increasingly showing that early intervention and comprehensive prevention strategies play an equally important, complementary role in protecting against child sexual abuse. Programs such as *Stop It Now!* demonstrate that a preventive, therapeutic approach can be effective²⁶⁷, provided that legal frameworks, scientific evidence and practical challenges are equally considered.

This resource imbalance directly reflects the systemic bias towards repressive over preventive measures identified in Chapter 2.3. Despite the variations in how European countries implement Directive 2011/93/EU, all four countries where *Stop It Now!* operates demonstrate a greater specificity, urgency and resource allocation towards criminal justice measures compared to prevention efforts. This imbalance manifests in how programs like *Stop It Now!* are positioned within national child protection systems, more integrated and supported in prevention-oriented Netherlands and Belgium, more peripheral in the justice-focused UK and Ireland.

Despite its successes, prevention initiatives have received significantly less financial and institutional support so far. For this reason, many services suffer from chronic underfunding and capacity limitations, which hinder their reach and effectiveness²⁶⁸. To meet the huge demand for preventative interventions²⁶⁹ and deal with the determinants of pedophilia specifically, there must be a consistent redirection of public funds to sustainable, evidence-based prevention and support systems.

The political climate is one of the strongest determinants of policy formation in this area. Child protection issues, including pedophilia prevention, are often very politicized. As a result, policymakers adopt punitive measures based on popular opinion rather than evidence-based measures. This could lead to punitive policies rather than beginning with prevention²⁷⁰ and hence hinder the development of

²⁶⁶ Çelik/ Karabaş, *You don't talk about that!?*, p. 130.

²⁶⁷ Beslay/ Di Gioia, *Fighting child sexual abuse*, p. 56.

²⁶⁸ Coleman et al., *Moving Forward in Offender-Oriented Prevention*, p. 276.

²⁶⁹ Brown, J./ Saied-Tessier, A., *Preventing Child Sexual Abuse. Towards a National Strategy for England*, London: National Society for the Prevention of Cruelty to Children, 2015, p. 28.

²⁷⁰ Enebrink et al., *Preventing Sexual Abusers*, p. 4.

sustainable differentiated strategies that address the root causes of the problem and provide long-lasting solutions.

Furthermore, the transnational nature of many sexual offenses against children, especially in connection with child sexual exploitation material, requires increased international cooperation²⁷¹. Greater legal harmonization across different jurisdictions would not only reduce gaps in protection but also allow for more effective cooperation, which remains a key challenge. In addition, punitive measures must be combined with preventive approaches to address the root causes of exploitation²⁷². This is the only way to ensure effective long-term prevention.

Moreover, engaging a diverse set of constituents in the development of the policy is critical to creating comprehensive and effective solutions. These constituents could include prevention professionals, medical professionals, lawyers and victims of pedophilia. Children, who may be directly affected by this issue, should also be heard and included with their perspective, in line with the UN Convention on the Rights of the Child (CRC). The dialogue between these different groups not only promotes a deeper understanding of complex human rights issues but also supports the development of solutions that equally respect and balance different rights²⁷³. Such an inclusive approach can contribute to a more comprehensive prevention strategy that addresses the diverse dimensions of the issue and thus enables better results for all parties involved.

In addition to international cooperation, multidisciplinary cooperation is another cornerstone of successful prevention efforts. By promoting collaboration between health systems, law enforcement agencies and child protection services, these collaborations lead to more comprehensive and effective prevention approaches that ensure that affected individuals receive the support they need in multiple areas²⁷⁴. For example, the integration of specialized services into the general health system makes sense in order to create a more seamless link between specialized prevention and treatment and general health care. Such a link would improve accessibility and continuity of care and ensure that affected individuals receive consistent and comprehensive support.

²⁷¹ Greijer/ Wenke, *Barnahus: A European Journey*, 94.

²⁷² Economist Impact, *Out of the Shadows. Index 2022*, https://cdn.outoftheshadows.global/uploads/documents/OOS_Index_Global_Report_2022_EN_V2_2023-02-08-174957_kmfz.pdf [accessed: 07 August 2024], p. 7.

²⁷³ Nunes, *Healthcare as a Universal Human Right*, p. 179.

²⁷⁴ Greijer/ Wenke, *Barnahus: A European Journey*, 25.

In addition, the professional training of relevant healthcare providers, as well as law enforcement agencies and other relevant professionals, is crucial²⁷⁵. Specialized training ensures that these professionals can provide quality care and are able to create an environment in which individuals feel safe to open up and subsequently receive helpful support.

As digitalization continues, it is also crucial to adapt to digital challenges and solutions. As digital technologies progress, prevention approaches must also be adapted accordingly. In concrete terms, this means addressing the risks associated with online spaces and at the same time using digital platforms to provide interventions. This is the only way that prevention measures can maintain their relevance and effectiveness in the digital age. At the same time, the right to privacy must still be protected, especially in the digital space where surveillance measures to prevent the distribution of child sexual exploitation material must be balanced with stricter data protection regulations. The development of data protection frameworks such as the General Data Protection Regulation (GDPR) underlines the ongoing efforts to ensure this balance in an increasingly digital world²⁷⁶.

In conclusion, effective prevention of child sexual abuse requires a multi-layered, multidisciplinary and inclusive approach that considers legal, social and individual levels. Programs such as *Stop It Now!* are examples of the potential that lies in early, low-threshold intervention. Provided they are supported by clear ethical guidelines, a solid legal framework and sufficient resources. The analysis of human rights references in program documents across different European countries reveals how explicit rights-based approaches can strengthen prevention work by providing clear ethical boundaries, enhancing program legitimacy and helping address stigmatization. Addressing stigma not merely as a practical barrier but as a human rights concern, as some *Stop It Now!* branches do, represents a promising direction for future development.

An evidence-based policy approach must address the systemic imbalance between repressive and preventive measures identified in European legal frameworks. As demonstrated in the comparative analysis in Chapter 2.3, even when meeting the requirements of Directive 2011/93/EU, European countries maintain significant variations in how they balance prevention and repression, with consequential impacts on how programs like *Stop It Now!* operate within these different contexts.

²⁷⁵ Ibid., 26.

²⁷⁶ Carr et al., *Handbook for Policy Makers*, p. 52.

6. Conclusion

This thesis investigated the complex and, at times, conflicted intersection between child protection and the human rights of individuals with pedophilia. The main research question was: How does social stigmatization of people with pedophilic orientations generate human rights tensions, particularly in respect of the right to health, prohibition of torture, privacy and non-discrimination? And how can a human rights-based prevention approach reduce the risk of child sexual abuse? With this research question informing the study, the research employed a qualitative multidisciplinary design that integrates legal, sociological and health policy perspectives with a human rights-based framework.

The study illuminates the reality that stigmatization, as theorized by Erving Goffman, remains a strong determinant in shaping public debate, political response and therapeutic accessibility. To the extent that society identifies pedophilic instincts with crime, it excludes those who have not committed any crime but are weighed down by internal conflicts linked to their sexual orientation. Through what Howard S. Becker described as labeling theory and what Edwin Lemert conceptualized as secondary deviance, this exclusion leads to a climate of fear, isolation and secrecy that discourages individuals from seeking early help or participating in prevention programs. As discussed in the analysis, this atmosphere of fear results in increased psychological distress, heightens comorbid mental illness and inadvertently may increase risk to children, the very outcome prevention efforts aim to avoid.

This thesis evaluated how at-risk individuals might benefit from confidential, easily accessible support services and organized preventative frameworks, using the *Stop It Now!* program as a case study. Serving as a model for anonymous, low-threshold services, the program demonstrates how such approaches can reduce risk and encourage early intervention. Its multi-level prevention strategy, including primary, secondary and tertiary levels, proves highly effective by enabling a tailored approach that accounts for diverse needs and varying degrees of risk.

Yet, for each of these strengths, the analysis also revealed structural and legal barriers to the effectiveness and scope of programs such as these. As examined through Foucault's theory of power/knowledge systems, the dominant discourse of pedophilia is a medical, legal and moral discourse that pathologizes, criminalizes and morally condemns pedophilic individuals regardless of their behavior. Barriers include disparate national interpretations of EU Directive 2011/93/EU that demonstrate a systemic imbalance towards repressive as opposed to preventive approaches and inconsistency in mandatory reporting laws throughout the UK, Ireland, the Netherlands and Belgium. The review also found variance in measuring prevention outcomes due to confidentiality barriers and uncertainty regarding self-reported data. The

comparative review of *Stop It Now!* implementations in these four European countries highlighted how prevention-oriented systems in Belgium and the Netherlands guarantee stronger confidentiality protections, while justice-oriented systems in Ireland and the UK have tighter reporting requirements, reflecting broader national approaches in the balance between prevention and repression.

The analysis has also usefully shown the tensions between different rights on the ground, in particular, the right to privacy, right to access healthcare and the prohibition of torture and inhuman treatment. The examination of how these rights interact has revealed that the stigmatization of individuals with pedophilic tendencies can constitute a violation of their rights, which in turn paradoxically undermines child protection objectives by discouraging early intervention.

A central issue in evaluating prevention programs like *Stop It Now!* remains the methodological challenge of reliable success monitoring. Self-assessments without a reliable control group should be approached with considerable skepticism. The academic literature on the effectiveness of such programs is divided and there is broad agreement that the evaluation methods used to date are inadequate. In assessments, it is also important to consider the background of the evaluators, as conflicts of interest may influence the presentation of the results.

The findings clearly indicate that stigmatization of the society towards them creates important barriers to the enjoyment of the right to health, privacy and non-discrimination and these can in their turn increase the risk of sexual abuse of children. These notes are in line with the broader academic and legal debate emphasizing the need for properly balanced, human rights-based prevention strategies which do not demonize or brush persons with pedophilia tendencies under the carpet. Instead of focusing solely on punitive measures, prevention must be recalibrated as a multi-faceted endeavor involving ethical duty, therapeutic treatment and legal protection.

The analysis of the proportionality and necessity of state measures shows that a balanced approach is essential. Any interference with rights should be proportionate to the aim and not exceed what is necessary. This entails a correct evaluation of all available options to limit fundamental freedoms to the minimum extent while still providing effective protection to children.

Despite its contributions, this research acknowledges several limitations. Empirical verification of the long-term effectiveness of prevention programs remains limited, partly due to confidentiality necessary for ethical collaboration with affected individuals. In addition, legal variations across jurisdictions and the sensitivity of the topic constrain the generalizability of the research outcomes. Relying on case

studies, legal documents and secondary data also hinder the scope for large-scale quantitative analysis. Furthermore, the voluntary nature of engagement in programs like *Stop It Now!* guarantees that not all high-risk individuals are targeted.

Given the limitations, future research will be needed. Future research could focus on developing a standardized scale or screening tool to evaluate the impact of prevention efforts while developing ethics procedures that protect privacy and informed consent. Prospective studies measuring individuals' use of support could help understanding long-term outcomes. Comparative legal studies need to be conducted on mandatory reporting laws to harmonize the systems of reporting that will not further harm children but build on protective legislation and practices that provide confidentiality while keeping child safety as the greatest consideration. Research must assist in ensuring that structurally stigmatizing is reactive to system change deriving from awareness-raising, legislative reform and policy interventions.

The analysis also highlighted the special role of the media. An ethical model of reporting, based on factual information and a clear distinction between inclination and action, could contribute to a more nuanced public debate and foster a societal climate in which early support is both possible and accepted.

In terms of resource allocation, this study shows that there needs to be a shift in attitude. While so much public money continues to feed the criminal justice system today, in an expression of a society's prioritization of punishment over prevention, more integrated approaches to prevention which enable early intervention could be as effective guardians of children against sexual abuse. This resource imbalance is a direct reflection of the systemic bias towards repressive over preventive solutions documented in the examination of how European countries implement Directive 2011/93/EU and all four of the countries where *Stop It Now!* operates showing greater degrees of specificity, urgency and resource investment in criminal justice solutions than prevention.

As society continues to face the tension between protecting children and protecting human rights, this study highlights the need to see beyond simplistic, punitive, storylines. Prevention must not be viewed as only a mechanism of the criminal justice system, but rather as a clear and collective effort that crosses the legal, medical, ethical and social worlds. Improved prevention through collaboration, integrating expertise into the general health care system and addressing the digital issues and solutions will structure better prevention programming overall.

Ultimately, this study demonstrates that preventing sexual child abuse through a human rights-based approach demands a clear differentiation between pedophilic inclinations and criminal actions,

challenges what Foucault would describe as systems of power and knowledge that classify and control individuals deemed "abnormal," and encourages early access to support services. Achieving a balance between child protection and the safeguarding of individual rights requires a multidisciplinary, evidence-based and ethically grounded strategy, a balance that is not only an ethical imperative but also key to ensuring more effective long-term protection for all involved.

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