

National anonymous telephone helpline for subjects with sexual interest in minors in Denmark – results for the first 15 years

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Aim and Background

Prevention of child sexual abuse (CSA) is a societal priority globally. Anonymous telephone helplines have potential to help subjects refrain from committing CSA. However, there is sparse research evaluating such helplines. The aim of this study was to examine the rate and purpose of calls to the Danish anonymous telephone helpline Bryd Cirklen (Break the Circle, [BC]): Who are the callers, and why do they call? BC was established in 2006 by Sexological Clinic, Rigshospitalet, Copenhagen, and Save the Children, Denmark. BC assists both minor attracted people (MAPs), their relatives, relatives of victims, professionals etc.

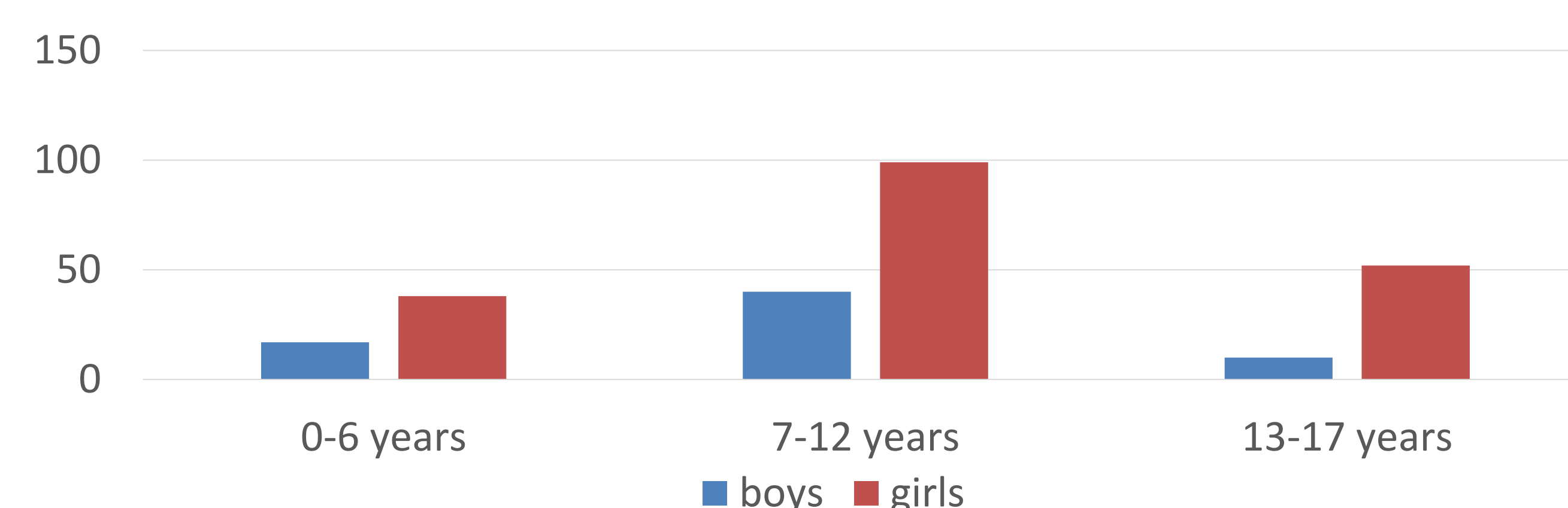
Methods

A descriptive study design was applied. Anonymous data was obtained on all calls made between May 2006 and February 2021 (n=949). Fifteen trained counsellors (psychologists and psychiatrists) filled in socioeconomic and CSA related information in a registration form after each call. We had a lot of missing data. In the present analysis we chose to analyze only available data (complete case analysis).

Results

Most calls were issued by MAPs (67.9%, n=652), while 16.6% (n=159) were issued by family or network of MAPs or professionals. Only 1.9% (n=18) of calls were issued by the parents of children at risk.

FIGURE 1. Age and gender of children that issued MAP calls (n=257)



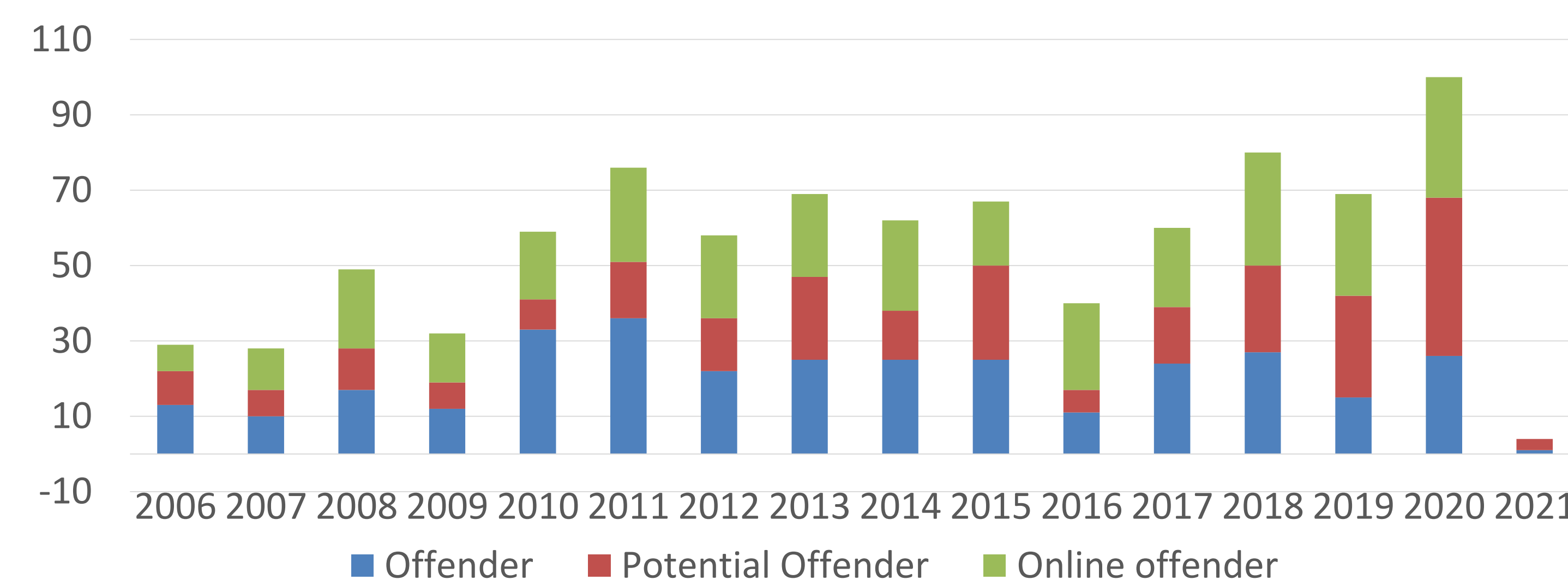
Results cont.

TABLE 1. Demographic and sociodemographic characteristics of MAPs contacting Break the Circle from 2006 to 2021.

Variable	Available data (n)	MAPs
Age, mean (SD)	736	34.82 (13.0%)
Male gender, n (%)	889	869 (97.7%)
Current employment, n (%)	121	63 (52.1%)
Had a partner, n (%)	600	278 (43.3%)
Reported psychiatric diagnosis, n (%)	400	
Depression or anxiety		29 (7.6%)
OCD		18 (4.5%)
Autism spectrum disorder		13 (3.3%)
Schizophrenia		11 (2.8%)
Called BC before, n (%)	828	370 (44.7%)
Wished to stay anonymous, n (%)	779	517 (66.4%)
Current psychiatric treatment, n (%)	425	
No treatment		330 (77.7%)
Treatment for sexual interest in minors		33 (6.8%)
Consulted general psychiatrist/psychologist		72 (16.9%)
Advice given by BC team		
Treatment at Sexological Clinic, n (%)	825	388 (47.1%)
Treatment at another DASOP unit*, n (%)	820	303 (37.0%)
Call general practitioner/psychiatry, n (%)	835	415 (49.7%)
Contact other authorities, n (%)	822	33 (4.0%)

* DASOP - The Danish Sexual Offender Treatment and Research Program [7]

FIGURE 2. Call by MAP type by year



Discussion & Conclusion

Our aim was to understand who the main users of BC were. Most callers were MAPs with a predominant interest in pre-teen girls or MAPs family/network/professionals. Most MAPs were in their thirties, single, and reported a low rate of psychiatric comorbidity and few had current psychiatric contact. Only few had been in treatment for the sexual interest in minors. Half of the callers reported to have called BC before. The vast majority was advised to contact a local treatment program specialized in MAP treatment.

A total of 66% of MAP callers preferred to stay anonymous. In the light of this finding, it appears relevant to implement anonymous treatment in Denmark, given that other countries have success in engaging a high number of non-offending MAPs in anonymous qualified treatment [2-3].

We found an increase of calls to BC in the years following a PR campaign in 2009 suggesting the importance of public awareness of BC [1-6]. Suggesting that a new PR strategy could increase awareness of BC [1-2, 5].

The finding that MAPs clearly reached out to BC, underscores the potential of such helplines to help MAPs vulnerable to commit CSA or being distressed by having a sexual interest in minors. However, there is a need to expand BC with more online help options such as chat-forums, online education and self-help. The study had some limitations, primarily the high number of missing data and varying data quality as information was given by callers who did not wish to be identified.

Acknowledgements

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