Features and Tips
J-Forum
J-Community Members
J-Links

RESOURCES

Child Welfare
Crime/Violence
Education
Families/Communities
Health/Development
Economics

SEARCH
keyword
GO

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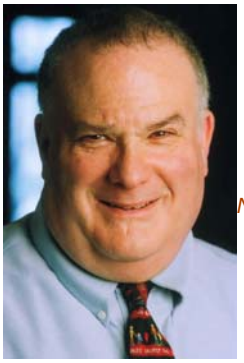

"People whose stories might be most compelling are hesitant to speak up."

An interview with Fred Berlin, M.D., Ph.D., founder of the National Institute for the Study, Prevention and Treatment of Sexual Trauma and the Johns Hopkins Sexual Disorders Clinic

In his clinical practice, Dr. Berlin specializes in the evaluation and treatment of adults and adolescents with psychosexual disorders including pedophilia*, voyeurism and exhibitionism. He also treats patients suffering from sexual trauma. Dr. Berlin's published research has focused on reducing sexual offenses through cognitive-behavioral therapies and medication.

You began work in this area decades ago, before it was really a public issue. Why?
It was a recognition of need. We saw people coming in who had unacceptable sexual urges and had no where to send them. Second, on the research side, the relationships between mind, brain and sexuality are good areas to study because they are acting on a biological urge.

How is the mind or brain connected to sexual abuse?
We look at the underlying biology associated with sexual drive. For some people, if we [lower] their testosterone we can lower their sexual hunger and help them control themselves. …[Some research suggests] it's an addictive phenomenon. We've done studies with PET scans that look at chemical changes in the brain and discovered that during arousal there's a release of internally produced opiates. Some people may have heightened sensitivity to those chemicals and may be more vulnerable [to acting on their urges] than other people.

Many major mental illnesses have to do with the brain and brain chemistry. But when we don't have the science we may fall back on theories. Years ago we had theories about why people were homosexuals: because they had domineering mothers. Or that cold, uncaring mothers made their children autistic. Of course none of that turned out to be true.

Is there research enough on these issues?
I do think there's been a misunderstanding in this area. Some people don't want to fund research on offenders because they think you're "for" victims or "for" offenders. That's incorrect. The best thing we can do to prevent offenses is to understand

pedophilia.

There's a large study of mental health providers looking at psychological disorders and they decided at last minute to not ask [patients] about sexual offenses. It's such a delicate issue, but that idea that we're better off by not inquiring doesn't make sense. It kind of reminds me of years ago [psychologists] used to [say] don't ask a depressed person about suicide because it might give them the idea. What we need are Betty Ford clinics for people who are sexually disordered.

[NIMH's media office has not yet responded to a request for confirmation. Neither sexual disorders nor pedophilia appear on its online list of supported research topics.]

Is there a root cause of pedophilia?
Not everyone who has sex with an underage person is a pedophile just like not every drunk driver is an alcoholic. What are the factors that contribute to pedophilia? It's no different than homosexual or heterosexual preferences in that it's not a voluntary decision. People who have pedophilia grow up discovering whom they're attracted to and it's an affliction, not a choice that they made. Not everyone acts on their urges. In my clinical experience, clients who have exclusive pedophilia [no attraction to adults] are at highest risk of being involved with numbers of children.

There's no one explanation for why they sexually offend, but too often we've taken the sex out of understanding sex offending. We talk about pedophilia as about power and control, or people who are lacking social skills. [That doesn't explain everything.] It's a fundamental aberration in sexual behavior.

Studies suggest that 90 percent or more of pedophiles are men. Are there theories about why there would be a gender difference?
We don't know for sure. A number of psychological disorders break down around gender lines, such as anorexia nervosa. ... More research needs to be done. We definitely know there's a predisposition that puts males more at risk.

What about teenagers? Law enforcement reporting suggests they commit half of child sexual offenses.
There's very good research that shows most do not go on to become sex offenders. There have been moves to commit to them to a lifetime registry. That would make sense if more were going to become a danger in the future, but evidence is not out there. With adolescents, it's much more necessary to work with family network.

One thing that really troubles me is there are a number of 15-, 16-, 17-year-olds who are aware that they're very drawn to much younger kids – 6, 7, 8 – and in this climate the last thing they're going to do is raise their hand and ask for help. We're always telling them to get help with other mental disorders: If you're anorexic…if you're a troubled adolescent please come forward and we'll help you. ...

We act like you become sexual at 18 but it's a developmental process. People are aware they had unacceptable sexual cravings long before they turned 18 and we ought to be learning more about that.

Also, the Internet is teaching us the remarkable spectrum of human sexuality. If you look at the number of diverse sites … what it documents is that if we drive these discussions underground we're not having powerful conversations about this powerful drive that touches the lives of all of us.

There's much debate over whether treatment reduces recidivism. Why is that?
It's hard to do your classic double-blind study where one population gets treatment and another does not. In terms of pure science, we don't have the gold standard research and if treatment fails, no one gets hurt. Consistently in most treatment programs, the overwhelming majority of folks don't recidivate. … The evidence on lowering testosterone is very compelling.

You mentioned registries, which have been a big part of recent public policy…
Most public policy is based on exception rather than the rule. It's those horrible cases

where someone kidnaps and sexually assaults a child – but that's less than one percent of cases. … Most [offenders] engage in behavior inside the home.

We get calls from people who [have offended] but they haven't been identified and they don't want to self-incriminate. [Registries are] deterring people from getting help. There needs to be some way of having people come forward on their own and get treatment. If you help them you're not taking them off the hook.

Have you seen other unintended consequences?
I had a case where a 12-year-old girl was sitting in school and the teacher was reading out a list of sex offenders and she read a name and kids started to turn around and say, "Gee isn't that your dad?" And that means you're the victim? That's a case where the policy led to the person who was victimized being identified.

There are many other consequences: Property values going down because a registered sex offender lives in the neighborhood, adolescents who had consensual sexual encounters who carry that label with them; people who can't live anywhere and become homeless. I could go down the list. *(In other interviews, Dr. Berlin and others have suggested that destabilizing life events may increase the risk that people will re-offend.)*

Then what happens?
For the exclusive pedophile, it can be extremely difficult. [If they're in treatment] they agree they can't act on the attraction. If they [aren't capable of having] sex with an adult they have to live a celibate life and we recommend medication to lower their sexual drive. They … may have trouble getting medicine if they don't have an insurance policy.

The first responsibility is to protect innocent people but I feel tremendous empathy for them because we live in a society where it's extremely easy to demonize people. … They're seen as having no sense of conscience or moral responsibility. I've [treated] many who are struggling not to look at children, the Internet. They are afraid to tell a soul. Good people can be afflicted with a sexual aberration.

People whose stories might be most compelling are hesitant to speak up. Celebrities may say they have depression, but you don't see anyone say "I've been having troubling sexual feelings." *(Dr. Berlin may be able to help reporters connect with people in treatment.)*

There's been a lot of attention for the NBC show, "To Catch a Predator." What are your thoughts?
I'll tell you the same thing I told them: They're missing the story. They've missed a tremendous opportunity. [They show] people who look like deer in the headlights … most were never sentenced to jail time, which they never reported. …The real question begged was how was it that [those profiled] were getting into this difficult situation? There's been no effort to educate and understand. There was a golden opportunity to [encourage people with disorders] to come forward. But the last thing that someone watching would do is raise their hand to get help.

What should someone do if they're suspicious of another adult?
First off if they're concerned that someone may have acted improperly they need to talk to that child so the child knows that if anyone's done something that's made them uncomfortable they can discuss it.

Education needs to be a big part of what we do. People think there's a problem with sexual predators taking advantage of kids on the Internet but really it's problems with people harassing them in other ways [online]. There's tremendous fear and apprehension but the solution is to give them the facts to the extent possible.

*The American Psychiatric Association's Diagnostic and Statistical Manual (DSM-TR-IV) defines pedophilia as: "Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger)."

Interview conducted by Patrice Pascual, the Journalism Center's contributing editor and former executive director.

Return to Child Sexual Abuse Table of Contents