PEDOPHILIA

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Why do some people want to touch kids? What can we do about it? What happens to the victims? Everything you always wanted to know about one of society's worst taboos--but were too angry to ask

--American Psychiatric Association's Diagnostic and Statistical Manual

It's easier not to ask too many questions about pedophilia. The questions make you blush; some of the answers make your skin crawl. But it seems that almost daily we see another grown man tell his story and weep, suddenly becoming the terrified kid he once was. All the revelations, all spilling out at once, have created a fog: Why are there so many people who want to molest children? How can we stop them? Are we overreacting?

The flood of reports could almost make you think that everyone who sexually abuses a child is a Roman Catholic priest. In fact, the perpetrators are a disturbingly diverse lot. There's the Chicago-area nurse who molested up to 18 patients, including a 9-year-old girl who had suffered a brain aneurysm and later died. There's the 33-year-old Nevada day-care worker who committed hundreds of sexual acts on at least nine children, mostly ages 2 and 3--and videotaped them. Some of the most heartbreaking allegations involve the American Boychoir School, a top choral program in Princeton, N.J. More than a dozen alumni from the 1960s to the '80s now say they were sexually abused by at least 11 former staff members. Says John Hardwicke Jr., 44, who claims he was raped repeatedly at the boarding school: "What we all seemed to share was this sense of darkness."

But it is possible to cast light on this difficult subject. Though researchers have many unanswered questions about child sexual abusers, a serious, if small, academic field is devoted to understanding and preventing their behavior--and to comprehending its effects on their victims. Such work can require cold-eyed questions that poke around the edges of our darkest taboos. At the outset, it's important to note that news accounts often conflate two phenomena: pedophilia and child sexual abuse. According to Dr. Fred Berlin, a Johns Hopkins University professor who founded the National Institute for the Study, Prevention and Treatment of Sexual Trauma in Baltimore, Md., pedophilia is a distinct sexual orientation marked by persistent, sometimes exclusive, attraction to prepubescent children. Dr. John Bradford, a University of Ottawa psychiatrist who has spent 23 years studying pedophilia--which is listed as an illness in the manual psychiatrists use to make diagnoses--estimates its prevalence at maybe 4% of the population. (Those attracted to teenagers are sometimes said to suffer "ephebophilia," but perhaps because so many youth-obsessed Americans would qualify, psychiatrists don't classify ephebophilia as an illness.)
A psychiatric diagnosis of pedophilia merely indicates one's desires; not all pedophiles act on their urges and actually commit child sexual abuse. Plenty of sexual abuse of kids is committed by ordinary people not generally attracted to children. That's one reason the incidence of child sexual abuse is so maddeningly high. A Department of Health and Human Services study estimates that victimizers sexually abused 93,000 U.S. children in 1999 (the latest year for which data are available). But there is some good news. Last year the Department of Justice reported that the number of substantiated cases of child sexual abuse has been decreasing, from a peak of nearly 150,000 in 1992 to about 104,000 in 1998--a drop of almost one-third. The authors say vigorous incarceration of offenders over the past few years may be partly responsible.

But if we have punished our way out of the problem somewhat, we still don't have a long-term solution. Many people assume that not only priests but also teachers, Boy Scout leaders and other adults who work with kids are responsible for most child sexual abuse, but that's a misconception. Half of child sexual abusers are the parents of the victims; other relatives commit 18% of the offenses. And the sad truth is that preventing incest is nearly impossible. Less than one-third of perpetrators know their victims from outside the home. But non-family abusers may be easier to pick out--many are adults who shower uncommon attention on children--and thus easier to stop.

Although news reports focus on horrific serial offenders, experts say it's possible, with treatment, to prevent pedophiles from abusing kids. States have incarcerated many child sexual abusers, but most eventually get out (average sentence: 11 years). Active pedophiles who find their way into the few treatment programs around the country turn out to be less of a risk than those who are locked up for a while and released.

Berlin runs one of the largest such programs in the nation. Since 1991 hundreds of pedophiles have gone to the creaky Victorian building that houses his clinic. Berlin sees their condition as similar to alcoholism--incurable but treatable--and some of his methods sound similar to those of Alcoholics Anonymous. The pedophiles must admit their urges and confront them in group therapy. Counselors help them restructure their lives so that they don't come into contact with children. Berlin prescribes medication to reduce sex drives for the 30% of his patients who don't respond to nondrug therapy.

There is nothing new or scientifically subtle about these drugs: they squash testosterone levels and therefore suppress sexual hunger. (High, long-term doses of the drugs are known as "chemical castration," a misnomer because sex drive returns if the injections stop.) But together, drugs and counseling can be effective. Contrary to popular perception, a raft of studies has shown that once in treatment, few pedophiles relapse. In 1991 the American Journal of Forensic Psychiatry published a study of 400 of Berlin's patients; only 1.2% of those who had complied with his 2 1/2-year treatment were known to have molested kids again three years after finishing the course. Surprisingly, only 5.6% of those who were discharged for noncompliance offended in that period. Similarly, a 2002 study by St. Luke Institute, a psychiatric hospital outside Washington, followed 121 priests for one to five years and found
that after treatment only three had relapsed, according to the Rev. Stephen Rossetti, who runs St. Luke. "People don't grow up and say, 'I want to be a pedophile," says Rossetti. "All the people I've ever talked to hate it."

Other studies that look back over longer periods--five to 10 years--find higher percentages of pedophiles who strike again, as high as 58% for those who refuse treatment. Such disparities highlight how uncertain the study of pedophilia is, but even the higher figure belies the popular notion that if a pedophile is allowed to go free, he will almost always molest again. "It's very easy to say, 'Throw away the key,'" says Berlin. "But many of these people are tortured by these temptations, and they are relieved that we can do something for them."

Few pedophiles get this help, as Berlin is one of only a dozen or so doctors who run such clinics in North America. "We don't have Betty Ford centers for people with sexual disorders," he says. Instead, a 1996 federal law requires sex offenders to register with state authorities. When an offender is released from prison, the state can (and often does) notify neighbors. It's unclear whether the legislation is preventing abuse.

One difficulty in treating pedophiles is that we know little about their condition. Could people become pedophiles because they were sexually victimized as kids? That theory makes common sense, but only one-third of pedophiles say they were abused. Could pedophilia be a brain disease? Bradford of the University of Ottawa says studies of pedophiles' brains have shown differences in the way they react to changes in hormone levels, but he says the research is in its earliest stages. Other scientists have posited several risk factors that can lead to pedophilia, including chromosomal abnormalities, psychological problems during puberty and even being brothers: The Journal of Psychology in 2000 reported that "a gap of several years between brothers might deprive the pedophile of companionship in formative years of sexual behavior development."

But such ideas are still guesswork. "If we really want to understand these people and develop good ways to prevent pedophilia, we need a national demographic survey," says Berlin. "The funding is minuscule, so the research is incomplete." And politically fraught. Everyone who works in the field constantly negotiates America's discomfort with children and sex. Yet understanding child sexual abuse means not only exploring its prevalence, causes and treatments--issues that focus on the abuser--but finding the best way to help victims cope as well. And that research is positively radioactive.

Consider the most basic question of such inquiry: What constitutes a victim of child sexual abuse? By definition, pedophiles prey on the prepubescent. No one would seriously argue that a 6- or even 10-year-old can meaningfully consent to sex. But what about those 12 and older, who make up nearly half of all juvenile sex-abuse victims? The states define the age of consent for sex differently. Most say it is 16, but some say 18. In Hawaii, it's 14. So are teenagers from the onset of puberty (usually about 13) to the age of sexual majority (usually 16) always victims when they have sex with someone older?
Legally speaking, as the differences in legal adulthood indicate, the younger partners are not always treated as victims. Even in states where the age of consent is 18, prosecutors rarely go after, say, a 23-year-old for sleeping with a 17-year-old. Given that up to half of teens say they have had sex while a minor, "millions of statutory-rape cases occur every day," says Michelle Oberman, a DePaul University rape-law specialist.

Different cultures have different views on whether adult-adolescent sex is always wrong. In the Netherlands, the law allows children ages 12 to 16 to make their own decision about sex, though if Mom and Dad feel a relationship is exploitative, they can ask the authorities to investigate. Most Americans would find such a law abhorrent. Recently, the University of Minnesota initiated an unusual review of its university press after it published a book that calls the Dutch law "a good model." Judith Levine's Harmful to Minors: The Perils of Protecting Children from Sex, scheduled to arrive in bookstores this month, asserts that "teens often seek out sex with older people ... For some teens, a romance with an older person can feel more like salvation than victimization."

Some have attacked Levine's book as trivializing the pain that sexual-abuse victims can feel. The idea that a 12-year-old could consent to sex is "just dangerous in every way," child psychologist Joy Silberg said last week on Good Morning America. Silberg pointed out that many children who have sex with an adult are "severely sexually traumatized." Some kids tried to bury their trauma, and as we have seen recently with priests' victims, the agony from sexual abuse can emerge much later.

Levine wrote her book to promote teens' sexual health--not abuse--but she could have predicted the storm that is greeting her. In July 1998, Psychological Bulletin, a journal of the American Psychological Association, published a dense, jargony paper by three academics led by Bruce Rind of Temple University. The Rind paper examined 59 studies of 35,000 college students who had been sexually abused as minors. The 59 studies had looked at how the victims were faring in terms of anxiety, depression and 16 other mental-health measures. The authors drew an important distinction between a 15-year-old who has sex willingly and a 5-year-old whose father rapes her. But the authors concluded that for most victims the effects of the abuse "were neither pervasive nor typically intense" and that "men reacted much less negatively than women." In fact, 42% of the men who were asked (vs. 16% of the women) looked back on their sexual experience with an adult as positive.

Radio host Laura Schlessinger discovered the Rind review and called it "junk science." House majority whip Tom DeLay of Texas expressed "outrage and disgust" at the psychological association for printing "a study that advocates normalizing pedophilia," and the House voted unanimously to condemn the paper. Critics whispered that one of the review's co-authors, psychologist Robert Bauserman, had written for a Dutch publication that spoke admiringly of "man-boy" relationships. Now an AIDS official with the state of Maryland, Bauserman said in an e-mail that "it would have been better to find a different outlet" for his writing than the Dutch journal. But he also pointed out that the Rind study had withstood fierce academic scrutiny without being refuted.
Within the field of child psychology, the Rind study was controversial but not dismissed. Other authors had reached similar conclusions. Critics failed to note that Rind and his colleagues stipulated that "lack of harmfulness does not imply lack of wrongfulness" and said their findings warranted no changes in U.S. laws.

Most Americans are savvy when it comes to making distinctions between a kid being abused and one coming of age in a healthy way. Lots of viewers laughed five years ago when Friends explored the relationship between Phoebe's high-school-age brother and his teacher. ("If that doesn't keep kids in school, what will?" Chandler wondered.) On Six Feet Under last season, Claire, a sexually active character in high school, made out with an older photographer, and viewers hardly seemed to notice the age difference. Americans buy plenty of garments from Calvin Klein and Abercrombie & Fitch, which showcase all-but-hairless flesh--often that of teen models--in their arty ads.

Ultimately, Friends and Six Feet Under stay on the air because the teen-sex story lines find the right side of a standard that makes sense to most people: if an individual is harmed, then it's abuse. Last week the U.S. Supreme Court adopted that standard in a 6-to-3 decision on child pornography. The court rejected a 1996 congressional ban on "virtual" child porn--pictures that use young-looking adults or computer-generated images to simulate children. "These images do not involve, let alone harm, any children in the production process," wrote Justice Anthony Kennedy.

With the church scandal still roiling, it wasn't a propitious moment to strike a blow in favor of kiddie porn, and many lashed out at the court. But those who have studied pedophilia say society never seems quite ready to explore the delicate issues surrounding sex and kids. "People want to see a monster when they say 'pedophile,'" says Berlin. "But the best public-safety approach on pedophilia is to provide these people with treatment. That will prevent future victimization." In other words, asking questions about pedophilia may make us squirm, but it may also be the first step toward ending it.