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**ABSTRACT**

The interest in juvenile perpetrators of sexual abuse is one of the most momentous developments in the field of sexual assault prevention and treatment. It is hoped that by working with juvenile perpetrators, counselors will have the greatest chance of identifying and stopping patterns of sexually abusive behavior before it becomes a more serious social menace. The new interest in juvenile perpetrators offers the opportunity to develop new ideas about the sources of sexually abusive behavior. There is debate between those who see the deviant sexual behavior process from a psychodynamic versus a behavior perspective. Two important components of sexual deviance are blockage and disinhibition. Blockage refers to developmental experiences that make it more difficult for a potential perpetrator to direct his sexual behavior and emotional needs along a more acceptable line. Disinhibition includes all of the elements that permit a potential perpetrator to take a deviant line of development in spite of social norms and consequences of getting caught. The view of seeing sexual offending simply as a problem of psychopathology is no longer acceptable and the sociological components of sexual offending need to be recognized. New opportunities in this field include earlier recognition of sexual abuse; better understanding of the sources of the problem; more policy support for offender treatment; improved alliances between offender and victim treatment; and a new improved coalition for sex education for children and adolescents. (ABL)

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Keynote Address. Treating the Juvenile Sexual Abuse Perpetrator: Proceedings of a National Training Conference. Bloomington, MN, April 27 - 30, 1986.

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THE ADOLESCENT SEXUAL PERPETRATOR:  
A NEW CHALLENGE IN THE FIELD OF SEXUAL ABUSE

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I'm going to talk about some of the prospects and some of the problems that I see about what is a very momentous development. I think this gathering of people concerned about work with juvenile perpetrators is really an historic one. I think we will look back on it as a kind of milestone and say, "Yes, that was the place where things really coalesced, where this group of people really became aware of themselves as a movement, as a force, as a new presence!" You should be very proud and excited about that. This is the culmination of several years of development and a lot of hard work that has been going on in each of your individual home bases. We have some documentation of these new developments, thanks to Fay for the work she has been doing and made available to me. Fay has been busy trying to gather information on the facilities and services and the growth of those services that are available. Included in your registration packet is a table from one of her soon-to-be-released publications, a report on the national survey of juvenile and adult sexual offender treatment programs. And it shows, really, the growth and the distribution of new programs that are available for working with adolescents and adult sex offenders. It's impressive in that it identifies 346 programs across the country that specialize in the treatment of juvenile or adolescent perpetrators, and it documents the very precipitous rise in the availability of those services--up from only 22 that she and her colleagues could identify as recently as four years ago--from 22 up to 346.

The interest in juvenile perpetrators is, from my point of view, one of the most momentous developments in the field of sexual assault prevention and treatment. It's probably the most significant development since the creation of programs to give children information about child sexual abuse prevention.

From my point of view, it certainly offers the greatest hope since that previous development for prevention of sexual assault and also for other significant social changes in American society.

What I'd like to do first is enumerate what some of the factors are that I think make this development so important. Some are quite obvious, but I think others are not quite so obvious. The first is in the obvious category. What has attracted so many of us to this field is the hope that here, through working with juvenile perpetrators, we will have the greatest chance of identifying and stopping patterns of sexually abusive behavior before it becomes a much more serious social menace. Almost without exception, we feel that this is the point of greatest leverage in an attempt to do something about this whole abysmal problem. The train of thought behind this, I think, is quite obvious. It comes from the testimony of a large number of victims, from my counts in the research of 30 to 40 percent, who say their assailants were adolescents. It comes from the evidence of so much of the work with

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adult offenders, that their pattern of offending and their pattern of deviant sexual conduct traces back to adolescence and sometimes even earlier. It comes out of the evidence from the work with adult offenders that there is a progression for many of them, that what begins as sporadic and less sexually offensive in adolescence goes on to become more chronic and more serious offending in adulthood. It also comes from the experience of many offender treatment programs, the experience that if one wants to change deviant sexual interests and arrest patterns of antisocial behavior, it's vastly easier to do it in childhood and adolescence than in adulthood. An adolescent's sexually abusive behavior is more malleable, it's less deeply rooted, it's less deeply buttressed with patterns of rationalization and denial. I think we've all seen the evidence, for example, showing the very impressive correlation between the age at which someone starts their assaultive behavior and the likelihood that they will be a high-frequency chronic offender sometime in the future. One of the best studies of this sort is the data gathered by Judith Becker in New York. It shows, for example, that about 90 percent of the high volume molesters against boys have gotten into this pattern by age 18, something like half of them by age 14. Obviously, the earlier we catch and treat potential assaulters in adolescence, the greater the number of future victimizations we will have prevented. I know this may seem like an inept analogy but it was the one that came to my mind. You all know that we are far better off if we start out killing mosquitoes in May than in July. With every mosquito you kill in May, you've stopped the spawning of several thousands or millions of offspring, and similarly, the hope is that stopping sexual offenses early on will prevent many future victimizations. This is, I think, the key vision and the key hope behind the movement to identify and treat juvenile perpetrators.

But there are other important opportunities here that I think we also need to keep in mind. One of the most exciting ones brought about by the new interest in juvenile perpetrators has to do with the opportunity to develop new ideas about the sources of sexually assaultive behavior. We really do not understand at this moment very much about it, about where sexually abusive behavior comes from. We have a lot of theories, but many of the theories are inadequate at important points and we have a chance here, I think, to get at the root of the problem much more directly than ever before. Our understanding about the sources of sexually abusive behavior has been hampered by a lot of serious chronic problems. If I began to enumerate them, I'm sure I'd be here for the rest of the day. But one of the key ones has been that with adult offenders, where most of our experience has been, the source of the problem is just too really remote to reconstruct. When was it that you first started to have this fantasy, for example, or when did you masturbate? What did you masturbate about when you masturbated for the first time? Or, what was your first sexual experience like? Or, what feelings did you get when you thought about a consensual sexual experience with a peer? Many of the adult offenders simply don't remember a time when they weren't attracted to children, for example. Moreover, for many of them, their personal history has become such a tangle of trauma and shame, deviant behaviors, deviant fantasies, it's no longer possible to kind of thread back through this and get to the beginning. By contrast, in working with juvenile perpetrators, some of this is simplified. Some of the adolescents that you are seeing may have just committed their first offense and may be able to give an account of what led up to it. Many have not committed any offense at all yet; they simply have had a pattern of deviant fantasizing about such experiences. Some will be able even to tell us where they got their first idea, when it first occurred



to them. For others it will be very apparent from their context just what the stresses and just what the traumas were that precipitated the particular sexual interest. This is a wonderful opportunity, really, to understand something very important, and I urge all of you to get involved in this undertaking. I think it will have very, very important payoffs, not just in terms of treatment of juvenile perpetrators, but in the treatment of adult perpetrators as well, and maybe most importantly, in terms of making a major advance in our general understanding of the dynamics of sexual behavior.

Now, there are many theoretical issues about this question of sources of deviant sexual behavior that I think you should all be looking at. I just want to mention a couple that I think need to get special attention. Of course, there's a great debate between those that see this whole process from the psychodynamic versus those who see it from a behavior perspective. And undoubtedly, that's one of the things we need to pay close attention to, those people who see these kinds of sexual interests growing out of conflict in the nuclear family or as an expression of shame versus those who see it as more of a conditioned response, as a function of the acquisition of sexual arousal patterns. It's my belief, however, that as we pay attention to this issue, we will see that these points of view are not mutually exclusive. I think we have to explain both of these aspects and that both aspects are present in most of the people you will be working with. I think we have to explain both what I call the emotional congruence and the sexual arousal components of the behavior. We have to explain what emotional needs and conflicts are being met or resolved by foraying into deviant sexual conduct, and we also have to explain how a particular fantasy gets insinuated into sexual behavior rehearsal thinking, how it gets strengthened, how it gets reinforced, probably in conjunction with masturbation, until it leads to actions or impulsive repetitions. There is an interplay here, and I think we want to try and dissect this interplay in as careful and minute detail as we can.

Some of you may know from my work that I hypothesize there are two other important components to sexual deviance that I also think need to be accounted for and whose sources are also easier to detect in the younger perpetrators. One is what I call blockage and that is the developmental experiences that make it more difficult for a potential perpetrator to direct his sexual behavior and emotional needs along a more conventional and socially acceptable line. These include traumatic experiences, lack of skills or other things that block the course of development that would ordinarily lead away from deviance and that usually does, even when components or some of the components of the deviant developmental sequence are present. The other factor is what I call disinhibition. That includes all of the elements that permit the potential perpetrator to take this deviant line of development and put it into action. In spite of the social norms, the taboos, the behavior and the serious consequences of getting caught for engaging in such behavior. And these disinhibiting factors include all of the rationalizations, the justifications, the permissions, the attitudes, and the cognitions that perpetrators acquire that seed the behavior and bolster the behavior. In juvenile perpetrators we are seeing the genesis of most of these processes and we should be able, working with so many of them, to generate very fascinating new hypotheses for this field about the order in which all of these things happen and the first forms they take in different individuals, how deviant development differs from nondeviant development, and so forth. It's very, very rich intellectually.

The second theoretical aspect--I really would like people to turn their attention to that which would vastly improve our understanding of sex offending, that is, to pay some attention to the sociological components of this process. I've been talking wherever I can for some time now of the need for a more sociological view of the problem. For a long time, because we've worked with individuals, we've had a tendency to see sexual offending simply as a problem of psychopathology. This view is really no longer defensible, I believe, particularly in the face of the large number of offenders whom we see from so many walks of life and with so many types of psychological makeup. This suggests we really need to identify the many sociological components to the problem as well. What I mean by sociological components or the things I would focus on specifically are those factors in normal socialization, in normal development, that create predispositions for this kind of behavior--the weak links along the course of development of socialization as it is structured by our society, where deviant sexual behavior is likely to sprout.

I've tried to identify where I think some of these predispositions come from in our social norms. I think I've only got a limited list, but let me just review some of them with you and give you some idea of where we might be looking. I've been particularly interested in what factors in the socialization of boys, for example, seem to predispose them to become sexual with children. Some of the things that make sense to me are the way in which we focus into sexuality in the growth of young boys. We deprive young males at an early age of all of their needs for emotional gratification, all their tender needs for nurturance, dependency, affection, and so forth, telling them that it's not masculine. We only offer them the opportunity to get those needs met later on through sexual relationships. That seems to me to be one of the weak links that pushes young boys to sexualize with other children or to use coercion to get their sexual needs met.

Another weak link seems to me to be the way in which we exclude boys from learning about children, learning to identify with the needs and the well-being of young children and empathizing with children. It makes it much easier, I think, for males to sexually abuse and not to notice or not to feel or not be aware of the fact they may be causing pain or suffering or confusion or upsets to the children they victimize.

Then there's something that I call the attraction gradient, the fact that we emphasize so much in our culture that men and boys should choose their appropriate sexual partners from persons who are younger, smaller, and less powerful than themselves. If that's what we're emphasizing, that's what we're explaining as the appropriate kind of sexual relationship to have. We're going to expect then that boys and men are going to look to youngness, smallness, weakness and ultimately to children for sexual gratification. Those are some of the weak links in the socialization of males in regard to child sexual abuse.

Other people, I think, have identified some of the weak links in terms of the normal socialization that predisposes to rape, things like the ideological devaluation of women that occurs in adolescent peer groups. And all the acclamations and myths about rape--that women really want it, that if they don't resist, that means it's okay! That they're responsible for protecting themselves against sexual assault; that if they don't resist, it's their fault, and so forth! What seems to me to be the great opportunity is that when working with juvenile perpetrators, we can see very clearly and in a more

detailed way than ever before just what these themes are, at what age they begin to be acquired, and how they fit into the process of sexual deviance. So I think there are many possibilities for new knowledge.

Now setting aside some of these new opportunities for understanding the problem, I also want to emphasize what I think is so momentous about the interest in juvenile perpetrators from the view of social policy--I think there is an opportunity created by our interest in juvenile perpetrators for some initiative in the social policy realm that really hasn't been available before, and that's very exciting! The first of these has to do with the creation of a much broader base, wider support, and intensive interest for offender treatment in general. Sex offender treatment is a badly underfunded and badly undersupported social undertaking. And, it's pretty obvious why. A large part of it has to do with the fact that sex offenders are not popular. With the exception of a few people like James Bond, sex offenders are not seen as attractive people deserving of our help. And when there is public pressure to do something about sex offenders, it tends to be to increase criminal sanctions, rather than for treatment or rehabilitation. But in the case of juvenile perpetrators, as I'm sure you're aware, there tends to be a different public sentiment. Because we're dealing with children here, there is a greater public and political willingness to try to salvage them, to give them another chance. And there is also less of a public stereotype that this is evil personified. Somehow the primitive impulse to simply lock them up forever or castrate them all is less intense and so that creates, I think, an opportunity here for new public support for offender treatment that we may not have had in the past. It may be possible to parlay successes in our work with juvenile perpetrators into greater acceptance in general for treatment approaches to sex offenders.

There's another important policy opportunity here, and that involves building coalitions. Perhaps one of the most discouraging aspects of the whole field of sexual assault, when you get outside and look at it, is the deep division between those people who provide services and do research concerning victims and those people who provide services and do research concerning perpetrators. The gulf between these groups is very wide. They don't very often work together in local communities, they don't attend each other's meetings, they don't tend to read each other's literature, they often are competing for the same pots of money, and this is a very unfortunate kind of position. These groups obviously have a great deal to offer one another. In some cases, as with intrafamilial sexual abuse, effective management and handling of these cases really require cooperation between offender treatment and victim treatment. But in terms of working with the criminal justice system, in terms of trying to prevent future victimizations for everyone in society, both of these groups have very similar objectives. We should be working together much more.

Well, in this new initiative in the area of juvenile perpetrators, I think we are seeing for the first time in many places services that are spanning this division between victims and perpetrators. It grows in part out of the awareness that many of the adolescent and juvenile perpetrators are, in fact, victims and some of the effective techniques for treating juvenile perpetrators involves treating their victimization. I think because these are both services for children that there is also more of a sense of a community of interest. Many of the juvenile perpetrator programs are located in what are primarily victim treatment facilities, or both are located together in what



are facilities for treating children. I think this is a very encouraging and exciting development to see these two movements be able to coalesce and cooperate.

There's another very important social policy development that's been made possible by the development of awareness concerning juvenile perpetrators that I want to highlight, and this is the possibility for a broad program, not just of perpetrator treatment, but of perpetrator prevention. We talk a lot about prevention of sexual abuse, but when it actually gets down to doing something about it, our approach up until now has been very much focused on trying to make children better able to protect themselves. Although I think we've been fantastic in the kinds of programs that have been developed to do that, it is a mistake to think that they can do it all alone. I think the irony of it becomes clear if we think about the analogy with physical abuse. How many of us would be willing to try and prevent physical abuse simply by teaching karate to young children? No, clearly the power and the authority, the guile of adults is so great that in many situations, no matter how effective the resistance of children, they are going to be abused. But more importantly, I think we shouldn't load the whole responsibility for this problem, for preventing this problem, onto children. We have to do something to stop it at an earlier phase.

The problem in the past in talking about preventing perpetrators, rather than just preventing them being successful with children, is that no one has had the conviction that anything we could do would be very successful. I think now that we're beginning to work with very young perpetrators, there is a glimmer of hope. There is an idea that maybe we can be successful, that juvenile perpetrators do go to school, they are influenced by family, that their attitudes and general mental health may be influenced in a major way by educational institutions and by the mental health system. We have some access to them.

I think a key element of this that we are beginning to recognize is that sexuality education may be a focus where we can do very important kinds of prevention with this particular group. Now one of the things that has made sexuality education so problematic in this country up until now is that it is opposed by a large group of people--conservatives--who see it primarily as a liberal program to promote contraception and to prevent adolescent pregnancy. But if truth be told, this group of people is not particularly upset by adolescent pregnancy. They like the idea that this is how children who engage in sex are punished. But sexual assault prevention as a focus, not as an important component to sexuality education, I think, is an objective that both liberals and conservatives can agree upon. And it can be the focus for coalition that will give adolescents and children the opportunity to get better sexuality education and counseling. I think it's one of the hooks, one of the arguments that we can best use to prove and provide that kind of help to adolescents.

So these are some of the new opportunities that I see opening up:

- Earlier prevention of sexual abuse
- Better understanding of the sources of the problem

- More policy support for offender treatment
- An alliance between offender and victim treatment
- Service providers and a new and improved coalition for sex education for children and adolescents

I think that's a wonderful vision and if we just begin to get started on some of those social changes as a result of this new interest, I'll see it as a very major development.

But there is also a downside. I think we've made a very impressive start. I think there's a lot of momentum behind what all of us are doing here, but I have some very serious doubts about whether it will really take off, whether it will become anything more than a kind of side show. I think we need to put those doubts next to all the promises this field holds and keep them in mind. The first concern I have is that there's a very deep-rooted antipathy in many levels of society toward providing any kind of treatment for any kind of sex offender. I think I alluded to that but I want to stress how deep I think it is. There's intense skepticism on the part of the public and politicians that it can work. There's a strong belief that offenders aren't entitled to it. There's a very powerful retributive notion that prefers punishment to treatment or rehabilitation. There is a strong undercurrent of feminist anger which, in my opinion, is relatively unsympathetic to rehabilitation. There's the extreme fearfulness of the public about crime in general and a strong impatience about dealing with it and wanting to have the answer right now. There's disillusion with the solutions that mental health professionals and other so-called bleeding heart types have proposed for a variety of social problems. We see in our foreign policy the modeling of very retributive and punishment-oriented types of policies. Notions of compassion have fallen into disrepute in the political realm. So there are very powerful political and psychological forces arrayed against the fundamental philosophical orientation of what this movement is trying to do.

Now it is true, I think, that these retributive feelings are not so great against juvenile perpetrators as against adult perpetrators. But I don't think we should mislead ourselves into thinking that juveniles are popular either. There is another deep-rooted antipathy in America that focuses on adolescents. Part of its source is in the family; many adults are tired of dealing with adolescents. They see adolescents as a source of their community problems, they see adolescents as very threatening, they see adolescents as challenging their values. We don't have to look very far to see how, in general, the problems of adolescents do not get an airing. There's been a massive avoidance, a reluctance to deal with the problem of teen unemployment, one of our most serious social problems. As I go through the list! Adolescents and programs that deal with them are not particularly popular!

A third very serious obstacle--I've really yet to see evidence of any kind of serious governmental interest in this kind of an undertaking, except in very isolated circumstances. Our federal government has done virtually nothing in the area of adolescent perpetrators; there's very little interest in this problem even in the Health and Human Services Sector of the Justice Department. The Office of Juvenile Justice and Delinquency Prevention is on the chopping block right now; it's not at all clear that it's going to be



around next year. Local governments are feeling an extreme fiscal pinch from the cuts in federal funds and have cut back on all kinds of programs themselves. Community mental health programs have been dropping newly developed efforts, including many in the area of adolescent perpetration. And, as everybody knows, there is no money for new programs. What money there is in the criminal justice system is being used primarily to house the rapidly-expanding number of incarcerated offenders, and although we have a fine argument in saying that working with adolescent perpetrators holds out the long-run possibility of reducing the need for incarceration, this rationale tends to fall on deaf ears. The prison housing crisis is right now and the promises we're offering are somehow down the road. Given the choice between those two things, the money goes for the immediate need. We are in a very abysmal situation in terms of trying to find any serious source of funding for the kind of movement we're trying to build and the kind of services we want to see provided. Moreover, the financial crunch is probably going to get worse before it gets better.

In addition to the cuts in government function, many of you are dealing with very serious insurance crises. I probably don't have to tell you that professionals who engage in any kind of risky professional activity now are having their liability insurance cut or their rates raised to very prohibitive levels. Under the circumstances, many people in the field are not able to continue to provide services. Many programs around the country are now uninsured, and I don't know how long that can continue. The number of suits against programs is climbing and I think it's very likely that these pressures will drive a lot of programs out of business and certainly discourage other people from trying.

Finally, perhaps the most serious problem, because it's really one right within our own camp, has to do with the fact that the treatment of sex offenders and even juvenile sex offenders has always been and, I think, will continue to be a very low-status specialty within the mental health profession. It has to do with certain intrinsic characteristics of what we do. It's not fun, not like working with motivated clients who are grateful for the help they get and pay well. It means working with resistant, ungrateful clients who are potentially violent and threatening; something we really don't think enough about but it's there all the time. It means shouldering an enormous amount of responsibility, not just for the welfare of one's client but for the welfare of the whole society, all of the people out there who are potential victims of our client's predations if we do not succeed! So this doesn't attract professionals to this field in droves by any means! It's not a priority for the mental health professions. If anything, and I think you all feel this, most people working in this field feel like pariahs. And there's no indication that the high-status people in our profession, the people who control the training, the people who control the graduate schools and so forth, are going to make an effort to develop programs to actively train people in these areas. They don't actively lobby with government officials and legislators for funds and I think that is a very serious barrier to the ultimate success and proliferation of juvenile treatment programs.

So I have to say that on balance I don't mean to rain on the parade and I think the prospects are enormous, but I'm not extremely optimistic about what's going to happen or how fast it's going to happen. There's a fantastic opportunity, but I don't know how much of it will be realized. Obviously, I

think we're going to go for it; that's why everyone is here! And even if we're not dramatically successful, I certainly don't think it will be a waste. But I think it's important to recognize the real, serious obstacles.

There are a few suggestions I have that I think would help to maximize chances for success in what we are going to undertake. And at the risk of preaching to you from outside, as someone who has recently come to the field, I want to tell you what I think are some of the steps we need to take to maximize our chances of success. First of all, it's very very important that this field not get factionalized, that it not divide up into warring camps, each trying to discredit the other's philosophy and treatment approach. Usually when a field is young, as young as this one is, that doesn't happen but it can happen very quickly. I think it's happened in some other fields, such as alcoholism treatment, and it can be very counterproductive to the development of strong political support. People outside are just not willing to invest a lot of energy and money into a field that is not really united about what it is that it thinks it should be doing. And I think that factionalization can be avoided if some important guidelines are followed. First, I think we need to keep in mind and constantly re-emphasize the complexity of the problem we are dealing with. It is never the case that one approach works in all situations. Different approaches may be right for different individuals in different circumstances and I think we have to retain our respect for people who are doing different things from what we are doing. Secondly, I think that single factor approaches, approaches that emphasize one particular cause or one particular solution, are almost always oversimplified. Remember those who said that we could cure sex abusers simply if we cured their drinking problems? Back in the old days there are other examples of that--people who wanted to look at this complex issue in terms of one simple solution. We've got to look for a multifactor, multilevel approach that is eclectic in nature if we are really going to deal with the problem. That, I think, also is helpful in counteracting factionalizing and divisive tendencies. Third, I think we need to avoid easy and seductive treatment analogies--treating sex offenders simply as if we were treating phobics or as if we were treating alcoholics. We have to recognize that these easy and seductive treatment analogies don't apply to the particularly unique problem we're dealing with and, once again, that we need to look at the problem in a much more complex way. All of that, I think, will help counteract divisive tendencies.

A second important objective to help us maximize our opportunity to succeed has to do with restraining ourselves from premature and exaggerated assertions about our success. One of the risks of this field is that this is a field where failure is much more glaring than success and there's no better way to discredit what we're doing than to make claims that will be very quickly dashed by a few highly-publicized failures. Part of this means that we have to do very careful follow-up and evaluation as often as possible. And we must have hard data that shows just how well things are working. People's expectations have to be grounded in more realistic projections based on research and evaluations.

A third suggestion I have for making sure we don't run amuck is for us to try and establish as quickly and as peaceably as possible some mechanism for monitoring professional expertise in this area. One of the causes most harmful to the field of sex offender treatment in general has been the professionals, some with very fancy credentials, who claimed expertise they really did not have. Many intellectual members from outside the field,

prosecutors and judges and other intellectual policymakers, have stories to tell of having been burned by professionals claiming to have the ability to treat a problem when they, in fact, didn't. And to the extent that we can establish some kind of monitoring for professional expertise in this area, we'll be much less likely to run into premature roadblocks.

Another thing that I think would be very important for us to work on to build the possibility of this field actually succeeding is to develop effective criteria for deciding who is treatable and who is untreatable. Not enough attention has been paid to this issue. I think in our optimism, and also in our humanitarianism, we would like to feel that everybody should get a chance but I think, realistically speaking, you have to acknowledge that there are people who are very difficult to treat and being able to identify who that person is quickly and effectively is one of the most important things we can do. First of all, it keeps us from wasting our time in situations where we are really unlikely to be effective. But more importantly, I think it's probably one of the most effective tools we can develop for protecting the public. Once we can distinguish in that way, we will be able to protect ourselves against the risk I mentioned earlier--that of some glaring failures that discredit our whole undertaking.

Well, in closing, I just want to shift gears and comment on something I've found very humbling about this whole deal! I think it is quite something to realize that with all of our 20th Century scientific and social scientific knowledge, we were taken by complete surprise! We had no inkling really that there was so much of this kind of behavior going on, that it affected so many children. All of our scientific methodology and our understanding really didn't prepare us for seeing the scope of this problem. And, that's very sobering and humbling. It adds irony to it, too, because we were once children ourselves. It's not as if we were discovering some tiny dispossessed minority in society. And yet so often our discoveries about the experiences of children, and particularly about this particular phenomenon, make us feel as though we're discovering something about some dispossessed minority in our society. Try to understand why that should be. I think it has to do with the fact that we really have a culture that denies the child in the adult. We have a culture that makes it hard for us to identify with the child's experience, to remember the child's experience, and to see clearly what's going on in childhood. I think that is one of the factors that explains why we have so much sexual abuse to start with, this lack of empathy with children that allows people to abuse children and not to realize that they are doing harm. But I also think it helps to explain why we're slow to come to grips with it, why we're slow to see that it existed. It's a little bit like we adults are the group of nouveau riche who are so eager to enjoy the benefits of our new middle class status that we somehow just deny our ethnic backgrounds. We deny our heritage and our roots and our own childhood experience! So I think one of the things we all need to do if we're going to work in the field is to pay attention more, to administer more to the child in ourselves. I think that in so doing we will become better able to cope with this whole serious problem of child sexual abuse. |||