

Sexual-Abuse Cycle Can Be Broken, Experts Assert

BY TIMOTHY F. KIRN
Sacramento Bureau

ATLANTA — The general perception is that society is at the mercy of sexual abusers and molesters, with little recourse besides knowing where they live.

But that view is not shared by experts and professionals in the field.

Prevention probably is possible, and treatment—which can break the cycle of the abused becoming abusers—can be effective, a group of those experts said at a meeting of the National Adolescent Perpetration Network. Actually, many who commit acts of child molestation want help and will seek it out, said Deborah Donovan-Rice, director of public policy for the Stop It Now! campaign.

Illustrating her contention, she said her group's Minnesota program had sponsored a single billboard in the Minneapolis-St. Paul area. The billboard had a simple design: It showed a man, with one hand on his forehead, gesturing anguish, and the other raised as if to ward something off. It asked: "Having sexual thoughts of children?"

Then, the billboard gave the number of the confidential helpline.

The billboard doubled the number of calls from Minnesota that the helpline had been receiving each month, Ms. Donovan-Rice said. It was not a slew of calls, but somewhere around 18. Even so, that is a big number for sexual abuse, she added.

"It's very exciting to think that the people who are having sexualized thoughts about children would call before they acted on those thoughts," she said.

In addition, the organization has been conducting focus groups with people convicted of child sexual abuse crimes. It has found that many members of those groups state that they would have wanted help but did not know where to turn. Those individuals also often report that they had previously sought help for psychiatric problems, such as depression, meaning they were accessible to mental health professionals and thereby could have potentially been identified, Ms. Donovan-Rice said.

In an interview, Ms. Donovan-Rice said that Vermont was one of the first states in the country to establish a Stop It Now! chapter and helpline. The Vermont group also found that passage of the federal Megan's Law, which requires states to provide public information on where known sex offenders reside, had a noticeably chilling effect on calls to the helpline.

Prevention requires being able to identify the persons likely to commit sexual abuse, to target them with intervention. And a new, very large survey suggests there may be a way to do that, although with a fairly narrow window of opportunity, Nora Harlow, a researcher with the Child Molestation Research and Prevention Institute in Atlanta, said in another presentation at the meeting.

Ms. Harlow's institute has a database of sexual-interest screening test results from 13,000 adult males who admitted child sexual abuse, and 10,000 adolescents who also took the test for a variety of reasons.

The test, designed by Ms. Harlow's husband and partner in the institute, Dr. Gene Abel, is administered at more than 500 sites across the country and Canada, and it is used by law enforcement personnel, lawyers, counselors, and others. And it is set up so that all test results come back to a confidential database. A review of the results of the adult tests suggests that 84% of child victims of sexual abuse are abused by people who meet criteria for the DSM-IV diagnosis of pedophilia, Ms. Harlow said.

While that may seem obvious, it is an observation that could have tremendous implications, said Ms. Harlow, who noted that the diagnosis does not require that the individual has actually touched a child.

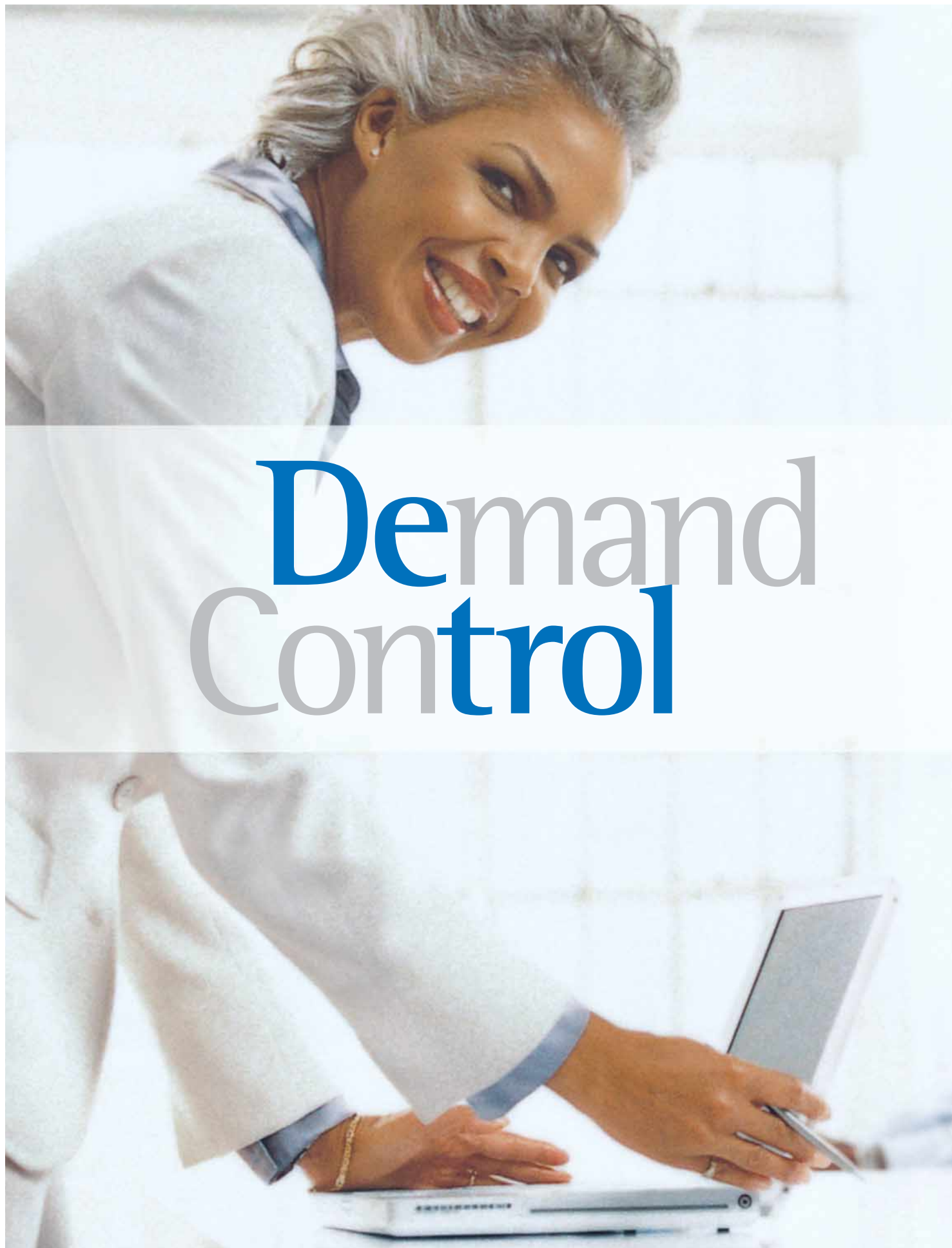
"This is huge," she said. "It is very important for public health, because it is such a big cause. There are a zillion causes of lung cancer, but when we found smoking it changed our entire society."

Further, the data show that 47% of the men reported having been abused them-

selves as children, a figure consistent with other research.

The data from the adolescents' tests show that among those who admitted sexually abusing another child (5,682 individuals) and who had been abused themselves, the average age of their own abuse was 7 years and the average age of their first abuse of someone else was 11 years, she noted.

Among the sexually abused adolescent males who had taken the test, 72% had



sexually abused younger children, as had 54% of sexually abused adolescent females. Though those who are younger than 16 years cannot receive the diagnosis of pedophilia, the screening test found that about 40% of the adolescent abusers had pedophilia-like interest or fantasies about younger children.

This information suggests that child sexual abuse is an “an early onset disorder,” but one that does have markers that could be exploited for prevention, Ms. Harlow said at the meeting, which was sponsored by the University of Colorado.

Other relevant presentations at the meeting included two from representatives of

the Centers for Disease Control and Prevention. Those officials noted that the CDC is actively working to improve some of the science about sexual abuse and abusers, to help design effective prevention efforts. And they described a dearth of information on sexual abuse, and the psychology behind it, despite an abundance of theories.

Presently, most studies of sexual abusers are limited case-control studies and none has followed the individuals for very long, said Daniel J. Whitaker, Ph.D., a behavioral scientist with the division of violence prevention at the CDC, who recently conducted a metaanalysis of the studies that have looked at the psychological profile of

sexual abusers of children compared with other individuals.

Others were more optimistic about what could be achieved, right now, in the absence of a full understanding of the fac-

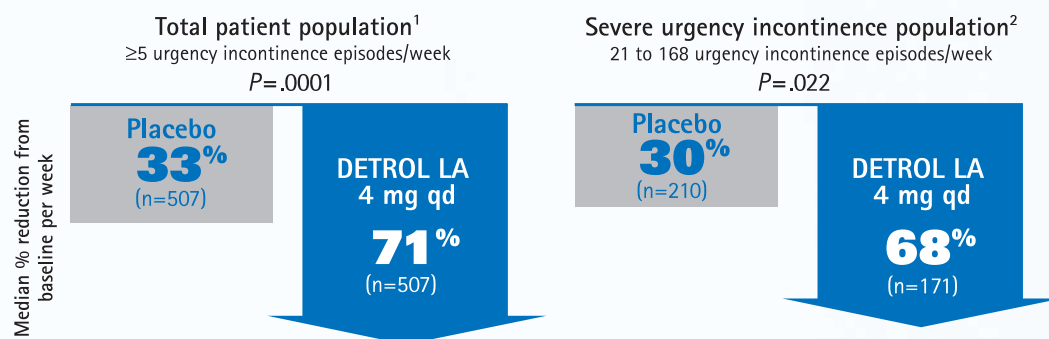
tors that contribute to child sexual abuse.

“People feel like we do not have any control over [sexual abuse], but we actually have a lot of control over this,” Ms. Harlow said. ■

This billboard in the Minneapolis–St. Paul area is credited with doubling the number of calls that an existing confidential helpline received each month.

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Landis et al. *J Urol*. 2004;171:752-756.²
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* Source: IMS NPA, based on total US prescriptions of antimuscarinics for OAB from October 2001 to December 2005.

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