



JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

The Moore Center for the
Prevention of Child Sexual Abuse

Child Sexual Abuse: A Public Health Perspective

Symposium Hosted by the Moore Center for the Prevention
of Child Sexual Abuse

*Baltimore, Maryland
April 17, 2015*

Table of Contents

Child Sexual Abuse: A Public Health Perspective 2015	3
Welcoming Remarks and Introduction to the Symposium	3
Keynote Address: Intersections in Juvenile Justice and Child Sexual Abuse	3
Zigzagging Toward the Light	5
Safe Harbor Laws: State-Level Approaches in Addressing Commercial Sexual Exploitation of Children.....	8
Parent-Focused Prevention of Child Sexual Abuse	10
Primary Prevention of Child Sexual Abuse Perpetration	12
Victim Offender: A Case Report	14
Help Wanted: A Reporter’s Experience Speaking with Young People Living with Minor Attraction.....	16
Help Wanted: Interventions for Adolescents Sexually Attracted to Younger Children.....	17
Panel Discussion: Lived Experiences of Young Adults Attracted to Minors.....	19
Adaptive and Problematic Strategies for Processing Childhood Sexual Abuse.....	20
Survey Results: Comments and Feedback from our Attendants.....	21

Note of Appreciation

We sincerely appreciate the time and talent dedicated by each of our speakers and panellists. Their contributions made the 2015 Moore Center symposium a resounding success. Thanks also to our founding donors, the Moore Family, who have been instrumental in supporting the Moore Center's mission to end child sexual abuse.



**Left to Right: Dr. Steven Moore, Chloe Moore,
Mrs. Julia Moore, and Dr. Elizabeth J.
Letourneau**

Child Sexual Abuse: A Public Health Perspective 2015

Welcoming Remarks and Introduction to the Symposium

SPEAKERS

M. Daniele Fallin, PhD, Chair, Department of Mental Health, Johns Hopkins School of Public Health

Elizabeth Letourneau, PhD, Director, Moore Center for the Prevention of Child Sexual Abuse, Department of Mental Health, Johns Hopkins School of Public Health

Daniele Fallin, PhD welcomed participants and drew parallels between the Moore Center's preventive approach to child sexual abuse and her own research on autism. Her work looks at "how to prevent autism or prevent the consequences for folks who are on the spectrum, as opposed to solely focusing on treatment once someone has autism," she said. While nothing diminishes the importance of treatment in either domain, "if you can spend the time and prevent it from ever occurring, you can make an impact that is quite meaningful."



Left to right: Dr. Elizabeth J. Letourneau and Dr. Dani Fallin

Elizabeth J. Letourneau, PhD noted that the Moore Center's third annual symposium had drawn more participants than the previous year, and was being streamed to a virtual audience for the first time. "I hope you will leave today with a sense that child sexual abuse is

not inevitable, that it is an entirely preventable public health problem," she said. [Watch the 2015 symposium opening remarks here.](#)

Keynote Address:

Intersections in Juvenile Justice and Child Sexual Abuse

SPEAKER

Catherine Pierce, Senior Advisor to the Administrator, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Catherine Pierce pointed to the prevalence of sexual behavior problems (SBPs) in youth, the inadequacy of the response to date, and the need for "treatment approaches that are appropriate for children and youth, approaches and treatment that are very different from the ones we use with adults."

More than one-third of sexual offenses against child victims are committed by other children and youth, so "the difficult truth is that these are not one-in-a-million occurrences," Pierce told

participants. "They happen every day all over the country," and they frequently involve family members: contrary to popular opinion, relatively few cases involve sexual abuse by strangers.

While SBPs in youth are a significant problem, Pierce said the response has not been. Treatment has been uneven, and methods are often derived from adult programs with no proven effectiveness for treating children and youth.



But there are bright spots: one 10-year study showed positive results for short-term, trauma-focused cognitive behavioral therapy (TF-CBT), an approach that "seeks to change thinking" by teaching pro-social skills and behaviors. Among children who received this intervention, rates of future sexual offenses were "so low that they were indistinguishable from the comparison group," Pierce said.

The research established that "children and youth with sexual behavior problems can receive appropriate, evidence-informed treatments and have extremely low recidivism rates," she said. That means no one is destined to grow up and become a sex offender: "We can change their trajectory and change their outcomes."

A recent study in the *Journal of the American Medical Association* took a closer look at the widely-held belief that sexually abused children grow up to become sexual offenders. It found that all children who experience abuse and neglect "face increased risk of committing future crimes, including sex crimes, and all those children should receive appropriate intervention," Pierce said. But children who have experienced sexual abuse "are not at higher risk of becoming sexual predators, and should not be stigmatized as they have been in the past. The last thing any of us wants to do is retraumatize any victim, especially a child."

Pierce stressed the commitment of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to the health and safety of all children, including those with sexual behavior problems and their child victims. The focus is on developing approaches to help families and professionals recognize and respond to SBPs, rather than denying the problem, with emphasis on early intervention strategies that deliver better results.

The OJJDP has funded some of Dr. Letourneau's research, as well as the country's first comprehensive, national survey of children exposed to violence. It found that 60 percent of all American children had witnessed or experienced some form of violence, at home or in the community. That research led to the formation of the 13-member Attorney General's National Task Force on Children Exposed to Violence, which held hearings across the U.S. and released a report in December 2012 with 56 recommendations for action.

Pierce stressed the importance of not only understanding the issue, but also appreciating how best to treat it. Research shows that teenagers are "biologically wired differently than adults," have trouble regulating their feelings, are more sensitive to peer pressure, and don't fully understand the implications of their actions. So "children and youth must be treated differently than adults," in the juvenile justice system and elsewhere.

That kind of practical insight will be crucial as the OJJDP works to implement the findings of the National Task Force, but "we need the help of practitioners and others on the front lines to make this comprehensive reform effort work," Pierce said. "It is imperative that we work together" to hold sexual offenders accountable for their actions, prevent further offenses, *and* treat offenders fairly, enabling them to reclaim their childhood and become vital members of their families and communities. As one Alaskan native child advocate told the Task Force: "We must acknowledge that we are all related. When one child is hurt, we all hurt," and "when one child is protected and loved, put in a place of honor, we all benefit." [Watch Catherine Pierce's keynote address here.](#)

Zigzagging Toward the Light

SPEAKER

Andrew Harris, PhD, Associate Dean for Research and Graduate Programs, College of Fine Arts, Humanities and Social Sciences, University of Massachusetts Lowell

Andrew Harris, PhD defined the polarization in sexual offender policy by the way each side perceives the other. Proponents on one side see the other as reactive, punitive, resistant to evidence, and inclined toward kneejerk reactions. On the other side, advocates see researchers as soft on offenders and detached from reality. While one side may be convinced that legislators aren't very sensitive to the evidence on effective prevention and treatment, the other would claim that research is out of touch with the pragmatic reality that law enforcement and other practitioners see on a day-to-day basis.

The challenge, Harris said, is to move beyond a bilateral framework, in which the response to child sexual abuse is based either on criminal justice or public health and human services. When

the options are set that starkly, policy and program decisions become an arbitrary choice between:

- Criminal justice policies driven mostly by top-down statutes, grounded in law enforcement, courts, correctional institutions, and probation and parole agencies, and attentive to prevention primarily as a tertiary activity
- Public health and human service policies driven mostly by ground-up practice and programs, grounded in health agencies, school systems, youth-serving organizations, community and religious institutions, and families, and more comprehensive in their approach to primary, secondary, and tertiary prevention.

Justice-based policy responses to sexual violence fall into two streams—investigation, enforcement, and interdiction, and perpetrator sentencing and management—with the first one tracing its roots back to the *Mann Act* of 1910. “The Federal Bureau of Investigation was formed that year,” Harris said, “and until Prohibition, its main mandate was to enforce the laws against white slavery.” That role has continued to evolve, with the adoption and subsequent amendment of the *Victims of Trafficking and Violence Protection Act of 2000* and, over the last few years, the rapid expansion of state laws against human trafficking.

“The state pays \$100,000 per person, per year for civil commitment, compared to \$20,000 for mental health treatment.”

The federal effort to disrupt child pornography and, later, Internet-based exploitation began with the 1977 *Protection of Children from Sexual Exploitation Act* and culminated in the 2008 *PROTECT ACT* and *KIDS ACT*. On a parallel track, state sentencing and management initiatives date back to sexual psychopath laws and first-generation sex offender registries in the 1930s and 1940s, followed more recently by civil commitment, sentencing reform, and community notification laws beginning in 1990.

Increasingly, Harris said state civil commitment strategies “basically mean wrapping people up and incarcerating them so they can’t harm anyone. By 2014, an estimated 3,000 to 4,000 sexual offenders in 21 states had been committed under mental hygiene laws, with post-release confinement based on their assessed levels of mental abnormality and the threat they posed to the community. After 25 years of program experience, the principal problem is that it’s “very easy to get people in. It’s not very easy to let them out,” Harris said. That means the state pays \$100,000 per person, per year for civil commitment, compared to \$20,000 for mental health treatment.

Many states have also opted for longer, tougher mandatory sentences, with more limited discretion in sentencing and less allowance for parole or “good time” credits. Between 1993 and

2009, according to National Corrections Reporting Program (NCRP) data, median months served before first prison release increased 70 percent for offenders convicted of rape and 52 percent for perpetrators of other forms of sexual assault, compared to 33 percent for all offenses and 26 percent for all violent offenses.

“The net result is that sexual offenders grew 50 percent as a percentage of state prison populations over two decades, from 8.2 percent in 1991 to 12.4 percent in 2011,” Harris said. Sexual offenders under institutional or formal community supervision included 161,000 state prisoners, 13,500 federal inmates, 3,000 to 4,000 under civil commitment, and 202,000 under parole or probation supervision.

“Sexual offenders grew 50 percent as a percentage of state prison populations over two decades, from 8.2 percent in 1991 to 12.4 percent in 2011.”

In the community, lifetime supervision with electronic monitoring has been mandated for a subset of high-risk offenders, but law enforcement is following a whole other, larger group to enforce statutory restrictions on residence, employment, loitering, and use of the Internet and social media. “There’s really no other categorical group of offenders” to which such restrictions apply after they’ve served their terms in prison, he noted, and the monitoring provisions lead to mission creep between parole agencies and law enforcement.

Harris reviewed the trends in offender registration and community notification laws in 1990, noting that all 50 states had systems in place by the end of that decade. The federal role expanded between 1994 and 2006, and states passed 312 pieces of legislation between 2008 and 2013 that were in some way related to offender registries.

The jury is still out on whether these initiatives are effective, but the direction of public policy is set in part by the proportion of Americans who believe sex crimes have become more frequent, less frequent, or stayed the same in the last 20 years: Incidence has actually declined, but only 6 percent of survey respondents answer the question correctly.

“Opportunity begins with talking about it,” Harris said, and high-profile cases like the arrest and trial of ex-football coach Jerry Sandusky have “made people take a much broader, more grounded view of this issue.” Ultimately, children’s safety and well-being will be protected by an integrated approach that combines offender sentencing and management, investigation and enforcement, early intervention, community dialogue, strengthening families, and victim support. [Watch Dr. Harris' presentation here.](#)

Safe Harbor Laws: State-Level Approaches in Addressing Commercial Sexual Exploitation of Children

SPEAKER

Ryan T. Shields, PhD, Assistant Scientist, Moore Center for the Prevention of Child Sexual Abuse

Ryan T. Shields, PhD opened his presentation on state-level responses to the commercial sexual exploitation of children (CSEC) by critiquing the lens through which the problem is usually viewed.

CSEC is frequently referred to as juvenile prostitution, a term that is problematic because it “implies that youth are able to legally consent to the sexual behaviors. Whereas if we removed the monetary aspect, we would call it sexual abuse,” he said. “What we’re really talking about is victimization, and that’s the broader focus we need to take when we talk about this issue.”



Dr. Ryan T. Shields

Scholars estimate the number of U.S. youth involved in CSEC to range anywhere from 1,400 to two million, but researchers have more accurate data for the number of youth who come into contact with law enforcement: arrests for juvenile prostitution declined from 1,450 in 2005 to 616 in 2012. Shields briefly reviewed the history of federal responses to address sexual exploitation of children, noting that the lack of any effort through the 1970s and 80s to decriminalize juvenile prostitution ensured that the justice system would remain the entry point for youth in need of social services.

Safe Harbor laws, by contrast, proceed from a different set of assumptions:

- They identify youth involved in prostitution as victims, often with histories of physical and sexual abuse, neglect, disadvantage, and poverty.
- They recognize that the physical, mental, and behavioral health needs of sexually exploited youth “far exceed the capabilities of the criminal and juvenile justice systems” to respond.
- They acknowledge that youth who are brought into contact with the criminal and juvenile justice systems may experience negative consequences relating to that contact, such as having a harder time finishing school and finding jobs, and are at risk for continuing contact with the system. “So we know that contact with the justice system needs to be restricted for these victims,” Shields said.

“Safe Harbor states seek to address a range of social service needs, from substance abuse counselling to mental health treatment to housing, and usually coincide with a criminal justice response to traffickers.”

In the 18 states that have introduced them, Safe Harbor laws incorporate different age restrictions and a mix of statutory responses, from decriminalization of juvenile prostitution to diversion with or without decriminalization. Some sexually exploited youth might be picked up by police and immediately handed over to social services. Others may be arrested, then diverted to some form of care.

Shields said Safe Harbor states seek to address a range of social service needs, from substance abuse counselling to mental health treatment to housing, and usually coincide with a criminal justice response to traffickers: Shields said sentences for child sex trafficking have more than doubled in some states, while other jurisdictions have introduced sex offender registries and provided more robust training for law enforcement.

With a grant from the Office of Juvenile Justice and Delinquency Prevention, the Moore Center recently launched a research project to address three key questions about Safe Harbor policies: whether arrests for juvenile prostitution-related offenses have declined nationally, whether youth protected by Safe Harbor laws are less likely to have further contact with the criminal or juvenile justice system, and how key stakeholders have experienced the implementation of Safe Harbor laws in their states.

“The idea of Safe Harbor is to provide services so that they don’t come back into the system. So we’re attempting to gauge how effective that is,” Shields said. “We think this research will make a significant contribution to our knowledge base around CSEC,” and that knowledge will be important at a time when federal legislation may compel states to implement Safe Harbor policies within three years. “These policies are not necessarily linked to outcomes or grounded in evidence, so if states are pushing to implement them to be in compliance with a federal effort, we really want them to be using evidence-informed policies,” he said.

But important as it is to get the science right around the effectiveness of Safe Harbor laws, Shields stressed that the whole concept of Safe Harbor still focuses on an after-the-fact response to offenses and abuse that have already occurred. CSEC “is child sexual abuse, and as such, it’s preventable,” he said. “Which means we need to focus our energy and our resources on prevention. As we move into the future, that’s the conversation we need to have about CSEC.” [Watch Dr. Shields' presentation here.](#)

Parent-Focused Prevention of Child Sexual Abuse

SPEAKER

Tamar Mendelson, PhD, Associate Professor, Department of Mental Health, Johns Hopkins School of Public Health

Tamar Mendelson, PhD identified parent-focused prevention as a prevention pathway that has received insufficient attention in past programming. “Our current responses to child sexual abuse really target different levels, but parents and caretakers of children have been relatively neglected,” she told participants. “This is a really important area to develop,” since parents can be an important part of a broader prevention strategy.

Mendelson traced factors that have made it difficult to gather research data on the role of parenting strategies in preventing abuse or subsequent revictimization. But the opportunity is reflected in the fact that more than 90 percent of people serving time for child sexual abuse (CSA) have never before been convicted of a related offense, and repeat offenses are lower for CSA than for many other crimes. “So although much of our effort goes into working with these offenders, we need to think more broadly when we try to prevent new cases.”

Parents are an important part of the solution because of “the incredible amount of influence they have on children’s behavior. As the parent of a four-year-old, it sometimes seems like *she* has a lot of influence on *my* behavior,” Mendelson said, but research points toward the effectiveness of family behavioral interventions, particularly around communication of sexuality-related topics, in reducing the incidence of child sexual abuse.

Parent-focused interventions for child maltreatment also show a lot of promise. Positive parenting programs, parent-child interaction therapy, and multisystemic therapy “have in common a focus on teaching positive parenting practices,” and “all show positive evidence in reducing child physical abuse.” Improved parent-child relationships are an important vehicle to shift children’s life outcomes, “and it’s likely that key ingredients have to do with increasing parents’ warmth and control,” Mendelson said.

“Improved parent-child relationships are an important vehicle to shift children’s life outcomes.”

The parent-child connection is important in CSA prevention because parents are so proximal to their children—and most CSA perpetrators are not strangers, but people who are known to the family. “Parents have a gatekeeping role in terms of who comes into the home, who spends time with the child.” Raising their awareness of both the risk of CSA and the potential for prevention can “encourage different kinds of protective impact,” she said. Further research is

needed to confirm whether awareness efforts also deter parents who are themselves at risk of abusing.

There are no robust risk markers to help target the families in greatest need of prevention programming, but Mendelson listed several characteristics associated with higher risk: having only one biological parent in the home, fighting or violence between caregivers, substance abuse by caretakers, low education, lack of stable bonds, maternal health issues, prior history of CSA, and a disability that makes the child more vulnerable.



The next question is when to intervene. CSA rates are highest in the teen years, “but the risk actually begins much earlier than that, in toddlerhood,” increasing from less than 3 percent for one- and two-year-olds to 14 percent for three- to five-year-olds who are being exposed to new adults and older children for the first time. “This is a really important window for reaching parents,” Mendelson said.

To be feasible and sustainable over the long term and “reach families across a really wide spectrum,” prevention services can and should be embedded in a variety of family services, from primary care clinics and child advocacy centers, to home visit programs or supplemental services for women, infants, and children. The work is often difficult because of limited parental knowledge of CSA, poor communication with children about sexuality, and the stigma around a topic that “a lot of people find creepy,” she said. As well, parents may need repeat practice to develop new skills and behaviors to keep their children safe.

“Part of what we need to do is package these strategies in ways that are feasible for teaching families, giving them a greater level of detail and the ability to practice skills,” Mendelson said. Parents’ struggles with their own mental health or addiction issues can often be a big part of the problem so that, “paradoxically, the households with more risk may be the ones that are really difficult to reach.” The ideal family-based prevention program would provide a continuum of services, with more intensive supports for families dealing with multiple risk factors and parents working through mental health issues. Research is still required to identify the modalities that fit best for parents with different types and intensities of need.

Mendelson discussed the development of curriculum models of CSA prevention, embedding them in existing interventions, and finding more effective ways to evaluate changes in future incidence. “We’re seeing growing awareness of the importance of this work, but stakeholder buy-in is really crucial,” she said.

In her work with the Moore Center, Mendelson has been developing an intervention model of change that will form the basis for a four-part curriculum. The model combines a rationale for preventing CSA with messages of empowerment for parents, to reinforce their sense that they can make a difference, followed by specific skill training and practice.

“The working hypothesis,” she said, is that “this kind of intervention has potential to increase parents’ readiness, their knowledge, their attitudes, their behavior, their self-efficacy,” all leading them toward more positive interactions with their kids. Two key factors in those interactions are equality of communication and parents’ ability to communicate around sexuality-related topics: naming of body parts, how to say no, appropriate boundaries, and what’s private.

The curriculum covers basic knowledge of CSA, communication skills, safety monitoring, and how to report suspected abuse of their own or any other child. Mendelson said the program could be differentiated from other available materials by its specific emphasis on skills, its focus on positive parenting, its appeal to parents’ desire to have strong relationships with their children around sexuality and other topics, and its emphasis on guided practice and self-assessment of strengths and weaknesses.

Mendelson’s team has begun building partnerships with service agencies to deliver the program where it will make a difference for families. She said it will be crucial to “get feedback from families on what they think of the curriculum and the potential delivery methods we’re thinking about. And find out what providers think.” [Watch Dr. Mendelson's presentation here.](#)

Primary Prevention of Child Sexual Abuse Perpetration

SPEAKER

Cindy M. Schaeffer, PhD, Associate Professor, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina

The large proportion of child sexual abuse cases involving first-time offenders with no previous history points to the need for a primary prevention initiative that universally targets all high school adolescents, said **Cindy M. Schaeffer, PhD.**

Universal school-based programs begin at a younger age, but they mostly focus on “target hardening,” helping children recognize when they’re in a bad situation, get to safety, and tell a trusted adult what happened. Studies show that children retain their self-protection knowledge up to a year after they go through a program, but it’s less clear whether that knowledge helps reduce the incidence of abuse.

On another track, research points to the value of school-based efforts to prevent adolescents and young adults from committing other types of offenses, from robberies to dating violence and other forms of sexual coercion. “These lay the framework for asking: Why don’t we prevent kids from going on to become adult sex offenders?” Schaeffer said. Tertiary prevention does a reasonably good job of preventing subsequent offenses after an initial incident has occurred, but primary prevention would reach adolescents and young adults before they show any overt risk of offending.

“Junior high school is the right place to intervene because 36 percent of perpetrators are adolescents, according to police and child protection records.”

Junior high school is the right place to intervene because 36 percent of perpetrators are adolescents, according to police and child protection records. “It’s a huge chunk of the perpetrators, from what we know from the legal system,” Schaeffer said. “We know most of those perpetrators are between 12 and 14 years old, and most are male adolescents.” Research points to a large number of unreported cases. National victim surveys indicate that 50 percent of perpetrators are adolescents. In Schaeffer’s epidemiological research in Baltimore, 27 percent of boys and 21 percent of girls under 18 said they had had sex with someone at least five years younger.

“So there are a lot of adolescent-to-child sexual contacts out there, many of which we would probably consider child sexual abuse,” she said. “It really makes the case for a universal approach.” Even if perpetration rates are higher for boys, Schaeffer stressed the importance of including girls in school-based interventions: partly because they account for about 20 percent of the cases, also because the babysitting relationship can become a context for abuse, whether or not the girl herself is the perpetrator.

Schaeffer identified several characteristics of adolescent offenders, including low sexual knowledge, limited understanding of developmental differences, and cognitive distortions, that might be addressed through universal school programs. “They just don’t get that younger kids aren’t the same as them,” sometimes assuming that a younger child who takes off his or her clothes wants sex. Adolescent offenders often come from families with poor parental monitoring, limited communication about sex, and no explicit rules against child sexual abuse.

“Nature abhors a vacuum, and just by not saying these things are not okay, we make things riskier,” she said.

Schaeffer applied for National Institute of Child Health and Human Development (NICHD) funding for Responsible Behavior with Young Children (RBYC), a small pilot study that will involve Grade 7 and 8 health and sex education classes in eight schools. The “relatively low-cost, manageable intervention” will run 10 weeks, with a series of half-hour modules delivered by a trained prevention interventionist. The program will cover:

- How to have healthy and responsible relationships with younger children
- Non-sexual developmental differences between preteens and younger children
- Perspective-taking and empathic, non-sexual responding
- Healthy and unhealthy relationships between teens and young children

Schaeffer’s team will pitch the program to schools, parents, and the adolescents themselves as a way to learn more about and be more responsible with young children. “We are citizens of this world,” she said. “Most adolescents have some kind of contact with younger kids,” so it’s important to understand how to manage those relationships and keep them safe.

After talking about the developmental differences between teens and younger children, the program will define child sexual abuse and dispel the myths that surround it. “It happens, adolescents sometimes do it, it’s not just creepy guys in the park, it’s in our schools and churches,” she said. Program participants will learn how to spot child sexual abuse, how to know if they’ve become a bystander, whether a situation is risky, and how to bring adults in to try and stop a situation from occurring.

The program will conclude with a strong, normative statement that teens must be “responsible stewards of young children. At our school, adolescents are good to little kids, and we go out of our way to protect them.” Although most of the learning will take place in the classroom, homework assignments will create opportunities to engage parents in the work. [Watch Dr. Schaeffer's presentation here.](#)

Victim Offender: A Case Report

SPEAKER

Fred Berlin, MD, PhD, Associate Professor of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine

Fred Berlin, MD, PhD traced the experience of victims who become offenders, showing a video of a male inmate who had encountered substantial sexual abuse as a child and gone on to become a serial rapist.

Past abuse is not an excuse for an offender's actions, and the overwhelming majority of victims do *not* go on to commit child sexual abuse, particularly if they receive early intervention. "But if you look at a large group of sexual offenders and ask what percentage have been sexually or physically or emotionally abused, the numbers become extremely significant," he said. "There is no doubt that being a victim of child sexual abuse is a risk factor for becoming a sex offender."



Dr. Fred Berlin speaks to a 2015 symposium attendant.

Although clinical practice can address rape as a "horrible, unwanted, traumatic experience," Berlin said, "we still don't know what motivates the particular individual to engage in that behavior in the first place." They may be venting their anger or showing the hallmarks of a sexual disorder, which the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* defines as "intense, recurring, sexually arousing fantasies and urges" that could involve pedophilia, exhibitionism, or rape.

"It should be no surprise when a child sexual abuse CSA victim's sexual development is warped by the experience," Berlin said. "If I gave cocaine to a young child, I wouldn't be surprised if they had drug problems and drug cravings when they got older." Child sexual abuse can leave victims with a distorted understanding of what love means, and for the man in Berlin's video, the urge to rape was connected with "feelings of wanting to love." The offender said he always had a strong urge to emulate his father, never understood he was committing rape until he was arrested, cared about and tried to maintain contact with his victims, and actually dated one of them afterwards.

The offender had access to medication to reduce the intensity and frequency of his sexual urges. "I get letters from offenders around the country who want access to that medication," Berlin said. "But even though it would make the community safer, most don't have access to it, even if they want it."

He added, "This is a tragic example of what can happen to a boy who's been abused, both emotionally and sexually, when it's not recognized early on." The "terrible tragedy," for victims

and offenders alike, might well have been prevented. But “when was the last time any of us heard announcements that if you’re a troubled adolescent, if you’re having troubling sexual thoughts, if you’re concerned that you’re going to lose control and hurt other people and ruin your life, please come in before you cross the line?” he asked.

“We pick up the pieces after the fact. We hardly ever do anything to intercede before the fact.” While the criminal justice system is entitled to everybody’s full support, Berlin said initiatives like the Moore Center will lead the way toward solutions based on prevention and a public health approach. “I think we would all agree that it’s much too little, much too late. We simply must develop a focus and devote more resources to primary prevention.” [Watch Dr. Berlin's presentation here.](#)

Help Wanted: A Reporter’s Experience Speaking with Young People Living with Minor Attraction

SPEAKER

LUKE MALONE, JOURNALIST, *THIS AMERICAN LIFE AND MATTER*

Luke Malone, an award-winning journalist, who wrote “Help Wanted” for *This American Life and Matter*, discussed his experience interviewing non-offending pedophiles. Malone began researching this topic in 2012, which started as a master’s thesis at Columbia University following the Sandusky/Penn State scandal.

“It got me thinking about how all this starts. Sandusky wasn’t born a 65-year-old child molester.” Thus began Malone’s two-year project to identify and interview self-identified men and women who were attracted to young children but didn’t act on their attractions. Malone sought to answer two main questions through his research:

1. Is there a better way to treat pedophilia?
2. What can we do to help facilitate this treatment?

Before researching this topic, Malone had not heard the word prevention used in the context of pedophilia. In order to find out more about preventing child sexual abuse, Malone spoke to Fred Berlin, MD, PhD, at Johns Hopkins University School of Medicine and through him learned about Elizabeth Letourneau, PhD, Johns Hopkins Bloomberg School of Public Health, and her work at the Moore Center for the Prevention of Child Sexual Abuse. Malone also contacted members of Virtuous Pedophiles, an online support group for men and women 18



Luke Malone

and over. He spoke to two members in their 40s and 50s but wanted to speak to “younger guys still looking for place in the world” which is how he met Adam, a young man attracted to children but who believes that acting on his attraction is immoral.

Adam runs an online support group for non-offenders who want help battling their attractions. His story begins at 16 when he realized that his attraction meant a lifetime of isolation and self-loathing.

In the audio clip that Malone plays during his presentation, Adam recounts the first time he sought treatment with a therapist. He told her, “I’m a pedophile, and I’m addicted to child pornography.” He also describes her reaction. “I saw a look of horror on her face. She must have thought she misheard me. She raised her voice and told me this isn’t ok. I was terrified the whole time. She tried to talk to me about why. She was convinced that I had trouble talking to people my own age and this is why I was attracted to younger kids.” Malone explains that her reaction is a common misconception for untrained therapists.

By telling Adam’s story, Malone discovered the extent of people’s misconceptions about pedophilia including the distinction between pedophiles and child sexual offenders. For him, this research resulted in a “huge paradigm shift,” and he isn’t alone: Malone’s podcast has been accessed between 3.5 and 4 million times and his article in *Matter* is the most read in the magazine’s history, which shows that the public is keenly interested in this topic. “The success of these pieces has to do with our cultural obsession with pedophilia. The public hasn’t heard from people who haven’t acted on it,” said Malone.

To close his presentation, Malone asked that professionals in the field continue to talk about this issue and find ways to work together so that “our work is as impactful as possible.” [Watch Luke Malone's presentation here.](#)

Help Wanted: Interventions for Adolescents Sexually Attracted to Younger Children

SPEAKER

ELIZABETH J. LETOURNEAU, PHD, DIRECTOR, MOORE CENTER FOR THE PREVENTION OF CHILD SEXUAL ABUSE; ASSOCIATE PROFESSOR, DEPARTMENT OF MENTAL HEALTH, JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

Elizabeth J. Letourneau, PhD talked about her research project, *Help Wanted*, which is focused on understanding how to help young people who have an unwanted sexual attraction to children develop strategies that would deter them from committing sexual offenses.

“When we frame prevention, we frame it as wanting to reduce the risk of harm to victims and there are many reasons to focus on this,” said Letourneau. Child sexual abuse is one of the Adverse Childhood Experiences (ACEs) that shorten life span. It increases the risk of physical health issues like hypertension and cardiovascular disease and mental health problems like depression and anxiety. Being abused also increases the risk of sustaining subsequent abuse later in life. There are also enormous financial and collateral costs including harm to offenders. “Child sexual abuse costs about \$310,000 per victim over their life course,” she said. Boys under 18 years old account for 36 to 50 percent of all perpetrators of child sexual abuse. Many of them are subjected to long prison terms, being placed on lifetime registries, and face resident and employment restrictions once they re-enter their communities.

“Boys who don’t offend but who find themselves attracted to younger children are a small percentage of the population, and they suffer enormously.”

Before Luke Malone’s research in this area, Letourneau had never spoken to someone with an attraction to young children who had not offended. She reported that, “Almost everything we know as scientists in this field is from people who got caught. We have very little information about people who have not yet offended.” Boys who don’t offend but who find themselves attracted to younger children are a small percentage of the population, and they suffer enormously. Children go through adolescence with normal ups and downs but for this group there is also the added stigmatization of being labeled a “monster.”

There is a model for an intervention in Germany called Project Dunkelfeld, created in 2005, that actively reaches out to people who want help dealing with their sexual attraction to children. Project Dunkelfeld helps both offenders and non-offenders.

The goal of Help Wanted is to stop CSA offenses committed by youth attracted to younger children by providing an effective intervention that youth and their families can access and use. Letourneau envisions an intervention having two broad areas of focus: She wants to give youth the tools, skills, and support to not engage children in sexual behaviour. She also wants to help them develop the self-esteem and self-respect that characterize healthy young people.

Letourneau wants the intervention to help youth stay safe, happy, and healthy and reinforce the idea that they are more than their attractions. Letourneau envisions a four-phase process:

1. Conducting qualitative interviews
2. Developing interventions and outreach materials
3. Evaluation and feasibility study
4. Randomized clinical trial



Elizabeth J. Letourneau, PhD

Collaborators are vitally important to the success of Help Wanted. Letourneau asked experts from juvenile justice, international justice, victim advocacy, prevention, policymakers, child sexual behaviour specialists, and professionals in juvenile sexual offending to engage with her on this project.

Letourneau says that currently Help Wanted is an unfunded project. She is reaching out to foundations but no government-funding agency, at the moment, is interested in supporting Help Wanted. She is hopeful that after completing the first phases of the study, there will be more interest.

“Luke’s work contributed to my growth as a scientist and clinician,” she said. Letourneau also acknowledged the tremendous impact Malone’s reporting has had on this topic. Millions of people have listened to his podcast on *This American Life* and read his article in *Matter*. Since then, Letourneau has received hundreds of emails and the large majority have been positive. Some are from people living successfully despite having an attraction to young children. Letourneau closed acknowledging that Malone and Adam’s work engendered hope and empathy, which can drive change. [Watch Dr. Letourneau's presentation here.](#)

Panel Discussion: Lived Experiences of Young Adults Attracted to Minors

MODERATOR

LUKE MALONE, JOURNALIST, *THIS AMERICAN LIFE* AND *MATTER* MAGAZINE

The panel discussion, moderated by Luke Malone, was comprised of two young men, John and Mark (not their real names), who have disclosed having an unwanted attraction to younger children. Both of our panellists called in for the 45-minute discussion.

Malone asked them each a range of questions about their lived experiences dealing with their attractions, what help and support they’ve had and are seeking, and what their future holds. Our panellists also took questions from our in-person audience, as well. [Watch the entire discussion here.](#)

Adaptive and Problematic Strategies for Processing Childhood Sexual Abuse

SPEAKER

CANDICE FEIRING, PHD, SENIOR RESEARCH SCHOLAR, THE COLLEGE OF NEW JERSEY

Candice Feiring, PhD presented an overview of her longitudinal study that seeks to understand the processes by which children adapt to having experienced sexual abuse, differences in adjustment over time, and whether and how abuse severity and stigmatization predict which children are most at-risk for developing psychopathy and relationship difficulties.

“Who was the perpetrator and how many times the abuse occurred weren’t predictive of who would go on to have problems. Some children don’t develop problems,” she reported, which led her to wonder why some children fair better than others and whether the severity of the abuse necessarily predicted worse outcomes. She found that shame and self-blame are more predictive of problems later on.

Children’s ability to making meaning of their experiences is critical for positive adaptation. Through her preliminary research, she found that no good profiles existed that predict which children were more at risk for developing problems. “It wasn’t that the abuse happened, it was about what it meant to the victim and how they were making meaning from the abuse,” she said.

Challenges to CSA processing include: Post Traumatic Stress Disorder (PTSD), dissociation, fear, sadness, and shame. Some parents don’t discuss the trauma with children and don’t have access to common scripts for how to talk about it. Parents often worry that if they discuss the abuse with their children, it will make it worse for the child.

Feiring believes that trauma narratives are the best way to help children tell stories and explain life events. These narratives allow them to develop strategies that help them process difficult emotions and make sense of what happened to them. Developing processing skills are critical because they give children the ability to revise their narratives over time. Processing styles range from healthy and constructive to more unhealthy which include the absorbed (easily overwhelmed) and avoidant (more distant) types.

The study included 160 youth with confirmed cases of CSA. Youth were predominately female and ethnically diverse. They interviewed the same group twice over six years. Research questions included:

1. Do youth with CSA histories have different processing strategies?
2. Are the healthy and unhealthy processing strategies associated with youths' adjustment?
3. Which youths are more likely to develop healthy versus unhealthy CSA processing strategies?

Feiring's findings were distressing. In most cases youth relied on one type of processing, and only 14 percent of youth after six years were processing constructively. "If this isn't a strong case for prevention, I don't know what is."

The implications of her study are that abuse narratives are a great window to the cognitive and emotional processing of youth and can help them make meaning of their abuse. Feiring also found that the passage of time is not enough for youth to develop healthy strategies, but there are approaches that can help them develop constructive processing, which include helping them regulate emotions. Those who don't show as much recovery, including youth with PTSD, are more likely to be absorbed. Early intervention and prevention work underscores the importance of decreasing negative reactions of abuse, helping youth to construct a healthy understanding of what happened, and developing healthy strategies to regulate attention and emotion. [Watch Dr. Feiring's presentation here.](#)

Survey Results: Comments and Feedback from our Symposium Attendants

The goal of our annual symposium is to bring together a group of professionals in the field of child sexual abuse (CSA) prevention to present findings from their research, discuss ways to improve our response to CSA and develop stronger prevention initiatives. Our audience can expect to walk away with a better understanding of the policies and science that affect our current understanding of CSA prevention as well as hear about the real life experiences of those who have been affected by it.

Attendance at our 2015 annual symposium included over 500 in-person and online participants and was an increase from 2014. This year marked the first time our symposium was streamed to a virtual audience. Attendants consisted of therapists (14 percent), researchers (13 percent), students (11 percent), social workers (9 percent), and law enforcement and medical professionals (7 percent).

Feedback is critical in determining how we improve our symposium in 2016. Some highlights from our survey include:

- “Cutting edge content not being presented at other conferences.”
- “Hearing from men struggling with an attraction to children – that was a very interesting perspective.”
- “Hearing the young men self-described as pedophiles but committed to not acting. Very powerful to hear they actually exist and about their real struggles.”
- “The variety of topics. The quality of presenters and the cost!”
- “The speakers represented a wide range of perspectives. This topic generally presented as being one-sided, but this symposium looked at it from a variety of angles.”

Areas for improvement we are considering for 2016 include suggestions for making the symposium more interactive by allowing attendees to talk together in small groups, hearing more from other stakeholders including victims and the legal community, and allowing more time for questions from the audience.