

## Getting the Message Right: Compassion and Media Responses to Sexual Abuse

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Readers of the SAJRT blog are no doubt familiar with James Cantor. A scientist and editor of *Sexual Abuse: A Journal of Research & Treatment* (ATSA's journal), James has spent his career seeking out ways to understand and prevent sexual abuse. With the Jerry Sandusky trial in the media spotlight, CNN recently asked James to write a piece for the opinion section of its web site. His submission carried the title "The Science of Pedophilia and the Prevention of Child Molestation". Typical of news media outlets, James had control over his text, but CNN elected to use the catchiest possible headline: "Do Pedophiles Deserve Sympathy?"

The good news is that James' article is excellent and garnered enough attention to warrant an on-air interview on CNN's "Newsroom" with Don Lemon. It is encouraging to see reasonable, science-based information available to the public. My concern is with the messaging of CNN's headline ("Do Pedophiles Deserve Sympathy"), which horrifies even as it draws readers in. It is worth examining the words themselves, and our susceptibility to media influence. This is not simply an academic exercise; at least one listserv for the discussion of sex-related topics has seen considerable discussion on minor points, such as whether there is enough brain research to warrant "sympathy for rampant pedophiles". It seems that some of us have let language get the best of us.

First, CNN uses the word "pedophiles" even though the article makes clear that not all who molest children are pedophiles and many people who are sexually attracted to children who do not molest them. Terms such as "child molester" and "pedophile", while potentially useful in some professional contexts, are implicitly misleading in others.

"Pedophile" implies identity. Although research is unclear on the extent to which people can change their sexual interests, it is clear that not all people who sexually abuse are equally dangerous, that the majority of them are not known to re-offend, and that they re-offend less as they get older. We have also learned that reports of sexual crimes have declined in recent years. As a treatment provider, I'm concerned that the word "pedophile" can mislead others. Treatment is about people living different, better lives; it is not about changing somebody's fundamental identity. Approaching treatment from an identity perspective can also make it seem insurmountable. Which would you choose: Changing the way you live or changing who you actually are?

"Pedophile" implies that a person is destined to have sex with children unless specifically prevented from doing so. One can argue that the belief in the inevitability of re-offense was central to the establishment of our field's first programs, prior to adequate studies of re-offense rates. Simply put, when the field of treating people who had abused began, professionals typically thought their clients were all at high risk.

"Pedophile" has many negative connotations. It is hard for lay people to hear the word without associating it with "evil" and/or "monsters". One typically sees it in the same paragraph as words

such as “predator”. Rational discussion about resource allocation and science-based public policy become even more difficult under these circumstances. The Medical Director of a civil commitment program who asked why no one had been released from a program, expressed the relevance of this point succinctly: *How do you release somebody after building them up as monsters?* (Oaks, 2008).

Similarly, the word “deserves” raises many questions: Do pedophiles deserve sympathy? Compared to whom? What does anyone actually deserve? To some degree, don’t all human beings deserve more than they have in their life? What do any of us deserve? In some cases, our clients have considered these questions more than we have. In 2009, the staff members of a civil commitment program heard from three clients who were nearing the end of treatment. The format was akin to a town hall meeting, in which 100 or more staff asked questions of clients housed in another facility:

Staff: *Tell us why you deserve to be released into the community after all the harm you’ve done.*  
Client (after some thought): *I don’t know that I deserve anything... but I’m grateful for the opportunity.*

Finally, there is the word “sympathy”. Research has found that empathic treatment providers can produce better outcomes than those who adopt a harsh, confrontational style (Marshall, 2005), but most of us shrink away from the idea of sympathy, which implies a deeper emotional congruence. Again, language matters. Let’s have a look at other places where this word appears in our lives.

First, those of us who are fathers have heard about sympathy pain and weight gain when our partners are pregnant. Then, as parents, we might display super-human strength to defend our children. This aspect of the fight-or-flight response is known as sympathetic arousal. Many of us remember the 1953 play *Tea and Sympathy*. If not, we will remember that the Rolling Stones’ “Sympathy for the Devil” became famous due to its shock value. Sympathy ultimately connotes closeness, often bordering on intimacy.

Having read up to this point, take a moment to consider: Under what conditions would you answer “yes” if someone asked you if pedophiles deserve sympathy?

On the other hand, one might also ask: Assuming that our clients have consented to treatment (and knowing that punishment alone does not reduce risk), do they also not deserve our best rehabilitative efforts? Do they not deserve humane and compassionate treatment providers? Do they not deserve the most empirically sound management in the community?

Another way to look at this is to consider those who would experience victimization at some point in the future if professionals did not intervene. Do they not deserve our best efforts at maintaining the highest standards of care, including maintaining an empirically supported treatment approach? If the answer is yes, we have to conclude that people who abuse and are at risk to molest children may indeed “deserve” our most compassionate response in order to involve them meaningfully in interventions.

These questions and comments do not arise out of any desire to hug thugs or defend deviance. Rather, it is becoming clearer in the research that people can stay safer in our communities when they receive the same compassionate concern as any other people seeking to lead better lives. For example, Wilson, Cortoni, Picheca, Stirpe, & Nunes (2009) found that compassion-based programming can yield very impressive results in community aftercare services.

We are now at a point in our field's development where we have effective means for helping people change and stay changed. The good news is that articles such as James Cantor's show that we can provide helpful, needed information to the public. The challenge now is to make sure that we are all asking the right questions.

## References

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