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What can be done to stop predators?

'Some can be easily treated, some can't... and you've got the whole group in between,' says Fred Berlin, a professor of psychiatry at Johns Hopkins University

Chris Hansen, NBC News Feb. 3, 2006

Chris Hansen spoke to Dr. Fred Berlin, a professor of psychiatry at Johns Hopkins School of Medicine.

Berlin has over 25 years of experience working with sexual offenders.

Hansen asks Dr. Berlin, whether or not pedophilia can be solved with more severe punishment and better legislation. Can these men even be successfully treated?

Below, is a transcript of more of their interview.

Chris Hansen, Dateline correspondent:

We had recently had 50 men come into a house, hoping to meet a 12 to 13-year-old child... Is it fair to call each one of these men a predator?

Dr. Fred Berlin:

I don't think so. I think we're so quick now to use the term "predator." We have to talk in terms of, as far as I'm concerned, that have everyday meaning tied to them. Clearly, every one of these men is doing something that's terribly wrong. But there may be tremendous differences between them, and it's important to understand the differences as it is to understand the similarities.

Hansen:

When you read the computer chat logs of the conversations between the men and the decoy, you see a grooming process. And it almost follows a pattern.

Dr. Berlin:

Well, clearly, these are by definition men who have an interest in becoming involved sexually with children of that age. There is clearly something different about these individuals. They are trying to persuade these youngsters because they're attracted to them sexually to become involved in an intimate way. So what they're doing is wrong. But the fact that they're trying to pursue the kinds of desires they experience is not necessarily in and of itself surprising.

Hansen:

Does it surprise you that so many men would show up to meet a child?

Dr. Berlin:

Well, one of the things that we're learning about the Internet or through the Internet is the

incredible diversity of the sexual make-up of human beings. These are very private matters. We don't tend to talk about it publicly.

And yet, if you go to the Internet, there are attractions of sorts that we wouldn't begin to imagine:

- ✱ people who are interested in looking at sites involving animals having sex with human beings,
- ✱ people who are interested in looking at sadomasochistic involvements,
- ✱ people who are interested in looking at very young children engaged in sexual activity, even infants.

Obviously we don't want people to act on those attractions.

But we can't simply dismiss it as though we have no need to understand how many people have these kinds of desires. What can we do to help make sure they don't give into these temptations? The point I'm making is that we're learning that as much a public health problem as it is a criminal justice matter and that we need to address it from both perspectives.

Hansen:

What makes a man go from visiting inappropriate Web sites and fantasizing on the Internet, maybe even in conversation, to actually showing up to meet a 12 or 13-year-old child?

Dr. Berlin:

How do we go from fantasy to reality? Lots of people have private fantasies that give them some sort of pleasure and maybe even trouble them, but they don't act on them. I think one of the contributory facts -- it's not the only one -- is the insidious nature of the internet itself.

Hansen:

The 24 hour a day, seven day a week access.

Dr. Berlin:

I think there are three things that are problematic about the Internet, or at least three things.

- ✱ One is the easy accessibility. You don't, in the beginning at least, have to go anywhere. You just push a button that's sitting there next to you.
- ✱ Secondly, there's this illusion of anonymity, which can be very disinhibiting. You feel as though you're there in the privacy of your bedroom. It's not that private, but you don't sense that at the time.
- ✱ And thirdly, there is a distortion of reality and fantasy to some extent. That people feel as though they're playing a game. They're making up who they are. They wonder if someone else is giving a false persona. They begin to do things that in the light of day they might never have done and then, ultimately and sadly, sometimes cross a line that they might not otherwise have crossed.

Hansen:

Does it surprise you that so many men would show up?

Dr. Berlin:

Well, doing the work that I do, I wish I could say it surprises me but it doesn't. It is very clear that there are significant numbers of individuals who have sexual cravings about becoming involved intimately with children. We want to understand more about how that develops.

It's not that they sat down themselves as little children and decided to have these abnormal cravings. They discover in growing up that they're there. It's then their responsibility, in my judgment, to deal with that in a healthy and law-abiding fashion. But as with some drug addicts and alcoholics, the cravings for some of these men are so intense that they're not able to walk away from them simply through their own resources.

Hansen:

What makes these men tick [*]? Do we even know?

Dr. Berlin:

Well, let me be careful when we say "these men." Because that's like asking me what makes drunk drivers tick [*]. In other words, there's a tremendous spectrum from the alcoholic on the one end to the guy who had one too many at the Christmas party to everyone in between.

[* sick?]

But there are *a subgroup* of individuals who commit sex offenses who are sexually disordered in the same way that there is a subgroup of drunk drivers who have alcoholism. When it comes to sexual disorders, what we're talking about in the simple layman's terms is that an individual experiences recurrent abnormal sexual cravings. In some instances, those are cravings that become involved actually with children.

In terms of why this can be so problematic, God or nature put the sex drive into each and every one of us for a very important reason, and that is literally the preservation of the human race. And so all of us have a sex drive that recurrently wants to be satisfied. When that drive becomes aimed, if I can put it in that way, in the wrong direction, towards children for example, it still recurrently wants to be satisfied. And it doesn't take a mental health expert to appreciate what a problematic circumstance that can become.

Hansen:

Can these men, in most cases, be successfully treated?

Dr. Berlin:

Many of these men can be successfully treated, many can't. Again, I'll come back to the analogy of working with alcoholics. Some can be easily treated. Some can't be treated. And you've got the whole group in between.

One point I do want to make, though, is that we're not, in my judgment, going to solve the problem only through a criminal justice approach. I very much support that, let me make it clear. But think about it for a moment, if the only thing we do with a person who's having sexual cravings about children is to send them to prison, there's nothing about prison alone that will either erase those cravings or enhance their capacity to successfully resist acting upon them.

Sooner or later, like it or not, most of these men are going to be back out there in the community. So unless we have both a strong criminal justice component and a strong public health component, in my judgment, we are doing society a tremendous disservice.

Hansen:

The natural reaction after seeing a story like this is to say, "Lock these guys up. Throw away the key. That's the only way to protect children."

Dr. Berlin:

Well -- I think before I got into this area, I might have had quite the same reaction. One of the things we've done in this area is we've completely dehumanized these people. If we look back historically, at one time we looked at alcoholism as though it was only a moral problem. The alcoholic was the bum in the gutter.

Well, we still have moral values as we should when it comes to alcoholism. But we also have the Betty Ford Clinic. We recognize there are legitimate concerns for science and medicine.

When we talk about terms like "sexual predator," "pedophile," "sexual offender," we're talking as though it's only a moral problem. And God knows they're important moral issues. But there are also important issues of medical and scientific concern. How is it that some people are not attracted to people of their own age? How is it that some people crave sex with children and they're not attracted to other adults? Given the fact that such people exist and that we can't punish away or legislate those kinds of disorders, what can we learn through science research to help make society safer? What kinds of treatments can we provide for them?

If I may make one final point about treatment -- and I want to do it in the context that it should always be combined with a strong criminal justice approach -- when we see stings such as the one we're seeing here, I ask myself this

- ✳ (a) Does this make it more likely that someone who's sexually disordered who wants help is going to come forward and see it?
- ✳ (b) Does it give them any idea if they want that help where they can go to get it?
- ✳ (c) Are they going to feel comfortable that if they do seek help?

And if they're not going to feel that they can come forth and get help, how are we helping to prevent a problem? We're just having to pick up the pieces after the fact?

Hansen:

If a man sees this program and that man has a problem in this area, what should that person do?

Dr. Berlin:

There are very few resources available. We see on television all the time

- ✳ "if you have schizophrenia,"
- ✳ "if you have anorexia nervosa,"
- ✳ "if you have a drug problem,"
- ✳ "if you have an alcohol problem,"

we as a society want to help you.

We want to help you before you go out if you're an alcoholic and get in a car and injure an innocent person.

Where do we hear that as a society we want to reach out to people who are struggling and

confused and disordered sexually? Where do they get the message this is where you can go?

We've created a "we versus they" mentality. And I understand that what they do is offensive. It's aggravating. It makes me angry. But we're not going to solve the problem by pushing it further underground.

Hansen:

Is there a place for these men to go to get help?

Dr. Berlin:

If someone whose craving sex with children gives into that craving, hurts another person, can destroy their own life in the process. We have places like the Betty Ford Clinic for alcoholics. We have places for drug addicts to go to. There are virtually no places where people who are sexually disordered can go in our society and seek help.

There are young troubled adolescents out there now today as we speak, many that are experiencing abnormal sexual cravings. They may be very troubled by that. The last thing they're going to do in our society is raise their hand and ask for assistance. And the price we pay is that we may see them ten years down the line when they're arrested after the fact, because there was no help available to them before.

Hansen:

So you would argue, while you need a strong criminal justice system in place to deal with these guys, until there is a treatment network in place, we could go do this story virtually every week anywhere in the country and get the same results?

Dr. Berlin:

Absolutely. We need both the attorney general and the surgeon general involved with this. How much research is being done to look at the issue of how some people become sexually disordered? There are actually people in the Congress and the Senate that say that we shouldn't fund research of that nature as though somehow by looking at what we can do to help these men, we're not caring enough about victims.

My God, prevention is the most important thing when it comes to victims. And we're only going to learn how to do that by finding out people become sexually disordered, how to intervene before the fact and how for those who want help — that they can have access to that help before they go out and hurt an innocent person.

Hansen:

Is this a problem that can be solved with more severe punishment and better legislation?

Dr. Berlin:

The sense that I get is that our society today seems to feel that almost every problem can be solved by enforcing some prior statute more sternly, or by enacting new legislation. There are other things that have to be looked at.

- ✱ There's the role of science.
- ✱ There's the role of research.
- ✱ There's the role of treatment.
- ✱ There's the role of treatment providers working collaboratively with parole and probation in situations such as this.

- ✳ There are laws being enacted now in terms of where people who are sexual offenders can live in some states.
- ✳ Whereas other states are beginning to wonder if those laws are helping and are looking towards rescinding them.

Because there's so much emotion tied to this, we really need to get beyond that emotion, to think it through and to try to base public policy on facts that are going to try to lead to effective solutions.

And if I may just add one final point to that: Much of public policy today in this area is based on the exception rather than the rule — those horrible cases where there's a kidnapping, a sexual assault and a murder of a young child.

That is a fraction of one percent of the big problem. And yet if we're going to base our public policy on the exception rather than the rule, it begs the question as to whether or not that's going to be the most effective public policy.

Hansen:

Some prosecutors would argue that there's nothing that can be done for these men. That once arrested, once convicted, they should be locked up for the rest of their lives.

Dr. Berlin:

Look, if you hear an overzealous therapist saying “We can help all of these men,” that's an extreme statement that is completely out of keeping with reality. On the other hand, if you hear somebody saying “Once an offender, always an offender,” although that may not be as easily appreciated, that is an equally extreme statement that is not in keeping with reality.

Hansen:

But I have to tell you, in this particular investigation, we had numerous repeat offenders and registered sex offenders.

Dr. Berlin:

Absolutely. And to some extent, it's like going to the mortuary and wanting to find out whether or not doctors ever help patients. Obviously you're going to see the ones that fail. What concerns me and what concerns me in terms of public perception is that we keep hearing about the failures but hardly ever hear about the successes.

If today, we want to say “Here are ten men who are repeat offenders,” should we not also say “We've gone out and found that today there are these multitude of men who are living safely in the community in a productive way and not hurting anyone”? Wouldn't that be a more balanced and honest way of presenting the facts to the public?

Hansen:

Is that accurate? Is that happening in some of these groups? In some of these treatment areas?

Dr. Berlin:

The United States Department of Justice, which doesn't have an ax to grind in my opinion, because of much of this new legislation, took a look at the issue of sex offender recidivism. And I've worked in this area for many years. And the findings surprised even me because what they found was, [as a group, sex offenders have a lower rate of recidivism than people who commit other kinds of serious offenses](#). And yet the public perception, most of

public policy, the way in which we view this problem today, is based upon exactly the opposite assumption.

Hansen:

But we had guys walk into our house who not only had offended before but were registered sex offenders...

Dr. Berlin:

Absolutely. And if we were talking about alcoholics, there would be people who are in treatment who, unfortunately, go back out and drink. But we don't say to that we shouldn't continue to treat alcoholism. We don't say to that that no one who has a drinking problem deserves help. And we certainly don't say to that that everybody who's an alcoholic who's in treatment is almost certainly going to recidivate.

Hansen:

But in this case, the stakes are high given the fact that the victim would be a 12 or 13-year-old kid who could be scarred for the rest of their lives.

Dr. Berlin:

The stakes are always high. But let me tell you, and I hope to God I'd never have to make this choice. But if the choice was between a sexual offender fondling my 12 year old or a drunk driver killing my 12 year old, given that horrible dilemma, it still wouldn't take me much time to figure out which I think is more serious.

Now the point I'm trying to make is not to minimize any of this. The point I'm trying to make that as a society we've somehow come to the conclusion that the worst possible crime of any sort is anything that has to do with sex. These are horribly serious offenses. But they're not the only serious offenses that are out there. And yet it's the only situation which we say, as a group, "none of these people are deserving of help." None of these people can be successfully redeemed.

Hansen:

What makes you say that this group of people is A) deserving of help and B) can really be helped?

Dr. Berlin:

Well, I think what makes me say that is simply the facts. I didn't know anything about this area before I went into it. But I've seen many men who, for example, come into treatment as a condition of parole or probation but stay in treatment long beyond when that is required. 85 percent of people in this program have remained in treatment when there was absolutely no mandate that they do so.

I prescribed sex drive lowering medication for well over 100 individuals in the course of my practice as a physician. A very serious form of treatment. In all but a handful of cases, those men took that treatment on an entirely voluntary basis. There was absolutely no mandate from the court or anyone else that they could do so.

Now, again, I don't want to minimize the fact that there are people who do very bad things. I'm not suggesting that all of these people, by any means, deserve help. What I am suggesting, though, is that the opposite side of the coin, that "they're all evil people, that none of them deserve help, that there's one glove that fits all," in my experience, simply is not accurate.

Hansen:

Without the Internet, do the vast majority of these men actually show up at a house to try to molest a child?

Dr. Berlin:

Well, the Internet is relatively new, so we're trying to learn more about it. The answer is that

- ✦ there are some men who previously set out relationships with children before there was an Internet who now use the Internet as another way of doing that. And so that's one group.
- ✦ There's another group of men who seem to use the Internet simply because they're interested in visual imagery. They're looking, for example, at child pornography. For them, that's an end in and of itself. And they're not necessarily looking to go any further.
- ✦ And then finally, there are a group of men who seem to have had no prior history whatsoever of trying to seek out sexual relationship with children. But now with the presence of the Internet presumably playing on some vulnerability are beginning to act in such a fashion.

Hansen:

The majority of the men we found in this investigation told me something to the effect of, "I've never done this before. It's my first time." Do you buy that?

Dr. Berlin:

I don't know if I buy it for the majority of men. I'm willing to believe that it may be true for some of them. And in some cases, we can simply go out and get the facts. We can see whether, for example if they were arrested. We can look at their computer and see if they've tried to talk with other people they believed were children or in chat rooms. But I think in some cases, it may be true. In many cases, it will turn out not to be true.

Hansen:

A lot of the men told me, sure, they had an obscene conversation with somebody they thought was a child, But they really weren't going to do anything.

Dr. Berlin:

Let me put it this way. I'm very worried that a man in this situation could have gone through with the fantasy. And we do, as a society, need to protect children. Now having said this, in my experience, some of these men are confused. They're ambivalent. They're not sure whether it will or won't be a child. Some of them may not themselves know what they actually would have done had a child been there.

So we need to err on the side of playing it safe in my judgment and protect children by having laws that assume that they might have acted. But speaking now as a physician, some of them indeed may have been confused, ambivalent and troubled in the bright light of day may not have actually done so.

Hansen:

So some of these guys might have been telling me the truth.

Dr. Berlin:

Yeah. Some of them may have.

Hansen:

We saw the entire spectrum. A 65-year-old man who said that there really was nothing wrong with him having sex with a 13-year-old boy. A 43-year-old teacher who came in and said, "I'm a sick son of a bitch. Take me away."

Dr. Berlin:

Well, what these men likely share in common is the fact that they are sexually attracted to children. But that doesn't tell us anything whatsoever about other aspects of their character, their temperament, their personality and so on. Some will be introverted, some extroverted.

Some may be generally kind. Some may be cruel. Some may have good insight into the fact that it can harm children. Others may be blind to that fact. And so, again, there's a tremendous disparity in terms of who these people are as human beings.

The difficult thing that I find in our society today, is even speak of any of them as human beings because one can immediately be accused of being insensitive to issues of child abuse, of not caring about victims. My god, we all care about victims. The real issue is this: How can we most effectively protect society? And in order to do that, we're going to have to learn more about these men. And given that we can't lock them all up forever, how at least in some instances we can help them to become productive and safe citizens.

Hansen:

You're not suggesting that these men shouldn't be arrested or put in prison.

Dr. Berlin:

Absolutely not. We need a very strong criminal justice approach when it comes to this area. But in addition, not instead but *in addition*, we also need to have a strong public health approach. If the only thing we do with men who are having sexual cravings for children is put them in prison and do nothing more, prison won't erase those cravings or help them more successfully resist acting on them.

It really does amaze me, to be candid about it, that in our society we treat the person who's stolen from somebody, who's cheated on his taxes, and who's sexually desirous of children in exactly the same way, as though we can just punish them all, teach them a lesson and everything's going to be fine. If only the world were that simple.

Hansen:

What is it going to take to set up a treatment program for guys like this? One that's effective?

Dr. Berlin:

I think it will take a change in our collective mindset. Right now there seems to be this sense in my judgment that either we're concerned for victims or we're concerned for offenders. And that the people that are concerned for offenders must somehow not care enough about victimization.

We're all on the same side here. And the best favor we can do a potential victim is to keep he or she from being victimized in the first place. And the only way society can do that is to learn more about how many men are sexually disordered, how they became to be such, to provide them, as we do with alcoholics, places to go if they need help. Until we do that,

if we keep just thinking, "One more law, one more stern punishment is going to solve the problem," I think we do all of ourselves a tremendous disservice.

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