Deviance or Disease?

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In 1955, the controversy that arose with the publication of Vladimir Nabokov’s novel *Lolita* encapsulated society’s view on Paedophilia. Describing a man’s obsession with a young girl, the novel was labelled as filth by contemporary reviewers and subsequently banned in several countries. Today, despite literary recognition, the central theme of the book remains as inflammatory as ever.

Only recently, British Airways revealed a policy forbidding men to sit next to unaccompanied children.¹ This fear seems understandable: we have a duty to protect those who cannot protect themselves. But how much should this fear inform our moral judgement?

In 2004, McCartan carried out a survey of the public’s perceptions on Paedophilia in two locations: Belfast (Northern Ireland) and Leicester (England).² His research found that 58% of the public classified paedophiles to be innately “evil”, while 60% strongly felt that local residents should have a say in where convicted paedophiles should go upon release. Society is scared of Paedophilia. Even within the criminal justice system, paedophiles are viewed as the most heinous criminals. Discussion of the subject conjures up strong emotions, and some believe capital punishment is appropriate.

Paedophilia: the disorder

We all have our own perceptions on the word Paedophilia and what it means. For some, it lies upon the broad spectrum of human sexuality. Does that mean it is not an illness and therefore cannot be fixed? If a paedophile can live without acting upon his or her desires – should it be fixed? How can we impinge upon freedom of thought and where do we cross that line?

In the medical literature, Paedophilia is a disorder listed in the Internal Classification of Diseases-10 (ICD-10) under ‘Disorders of Sexual Preference’ with a set of diagnostic criteria. Still, this is not the type of disorder a patient can freely discuss with a clinician. Such encounters can elicit strong emotions from doctors themselves and present a significant barrier to care for patients.

A number of theories attempt to explain, or at least rationalize, paedophilic urges. It has been suggested that paedophiles turn to children due to their lack of intimacy with adults. Inadequate social skills, self-esteem, and self-confidence might underlie these interactions. If this is the case, improving interpersonal skills and increasing self-confidence might dissipate the urges. Unfortunately, real life might not be so simple. On some level, successful treatment requires the insight of the patient. Some patients do not accept the impact of their behavior, while others claim that under certain circumstances a child has the capacity to consent. It is vital that these thoughts are addressed early in treatment.
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Paedophilia: the treatment
The big question is: treatment or imprisonment? Currently, in England and Wales, the primary goal is not treating the illness but minimising societal risk. In 2009, the Polish President, Lech Kacynski, signed a law making chemical castration compulsory for adults who had raped children or family members. Although the social benefits are clear from such measures, at what point does protection for the public become a violation of human rights?

The caricature of the paedophile is cemented in our minds. We read about their atrocious deeds in our newspapers, and within our minds we paint our own stereotypes: the middle-aged man with the long beard, lurking around the playground with his mischievously long fingers curled around his binoculars.

And yet we forget about the other group that is out there: a small group of men (and women!) who understand that their thoughts are not justified and who possess the self-control to prevent their thoughts from turning into actions. These are the people we live next door to, invite to our parties and share our secrets with. Imagine how it feels to be a part of this minority: to know that the thoughts you are having label you as a monster in today’s society.

Below is an excerpt from a gentleman who describes the chaos that ruled his mind the moment he realized he was considered ‘evil’: “There was such a hatred for paedophiles being expressed by every newspaper and the thing about it was, they were right to feel that way about Father Smith and people like him. People like me. I suddenly realised at this point, that everyone in this life, my friends, my family, my mum and dad, all hate me too, it’s just that they don’t know it yet! I started to feel isolated from everyone around me. To feel alone in this world, to face a battle with a cancer I might never win.”

When we cast our eyes over the history of medicine, we see prevention as our strongest weapon: vaccination and sanitation have transformed the way we look at illness. So why can’t we apply the same principles of prevention to psychological illnesses as well?

Paedophilia: the prevention
Luckily, support groups are popping up in response to such suffering. StopItNow! is a UK child sexual abuse prevention campaign that offers a helpline for confidential advice and support. The helpline receives calls from adults who are worried about their thoughts and behaviors. Advertised by police forces within the UK, pop-ups for the helpline appear if one tries to open a website recognized by the Internet Watch Foundation as containing sexual images of children. The helpline received 17,051 calls between 2002-2012. Research shows that such helplines can help tackle child sexual abuse by encouraging people with these thoughts to understand and manage their behavior, encouraging the view that such behaviors are dynamic. The helpline puts responsibility into the patient’s hands, emphasising the key point that patients have a choice over their behaviors.

However the same research also shows that such helplines are constrained by the shame and anxiety that encapsulates such a topic. Some of the users of the service have voiced their initial fear of using the helpline, worried that confidentiality would be broken and they would be seized from their homes. It is important to not only raise awareness of such services through the mainstream media but also ensure that confidentiality is clearly communicated and followed.

Confidentiality in cases of child sexual abuse is difficult. In America, clinicians have a mandatory duty to report any suspicion of child abuse. In the UK, the General Medical Council states that the clinician’s first concern must be the safety of children, with a duty to inform the appropriate person if there is reasonable concern over a child’s risk for abuse or neglect. Although such requirements are understandable, they do form a barrier for those who wish to seek help. A patient who is open about such thoughts can often place the clinician in a difficult situation: what would be the repercussions if this individual were to commit an offence? And yet, surely the fact that this individual has chosen to disclose such intimate details shows a level of comprehension and self-awareness. Looking at this from another perspective, maintaining confidentiality can be a stepping stone in creating the open and
A trusting atmosphere that is needed to deal with such sensitive issues. The doctor is placed in a difficult role here: he/she must act both as the healer for his/her patient and the guardian for the public.

A project in Germany called Project Dunkelfeld illustrates how transparency between a patient and professional can have a positive impact. Since 2005 the project has offered free therapy and medication to people who have sought help for their sexual attraction towards children and adolescents. The project has been advertised in the German media with the slogan: “Do you like children in ways you shouldn't? The message is: You are not guilty because of your sexual desire, but you are responsible for your sexual behaviour. There is help! Don't become an offender!”

As with the StopItNow! UK Campaign, Project Dunkelfeld places the responsibility on the individual. The therapy aims to teach individuals how to deal with their sexual impulses through safe coping strategies, so that they do not endanger themselves or others. Feedback from the project has been incredibly positive from users:

“At the end of the therapy I had a new attitude towards life. I am more self-confident and have gained the strength to go through life in a responsible way. I have learned how to deal with my feelings and how to protect myself and especially children. With this knowledge and the acceptance of myself, with this newly learned awareness of responsibility, and not least with the strength and support my family give, I once again have the courage to face life, and now have the satisfaction of being able to say: I am a happier person and can live more contentedly.”

These comments illustrate the significant impact such campaigns can have on individuals, families and society. We need to start seeing paedophiles not as monsters, but as complex human beings with the same emotions and feelings, goals and desires as the rest of us.

Ultimately, the main barrier towards such change is not funding or resources, but how we as society choose to deal with such people. This is not a discussion about science or medicine, but on society’s views on what is right and what is wrong.

References
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