

## CONFRONTING AN UNCOMFORTABLE REALITY

*“2/6/02: A 41-year-old man was arrested at a shopping center on Monday night after a security guard allegedly saw him molesting a teenager in a mall restroom. County police said the man grabbed a 14-year-old boy about 6:00 p.m. Police said the boy was held in the restroom against his will. A security guard on his regular rounds walked into the restroom as the man was molesting the boy. The man was arrested and charged with abduction and forcible sodomy.”*

*“2/8/02: A 14-year-old boy who told police that he was molested in a mall restroom at a shopping center on Monday was charged with filing a false report after police determined that his contact with the stranger was consensual. County police said yesterday that the boy originally reported that he had been held in the restroom against his will and molested. Detectives later learned that the boy was not abducted and agreed to the sexual contact. The man was arrested at the time and now faces charges of unlawful carnal knowledge after police dropped charges of abduction and forcible sodomy.”*

(The above narrative was adapted from articles that appeared in the *Washington Post*.)

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### Introduction: Confronting an Uncomfortable Reality

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*Sexual abuse* encompasses a broad range of forms of victimization, all of which are wrong and illegal. The term is used to describe situations that are as varied as sexual touching by a babysitter, sexual penetration by a parent, kidnapping by a stranger, and seduction of a teenager by a teacher. The abuse is most often a single or a few incidents, but can go on for years in some cases. Children can be induced to comply by force, threats, misrepresentation, bribes, exploitation, or simple exertion of adult authority. Not surprisingly, the impact of these experiences varies as well, from no apparent ill effects, to minor and temporary distress, to posttraumatic stress and other psychiatric conditions, and in some instances to very significant disruption of the developmental process and severe functional impairment. Such experiences in childhood are established risk factors for subsequent victimization, relationship difficulties, and psychiatric conditions in adulthood.

Some have argued that the term *abuse* should not apply in all cases because the nature of victimization does not always involve overt coercion or result in long-term negative consequences. We reject this perspective because regardless of child behavior and outcomes, sexual involvement with children is always an abuse of power and authority. To use value-neutral terms, such as *adult-child sex* or *age-discrepant sexual relationships*, has the effect of obscuring and minimizing the true nature of these acts of violation and tends to undermine the social consensus that they are wrong. Potential offenders might very well take from such a position that unless a child actively resists or shows distress, the sexual contact is a minor transgression or even benign. Social support for the children—from families, professionals, and society at large—could be eroded and thus compromise the conditions that are most favorable to child recovery from the effects of sexual abuse.

Child advocates have good reason to oppose efforts to parse sexual abuse cases by whether they are clearly coercive and result in significant harm. Throughout most of history, child victims could expect to be greeted with suspicion when they reported abuse, blamed for their own victimization, and discredited for not reporting right away. Psychological symptoms, when present, were often attributed to sources other than the victimization including family dysfunction,

family and societal reactions to the abuse reports, and system intervention. Although the social context has dramatically changed in recent years, it is still the case that some commentators and academics question whether the attention given to sexual abuse as a social evil is warranted. Child advocates are understandably reluctant to cede in any way the hard-won ground that has meant the difference for thousands if not millions of children and adults victimized as children.

At the same time, the stance that all cases of child victimization are equivalent in being coercive and very harmful has brought with it certain unintended consequences. Problems can arise for investigation, prosecution, treatment, and prevention when it is assumed that the sexual contact is always unwanted, that the children are invariably pressured or forced in some fashion, and that negative outcomes are inevitable. Children are not well served when the true nature of their experiences is denied. They may change or embellish their reports to accommodate perceived expectations. This can jeopardize their credibility and undermine successful prosecution. Sometimes shame may be increased, which is known to be associated with worse outcomes. In other cases, recovery may be interpreted as avoidance or suppression. Parents and therapists may insist on therapy that is unnecessary. Prejudices against or lack of support for victims who do not react in typical or sympathy inducing ways may be inadvertently reinforced.

Within the criminal justice system the potential problems are especially acute. In recent years, child advocates have been extraordinarily effective in persuading citizens and legislatures that sexual offenses against children are heinous. Sentences have been increased and special laws have been passed, such as registration, community notification, and sexually violent predator civil-commitment statutes. There is more political pressure and less flexibility in charging and sentencing practices. Yet, it may not be just to treat all cases of sexual contact with minors in the same way. When the teenager is older and willing, the arbitrariness of age of consent laws becomes clear. Without the possibility of discretion, there may be a return to the bad old days of routine plea-bargaining to much lesser or non-sexual crimes.

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There are implications for offender treatment as well. The notion of treatment as an alternative or an addition to prison sentences is based on the idea that these individuals suffer from a disorder that is related to their sexual misconduct. However, having sex with a teenager is not evidence of pedophilia nor is it necessarily sexually deviant; it may be more a matter of violating social norms. Important questions arise about whether mental health professionals should be used as agents of social control when their clients do not have mental health conditions. In addition, many treatment programs confront offenders about their lack of appreciation of victim unwillingness or distress. But, the offenders may indeed have an accurate perception of the situation. This does not change the wrongness of the behavior. However, a situation may be created in which making progress in treatment or receiving favorable recommendations to the court is contingent on offenders accommodating therapists' assumptions about victims' experiences and reactions. In effect, manipulation and dissembling of offenders might actually be reinforced in the process. It is also the case that sex offender therapists may recognize that some sexual-abuse situations involve exploitation even if not deviance, but worry that they will be perceived as coddling offenders if they do not insist that offenders adopt the expected posture.

Current prevention strategies rest on the premise that children do not know that sexual contact with teenagers or adults is wrong, that the experiences are noxious and unwanted, and that children are intimidated into silence and are afraid to tell. These underlying assumptions apply in many cases, but what about the situations where such underlying assumptions do not hold? For example, the support for prevention programs has not been extended to allowing frank discussions about normal adolescent sexuality and the consequent vulnerabilities to exploitive adults. As a result, efforts to protect teenagers may be missing the mark.

This series of commentaries is intended to stimulate thinking and discussion about sexual abuse cases that involve what we are calling *compliant victims*. In no way are we implying that such situations should be considered less wrong. We do not endorse the perspective that society has erred by banning all sex by adults with children and adolescents. We affirmatively support laws and social values that seek to protect children and adolescents from adults who would have sexual relationships with them regardless of the circumstances.

We also make a distinction between situations involving prepubescent children, who are not biologically designed for sexual relationships and clearly do not have the capacity under any circumstances to consent to sexual relationships with adolescents or adults, and those involving adolescents. We are taking into account that it is normal for adolescents to have sexual thoughts, feelings, and desires and recognize that they have varying capacities to make informed decisions. Development in individual young people is not a lock-step process that can always be equated with chronological age. Of course, for obvious reasons, situations of adolescents in incest cases are assumed to virtually always be unwanted and harmful.

Our main focus, therefore, is on adolescents victimized by known extrafamilial offenders. We acknowledge degrees of compliance—from reluctantly going along with the sexual contact in order to receive other benefits all the way to active participation in a relationship that is not perceived to be victimization. We believe that an increase in such situations is likely because of the widespread use of the Internet. Adolescents who are not troubled or looking for love in all the wrong places may be susceptible to sexual advances from adults because of normal developmental factors including sexual desires and curiosity, their vulnerability to flattery about their maturity or specialness, or an attraction to risk taking. We hope that by bringing attention to the issues associated with these situations we can help our field do even better by the children.

