Life and Death are in the Power of the Tongue

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Abstract

The article focuses on some semantic issues relating to the treatment of young sexual abusers. It emphasizes the implications connected to specific words, and thus the importance of selecting them carefully. It relates to three issues that are closely linked to the subject: telling the truth, the danger of stigmatizing the sex offenders, and not forgetting the victim. Basic ways of approaching phenomenon at large, and our attitudes toward them, influence the words we use while relating to these phenomena. The article claims that there are three main approaches to relating to young sexual abusers that are applicable for the general public as well as professionals. These approaches are generated by our own needs, but are harmful to our clients. They include viewing the abusers as victims, attributing emotional sickness, perversion or insanity to the abusers, and regarding their behavior as normal.

Key Words: semantic; young sexual abusers, approaches to young sexual abusers, children, treatment

Introduction

Research in the field of young sex offenders has received a significant boost in the last decade. A quick search of *juvenile sex offenders* in 562 full text journals of psychology found 84 items before the year 2000, and 204 items from 2000 to the beginning of 2011.

As it is a relatively new field of research, terms and definitions have been borrowed from the area of adult sex offenders, although definitions in the field are not uniform. A paper presented in a seminar at Middlesex University, London, (September 7th, 2011) showed that there are inconsistencies in the use of definitions used in the literature of multiple perpetrator rape that can be applied to sexual assault literature as a whole. These inconsistencies make it difficult to compare empirical literature and interpret the results.

In the field of young abusers these inconsistencies are even greater. Many terms and definitions are used mainly due to the reluctance of labeling and stigmatizing the youth (see hereinafter).

In regard to labels that describe sexually aggressive behavior in children and adolescents, Vizard (2002) noted that "virtually all these terms may be criticized on some basis or other" (p.177). If this is true, why should this topic even be discussed? Rich (2003) gives two reasons: "Because at times, terms and labels become a point of contention among professionals, and because [...] it helps to recognize the ideas and issues that help us to understand and build a foundation for both knowledge about and treatment of sexually abusive behaviors in juveniles. Another reason is to make the strong point that there is no correct way to think about sexual offenses and juvenile sexual offenders, we must understand that the basis of our work is not clear-cut, as we sometimes make it out to be" (p.12).

This article deals with the importance of the semantic aspect of the field of minor sex offenders. It

mainly addresses the terminology used for children under the age of 12 who sexually abuse.

Terms and definitions relating to sex crimes and those who commit them are in constant use, not only by therapists in assessment and therapy, but also by other professionals connected to this population, such as teachers, school counselors, youth probation officers, social workers,parents, the media, and the public.
The aim of this article is to point out the importance of the semantic issue mainly among the therapists. It also shows that part of the way young sexual offenders are perceived and treated is generated as a response to the therapists' own needs and attitudes. This is intended (even if unconsciously) to help the therapist cope with this difficult subject, although it might harm the client.

It should be clarified that the purpose of this article is not to deal with the emotional and ethical difficulties of the therapists of young sexual abusers and how their behavior is influenced, nor is it to deal with the whole semantic issue of the field, but rather address a few aspects that stem from the semantics.

Three groups

Adults, adolescents, and children who have sexually abused others are three different populations of sexual offenders that should be assessed and treated differently.

A great deal has been written (Prescott & Longo, 2006; Longo, 2003; McGrath, Cumming & Burchard, 2003; Johnson & Doonan, 2006; Etgar & Neder, 2008; Chaffin, 2010) about the importance of treating each group differently and about the danger that lies in copying ideas, methods, and terms from the adult abusers' knowledge base to adolescents and children.

Ryan (2010) states: "[...] it is now known that most juveniles who sexually offend are more like other delinquents than like adult sex offenders" (p. 82).

According to Johnson & Doonan (2006), "children should not be judged by adult standards regarding their sexual behaviors" (p.89) and "it has become crystal clear that children with sexual behavior problems are not just miniature version of adults and adolescent sexual offenders" (p.109).

They claim that "therapy that is based on reducing sexual offending completely misses the mark for most children with sexual behavior problems. Even when working with children who sexually abuse, the strong confrontation used with adult offenders is not justifiable" (p. 109).

Not only is the sexuality of children different from that of adolescents and adults sexuality, the emotional and social attitudes, the cognitive awareness, and the outlook on the world is different. (Etgar & Neder, 2008, p.222).

Longo and Prescott (2006) relate to the reports of the Safer Society Foundation. In reference to the report published in 2003 (McGrath, Cumming & Burchard), they say: "The most remarkable aspect of these findings is that there is no research to support the idea that youthful abusers experience sexual disorders in the same ways that adults do" (p.36).

The techniques used in the assessment and treatment of young sexual abusers are also different. We have already quoted Johnson and Doonan (2006) mentioning the use of strong confrontation for adults but not for children. Play therapy is a great approach for children, but not for adolescents or adults. Nobody would think of using polygraphy on children as it raises clinical and ethical dilemmas even when used with adolescents (Chaffin, 2010).

Our basic viewpoint is that each group (adults, adolescences, and children) should be dealt with in ways that are suitable for the specific age of the population, taking into account the cognitive, emotional, and social developmental stage.

Every intervention and therapeutic plan should regard the child as a child (not only as a person with sexual behavior problems), consider all his/her roles in life (son, pupil, brother, friend, etc.) and involve the various systems of which he/she is a part (family, school, etc.). The therapy technique selected (see above) must also be tailored to the specific client and take into consideration age, cognitive, emotional and social abilities, and cultural background.

Each individual should be offered the kind of treatment from which he/she can derive the maximum benefit; one that is tailor made for each client (Etgar & Neder, 2008).

Words connected to the content of sexual abuse

Working in the field of sexual abuse requires use of language to refer to sex organs and sexually specific activities. There is not one specific word that is right to use, but rather different terms that denote the same meaning. When choosing the vocabulary the individual child's age, cognitive abilities, home background, and culture must be taken into account and the words used must fit accordingly.

For example, the wee-wee is a small human organ for urinating. It is not suitable to be used as a word which refers to an organ that offends and hurts other children. On the other hand, coarse, vulgar words, such as *cunt, dick* and *screw* are not suitable for a therapeutic situation. There are also scientific words (genitalia, penis, vulva) with which it may be assumed that therapists might feel more comfortable, but unfortunately many children might not be familiar with them. Even saying something like "What you describe is forcing him to put your penis in his mouth" to describe an act could be difficult for some therapists. Therapists treating adolescent sex offenders were asked about their feelings relating to the semantic issue (Etgar & Davidson-Arad, 1998). Some of the responses received were: "It forces you to be acquainted with harsh terminology and use it, and it's not easy," and "I felt embarrassed and sometimes uncomfortable to pose questions connected to sex."

The reluctance to stigmatize young people, especially labeling them as sex offenders and using words taken from the adult world, is an issue that should be dealt with.

Labeling and stigmatizing

The multiplicity of terms used to describe this population - juvenile sexual offender, sexual abusers, children who sexually offend, children with touching problems, children who sexually abuse others, children who engage in sexual behaviors, children with harmful sexual behaviors, and many more - is the first proof of our difficulties.

Finkellhor (1979) decided to reject certain labels that are pejorative that could lead to bias in examining the problem or treating the individual.

Vizard and Usiskin (2006) state: "[...] the behavior of these dangerous but vulnerable children causes great professional anxiety and there is confusion about how best to meet their needs. Some of this confusion is reflected in uncertainty about how to describe these children and young people,

with understandable concern about labeling younger children as 'abusers', or 'offenders' when their presenting behaviours may be more akin to those of oversexualised child victims of abuse and apparently less comparable to the behaviours of older adolescent and adult abusers" (p.134).

Epps (2006) adds another aspect. When talking about the importance of considering recent behavior and attitudes in addition to historical information, he says: "Information held on file may be out of date, failing to reflect current concerns. In contrast, historicalinformation may lead the young person to be inappropriately 'labeled' as a risk" (p. 97).

It is difficult for us to refer to young people and children as *criminals, villains,* or *rapists* and we should not do so. As a rule, we should not label our clients, but refer to their behavior. However, with our difficulties playing a major role we might go too far and come up with terms that we can live with but do not actually describe the reality, for example, "you fiddled with him" to describe a brutal rape. In other words, we do not tell the truth (we will refer later to the need to tell the truth).

Sometimes the reluctance to stigmatize might even cause us to use the wrong definition. The term *children with sexual behavior problems,* for example, refers to another kind of population, to children that have sexual behavior problems but do not necessarily harm others. They might need help and therapy, but this is not the population that actually sexually offends, harms, or abuses others that we are dealing with.

We should also ask ourselves if, and to what extent, dealing with semantic issues liberates us from the need to deal with the difficulties of the work itself. It is much easier to deal with semantic questions, to talk about the proper terminology that should be used to refer to this population, than to talk about **our difficulties** as therapists treating this population.

We all want to avoid stigmatizing children through negative labeling on one hand while conveying (by such labeling) a more precise meaning of the act and the treatment purpose on the other. The question is, as stated by Rich (2003): "Where does one draw the line between the desire to avoid stigmatizing kids through negative labeling, euphemism, semantics, hairsplitting, and political correctness?" (p. 11). Finkelhor (1979) says that certain terms and labels have political and moral overtones, but he does not feel that this "disqualified them from use in scientific investigation" (p.18).

The issue, however, is not merely avoiding stigmatization and being politically correct. The issue is an argument between two ways of thinking; two different belief systems which are based on different theories. Rich (2003) sums it up:

> "Those who wish to avoid harsh- sounding terms see such labeling as unnecessary and under the worst circumstances, harmful; The sociological model of *secondary deviance* holds the view that deviant acts are committed in part as a *result* of being labeled deviant. Critics of strong labels additionally suggest that the tag is unnecessary and does not help treatment and thus should be avoided rather than risking harm to the still-developing personal identity of juveniles, as well as to the way others see and think about them. Alternatively, proponents of such labeling note that direct terms convey more precise meaning and that label like juvenile sexual offender jolts juveniles who are sexually aggressive, as well as their families, into awareness. They argue that calling a spade a spade both provides a framework for treatment and a mind-set that helps juveniles sit up and pay attention and avoids potentially whitewashing a harsh reality. The term not only focuses on why the

> juvenile has come into treatment but also fits a model of restorative justice in which there is a clear emphasis on the harm caused to the victims of such harm, rather than on the juvenile and his need for treatment alone" (pp. 11-12).

Another reference and elaboration of this view of "telling the truth," and "do not forget the victim" follows.

Terms taken from the adult world

One of the big semantic disagreements concerns the claim that we cannot use terms taken from the field of treatment of adult offenders (risk assessment, sex offense, sex offenders, choosing the victim, accountability, etc.)

It is obvious that there are terms that are not suitable when talking about children (like *sex offenders* or *perverts*). However, some of the terms used for children are the same as those used for adults (sexually hurting somebody, taking responsibility according to age development). We should use these terms in order to be honest and to reveal the truth to our client.

One example of this is using language of denial and minimization. If a child forced another to perform oral sex and he says: "I didn't do it," when it is clear that he did because the teacher saw him do it (and the child also knows he was seen), it is called denial. If he says: "I only pulled down his trousers", when facing rape charges in court, it is minimization.

In therapy, we should simplify it for the client and say things like: "What you are describing is not everything that really happened. Other things happened between the two of you. Can you tell me about that?"

Another debate has arisen about attributing to children the choosing of a specific victim. There are cases where this occurs, but not as an overall phenomenon. When it is true it must be clearly stated. For example, there were cases when we asked the children "why did you specifically choose him/her?" or "Why did you do it to **him**?" and we got very clear answers, like: "He is weaker than me", or "I knew he would not tell"[1].

Another question relates to planning, whether little children ever plan their offense and really understand what they are doing. We had a nine-year-old boy who was very naïve and did not know anything about sex. He came from a strict home with a rigid education. Nobody had ever talked to him about body parts or discussed with him how children are born.. One day he went to the swimming pool with a friend and when they were changing into bathing suits, he saw his friend naked. He was curious, started to touch the friend's penis and then put it in his mouth to find out how it tasted. He did not understand that he was offending his friend.

On the other hand, we will describe the case of young boy who planned his offenses. This boy was six years old when he was brought to the treatment center. His offense occurred about six months prior to arriving at the center. He had taken a girl from his kindergarten to a storeroom that was located outside the kindergarten, and in his words: "I tied up her hands and legs, I put Scotch tape on her mouth, I raped her, and I had fun ....!"

When asked how he took the girl out of the kindergarten, he answered: "Don't you know that she loves her father very much? So I told her he came to visit." When he was asked where he got the ropes and the Scotch tape, he said: "From the handicrafts station in the kindergarten and I hid it in

the storeroom." This is an example of very careful planning.

Three central issues

Three issues that are closely related to each other and to children with offensive sexual behaviors will now be discussed: telling the truth, the danger of stigmatizing the sex offenders, and not forgetting the victim.

Telling the truth

Telling the truth is a crucial element in any therapy, and even more so in dealing with this specific population. Even when it is difficult, we expect the clients to tell the truth (What exactly happened? What did you feel? What did you think? What did you do?), and we, as therapists, must tell the truth even if it is difficult for us.

It is important not to do this in an insulting or offending way, but to say things as they really are. The wording should be very clear and precise. The child should understand exactly what we mean and to which part in the sequence of his behavior we are referring. In most cases we do not refer to all of his actions that are connected to the offense, certainly not in the same severity (he was insulted, he cried, he ran to the yard, he cursed, he dragged a child to the bathroom and sexually offended him). If we say: "What you did is bad", we cannot expect him to understand which part of his behavior we are referring to.

In everyday occurrences, parents and teachers will react to a child hitting another child by saying: "You are a naughty boy. You behaved in a violent way to this child, you hit him". The same should be done when talking about sexual abuse.

The danger of stigmatizing the sex offenders

Due to our own difficulties, we might find ourselves in situations in which we try to deny or minimize the offense. We have often heard parents, therapists, kindergarten teachers, school counselors, etc. saying: "It is only a game", "It's the adolescent's hormones", "It did not happen", "He just pulled his pants down", "It is his way of showing he loves you," but it is not only the parents and teachers who minimize the children's offenses; in some cases therapists do so as well (see below: "Viewing the behavior as normal"). Beyond the fact that we are not telling the truth, we take part in the denial and minimization that characterizes sex offenders.

Not forgetting the victim

Denying and minimizing the offense is wrong, not only in relation to the offender (as stated above), but they also re-victimize the victim who is already hurt. How would a child who was raped by another child feel if we told her that "He only wanted to take off your trousers" or "It was just a game"? We should be very careful when using terms and fitting them to the actual case.

The therapist

In any therapy, the therapist's own feelings, thoughts, and attitudes play a crucial role.

The literature presents various points of view relating to the therapists of sex offenders: Fordham

(1993) discussed the therapist as one of the success factors in therapy. Therapists' attitudes toward different therapy methods were considered by Muster (1992); Stevenson, Castilo and Sefarabi (1989) examined the difficulties coping with denial in sex offenders' families; Etgar (1996) and Wayne (1994) analyzed the parallel processes that take place for the sex offender and the therapist; Aubrey and Dougher (1990) wrote about the professional and ethical problems relating to the therapy of sex offenders; and there is also literature on the subject of the therapist's role in the treatment of young sex offenders (Broen & Brooke, 1991; Etgar & Davidson-Arad, 1998; Etgar, 1996).

Treating sex offenders places an emotional burden on the therapist. (Maletzky, 1991). Etgar and Davidson-Arad (1998) focus mainly on two issues: difficulties that derive from dealing with the subject of sex and sexual violence and difficulties that arise as a result of the pseudo-contradiction between the professional socialization, which is part of the helping profession, and the treatment method of sex offenders.

Ryan, Lane and Leversee (2010) dedicate a whole chapter to the impact of sexual abuse on the interventionists, analyzing the serious outcome of burnout that could cause dysfunction in their work and personal lives. They say: "In many ways the impact of this work parallels the impact of sexual abuse itself, and the effects have often been defended against in ways that parallel the dysfunction of coping with sexual abuse." (p. 441). Parallel processes in this context are also mentioned by Etgar (1996).

Our attitudes and sayings influence our behavior and therapeutic interventions.

As therapists, because of our needs, we sometimes adopt ways of thinking and certain expressions and make decisions that benefit ourselves more than our clients. This is the defense system Ryan, Lane and Leversee (2010) talk about. Such approaches may even harm our clients. As they say: "Counselors of victims and perpetrators are exposed to the intimate perceptions and dysfunctions of their clients. When the dynamics of dysfunction become reflected in the professional's own perceptions and functioning due to existing personal issues or through transference and counter-transference in the therapeutic or correctional setting, the helping professional may become personally distressed or therapeutically ineffective." (p. 445).

It should be noted that besides individual differences among therapists, there are also cultural differences. These differences make it very difficult to compare terms, definitions, and general discourse between different languages, but even people who speak the same language might disagree about the exact meaning of a word or which expression is more suitable to use in this field. For example, in the aforementioned seminar in England, in September 2011, English-speaking therapists from England and the United states (supposedly speaking the same language) could not reach an agreement when examining the subtle meanings of perpetrator versus offender and which of the two words should be used concerning young people who sexually harm others.

Relating to young sexual abusers

The need for defense is not specific to the professional. The public needs it as well.

Young children and adolescents who sexually harm others make up a difficult population. It is hard for us as parents, professionals, and human beings to perceive and understand that such a phenomenon exists. It shocks us. It makes us feel frightened and helpless. We try to find a reason, a cause, any explanation that might help us understand it by enabling us to put it into a comprehensive, logical form or pattern, so we may move on and comfort ourselves ("it couldn't

happen to me or my child").

It seems that there are three main ways of relating to the subject. These are applicable for both the public as well as professionals. All three ways are generated by our own needs and might harm our clients.

Viewing the abusers as victims

One of the common ways we relate to this population is to regard the abuser as a victim. It explains the behavior: "He raped because he was raped".

However, while this might be true in some cases, this cannot be a comprehensive explanation. There are victims of sexual assault that did not become sexual molesters and there are sexual molesters who were never victims of sexual assault. Johnson (1988) reported that 50% of 47 boys who sexually molested other children were sexually abused themselves. Friedrich and Luecke (1988) found that 75% of the boys and 100% of the girls who were sexually aggressive were themselves sexually abused. Gale et al. (1988) found that 41% of a sample of sexually abused children under the age of seven displayed sexually inappropriate behaviors.

In Israel, the subject of young sexual abusers is not a part of any regular educational program at any of the universities. There are very few courses available which are linked to specific academic institutions and not part of the regular curriculum. In England and Holland the situation is quite the same.

On the other hand, all of the helping professions' curricula deal with trauma and unprivileged children, etc. Moreover, the professional socialization of the helping professions has a notion of giving, helping the less fortunate, and caring for others. In one of the courses that train psychologists to become therapists in this field, a very senior psychologist met a child who had sexually assaulted other children. She implemented sand tray therapy and focused on him being a victim. In supervision she said: "I just couldn't see him as an attacker".

Looking at the semantic aspect, the therapist is active while the patient/client is passive. In Hebrew the terms are very clear: the therapist is the *metapel*, the one who takes care, and the client is the *metupal*, the one being taken care of. It seems very natural and clear that therapists turn to their own knowledge base, back to a solid ground, to familiar territory, and to where they feel secure in dealing with trauma and treating victims. This is an important secondary gain for therapists.

But what is the message we give to the clients, perceiving them as victims? They do not have to take responsibility, accountability, or blame for the attack. This is exactly the opposite message than the one we want to convey.

Viewing the abusers as emotionally sick, perverted or crazy

The human tendency to provide explanations to horrible, inconceivable human actions as insanity is common. When a grandfather drowned his granddaughter in a suitcase, the first reaction was that he is insane; when a father murdered his three children, everybody said that he is crazy; when a mother threw her children out of the window, we all agreed that she is emotionally sick (taken from real examples that happened in Israel).

The same mechanism, the need for an explanation, works here as well. If somebody is insane, it might explain his deeds. Here too, there is a secondary gain for the therapists (social workers,

psychologists, school counselors, etc.) sincewe do not have to treat the client. Only a psychiatrist can deal with such a person, so it is not our responsibility. But, then again, what is the message we are sending to the clients?

We are simply telling them that they are crazy. In most cases, this is not true. It is not right to refer to clients in thismanner. It might sound (to them or to others) as if being crazy is better than being a delinquent. We stigmatize them with a different label. Furnis (1995) says that sending adolescent sex offenders to receive only therapy without legal consequences for their behavior might lead to "untherapeutical therapy". The message they get is that they become delinquents not because they are bad and irresponsible but because they are absolutely crazy. In fact, they seem so severely and emotionally disturbed that people think they cannot take responsibility for what they did, whereas any other person who is not crazy would have to face legal consequences.

Naturally, this is not a message we would like to convey, nor do we have the right to do so.

Viewing the behavior as normal

The third very common way this population is related to is excusing their behavior as games, adolescents' hormones, and saying "boys will be boys." In other words, their behavior is normal and is probably a phase that will go away.

This, too, is a dangerous way to relate to the issue. In fact, by doing so, we too take part in the denial and minimization characteristic of this population. To put it simply, we are not telling the truth (see above).

Needless to say, this is a secondary gain for the therapist because if the behavior is normal, then we are not required to do anything. By regarding their behavior this way, we are sending the offenders a clear message that their actions are normal and they can continue doing them.

Conclusion

This article discussed the importance of the semantic issues in treating young sexual offenders. The therapists and their supervisors should be sensitive to the origin of the attitude towards this population, should be extra careful to not let their feelings and needs play a substantial part in the therapy, and, of course, to not harm the client as a result of our needs.

We believe that if more attention is given to the semantic issues and if more research is done relating to the issues discussed in this article, anyone involved in this field will benefit, the young sexual abusers most of all. At the same time, it is important to remember that this field is constantly developing, changing, and being revised. The changing terminology also reflects the healthy change and progress in patterns of thought.

The crucial attitude, in our opinion, was phrased by Rich (2003): "I frankly hope we never find the right term that we all *must* use, and at the same time I hope that we never miss seeing the troubled kid *behind* the label" (p. 13).

Note

[1] All examples are from cases treated in Elem's treatment center and its branches.

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