Testimony of Dr. Fred Berlin

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First, I would like to express my thanks for the invitation to address the Subcommittee. In doing so, I have been asked to say a little bit about the issue of sexual assault in general, and then to address more specifically the question of sexual assault in the military. Although defined in a number of ways, in general, sexual assault can vary in its nature from violent rape and even murder on the one extreme, to sexually suggestive acts that fail to pay proper respect to another individual's sensibilities and right to be respected on the other end of the continuum.

In general, the psychiatric profession has been able to identify at least two broad categories of sexual offenders; those who are sexually disordered, and those who are not. The sexually disordered offenders' acts are driven by the recurrent presence of abnormal sexual cravings. For example, persons with pedophilia (one of the recognized sexual disorders) experience recurrent eroticized urges that are directed towards prepubescent children (i.e., usually children under the age of 12). Whereas the average man experiences little, if any, desire to engage in sexual acts with a very young child, persons with pedophilia must often recurrently fight off such urges to prevent themselves from acting.

None of us decide as children whether we are going to grow up to be sexually attracted to women, men, boys, or girls. In growing up, each of us discovers what sorts of persons we are attracted to sexually. Thus, persons with sexual disorders such as pedophilia have not simply somehow decided to experience "an alternative state of mind." Who amongst us would decide, if we had that choice, which we do not, to grow up to be sexually attracted to children? In that sense, then, a sexual disorder is indeed a legitimate psychiatric affliction.

It is not a person's fault that he has a sexual disorder such as pedophilia. It is his responsibility to do something about it. However, as with drug addiction or alcoholism, doing something about it may require gaining access to appropriate mental health resources. Such resources are often very much lacking both within and outside of the military community. That is especially unfortunate given the fact that many sexually disordered individuals can be successfully treated; treated, for example, with medications that lower the intensity of sexual hunger. With such treatment, documented recidivism rates have been remarkably low.

The sexual offender who is not sexually disordered (i.e., who has a conventional sexual makeup) is by definition not predisposed to act because of the presence of abnormal sexual cravings. Rather, he may act because: (1) he lacks a sense of conscience and moral responsibility, (2) he is impaired in his judgment and disinhibited in the control of his impulses secondary to intoxication, (3) he has some form of major mental illness or mental retardation, or (4) for a variety of other reasons as well.

It is important to appreciate, particularly when it comes to the sexually disordered sexual offender, that legislation and criminal justice interventions alone (which are indeed essential),

cannot by themselves fully address either the prospective patient's needs, or the best interests of the community. For example, if the person with pedophilia is simply sent to prison, there is nothing about prison alone that can either erase his attraction to children, or heighten his capacity to successfully resist acting upon unacceptable sexual temptations. A sexual disorder can neither be legislated nor punished away. In that sense, sexual disorders are both a criminal justice problem and a public health problem requiring the attention of both the Attorney General and the Surgeon General. Only by supporting research to learn more about what factors predispose some individuals to engage in sexually assaultive acts in the first place can we, as a society, hope to make important advances in primary prevention. Support for treatment, education, research, and for appropriate criminal sanctions are all vital. Today, achieving a better understanding of the role of the Internet in contributing to the commission of certain sorts of sexual offenses is also vital.

Before closing, I would like to make a couple of brief additional comments. First, I am unaware of any evidence suggesting that sexual abuse is any more common in the military than it is within the civilian population. That said, even though clearly the overwhelming majority of military personnel never act in a sexually abusive fashion, various sorts of stressors can heighten the temptations experienced by certain vulnerable individuals. Such stressors can include the pressures often associated with military life. Working to instill an attitude of respect towards others in general, and providing education and counseling to those who may be experiencing unacceptable sexual urges, is of considerable importance. Military personnel need to appreciate that asking for help, when it is needed, is not a weakness, particularly when doing so can assist in preventing sexually abusive acts. Working to eliminate the stigma associated with being sexually disordered, and with seeking out help for psychological vulnerabilities, should be an ongoing process.

Finally, with respect to matters related to legislation, it is important to note that much of the current legislation regarding sex offenders has been enacted as a response to a specific horrible incident such as the kidnapping, sexual assault, and murder of an innocent child. Yet these sorts of crimes represent less than 1% of the documented cases of sexual abuse. When legislation, regardless of the genuineness of its intent, creates policies that are based more upon the exception rather than the rule – that begs the question as to whether such legislation constitutes the most effective forms of public policy. In that same vein, it should be emphasized that contrary to common public misperception, research published by the United States Department of Justice (via the Office of Justice programs) has documented that as a group, sex offenders have a lower, rather than a higher, rate of recidivism than groups of individuals who commit other forms of serious and dangerous criminal acts. Yet once again, in recent years both public perception and public policy has been driven not by such objective data, but instead by unsupported contentions to the contrary.

I trust that this information will prove useful. Should you require any additional information from me at this time, please do not hesitate to let me know. I have enclosed a copy of my professional biography along with this submission in the event that that might prove to be of some help to you. Should you require a more full copy of my professional vitae, please do not hesitate to contact me for such a purpose. Thank you very much for you kind consideration.