Conflation & misunderstanding: The problem of using language inappropriately

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All too often, media and societal discussions about sexual abuse and harassment focus exclusively on the offence in general and often graphic terms and the related definitions linked to that offence, rather than taking a broader yet nonetheless realistic view of the individual (which is what comprehensive risk formulation, treatment, and community management focus on). Labelling people by offence makes for accessible media coverage, but is problematic in terms of understanding those who cause harm. After all, developing an understanding of the mechanisms of abuse is vital to prevention, rehabilitation, and reintegration (and something that we have discussed before on the blog).

As such, there has been a growing movement around the use of person-first language in describing people who commit sexual harm. That is, rather than stopping at terms such as “sex offender”, many of us have said for years that we should be referring to those who have sexually abused as exactly that: people who have sexually abused. In other words, by labelling behaviour and not people, society can better understand and prevent abuse and harassment. The accurate use of language matters; terminology used inappropriately or out of context it can be damaging, not only in terms of how we work with individuals who have committed sexual harm but also in terms of how we as a society and as individuals come to terms with the many issues involved.

There are a multitude of ways to describe sexual abuse and harassment; this can be highly problematic. A recent example of this is actor Kevin Spacey’s statement about his sexual advances towards a 14-year-old when Spacey was 24. These actions involved a ten-year age gap and crossing the age of sexual consent barrier, as well as a host of social
norms/conventions. Spacey, in discussing the case, referred to himself as being gay in an apparent attempt to draw attention away from the illegal nature of his behaviour, but it conflated the issue. His statement reinforced the mistaken idea that paedophilia is linked to homosexuality, which is not the case on two fronts.

First, paedophilia is not meaningfully linked to homosexuality any more than it is to heterosexuality. An attraction to one gender or another doesn’t define a person as paedophilic (which involves a sexual attraction to children). Second, being sexually attracted to a 14-year-old does not make someone paedophilic, as that term describes someone who is sexually attracted to pre-pubescent children. A person with a sexual interest in pubescent or post-pubescent children generally is often referred to as hebephilic, although the exact definitions are controversial and the subject of considerable scholarly debate. While it might be argued that this is a case of semantics, it’s not!

Finally, it is extremely important to note that the act of having sex with someone too young to provide legal consent is itself not the same thing as an entrenched sexual interest in children or pubescent individuals. Behavior is not necessarily the same as a true pattern of sexual interest and arousal.

As more complaints and issues arise, we will start to see that Kevin Spacey (like Jimmy Saville and others) does not exhibit the traits necessary for a diagnosis of hebephilia or paedophilia. Rather his actions may be related to other motivations. In other words, his motivation may well be the act and not the type of victim. At a societal level, we have started to discuss the issue from the wrong perspective. It has never been more important to separate fact from fiction, and science from the apparent science fiction that makes up too much of public discourse.

We need to report and discuss sexual abuse, harassment, and victimisation using the correct terminology so that individuals who commit sexual harm and those who experience it get the necessary response that helps them; mislabelling can cause negative personal and social responses. The reality is that individuals who sexually offend have differing aetiologies. They need different degrees of support in treatment, have different types of cognitive distortions/barriers, need different interventions and face different challenges reintegration (i.e. accommodation, employment, etc); therefore, it is essential that we all understand what we are talking about, use the same language and consider the individual as the defining factor, not their offence.