

Just a pedophile

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“ I’m just a pedophile, like my father.”

Frank said this to me early in my court-ordered assessment of him. His crime had been relatively nonintrusive, compared with others I had seen. After drinking more beer than he was used to during a visit with his neighbours, he was left alone with their 13-year-old son, watching television together. He leaned over and kissed the boy on his lips. The boy didn’t tell his parents until the next day. When they found out, they called the police and Frank pleaded guilty to sexual interference on the advice of his Legal Aid-funded lawyer, to avoid costs.

As is often the case with sexual offenders, their history of trauma is much more horrific than the crimes that bring them to my office. Frank was typical in this way. He described a father who would regularly drink to the point of extreme intoxication each night. For some reason, his father’s alcoholic rage was primarily directed at Frank, and not his brothers or even his mother. Frank felt his father could tell he was homosexual and hated him for it. He was used to the physical abuse and was not strong enough to defend himself. He resented his mother for pretending it wasn’t happening.

The abuse suddenly changed in character and severity on the night of Frank’s 13th birthday. He was in the shed cleaning up and heard his father’s heavy footfalls approaching. He could smell the sweet odour of alcohol before the shed door swung open. For the first of many occasions, Frank’s father sexually abused him as he screamed and called for help that wouldn’t come. His father made him clean up his vomit before he left.

Having now pleaded guilty to a sexual offence against a child, Frank considered himself no different from, no better than

his father, whom he had despised his whole life.

Frank had a long history of treatment-resistant depression, closely tied to his terrible childhood experiences. For a reason he couldn’t explain, he refused to move from his family home even long after his parents had passed and his siblings moved away. Typically, those suffer-

mandates that offenders on probation see a psychiatrist because the medical degree somehow confers on them a magical ability to control people’s behaviour more than an experienced probation officer or counsellor could. In Frank’s case, he actually needed the services of a psychiatrist because of the severity of his depression. His friends had abandoned him when they



ing trauma avoid associated stimuli, but Frank kept it close, in what seemed to be a form of self-immolation. He seemed to wear his trauma on his face, with eyes that were continually welling with tears and a big moustache that drooped at the ends like a perpetual frown.

After Frank served his time in prison, I saw him as a condition of probation. In some cases, it seems like the legal system

found out about his charges. He had no family left. He had pre-emptively quit the job he loved and held for decades because he feared they would find out he was a sex offender. All he looked forward to, it seemed, was seeing me: someone who would listen and seem to care.

Cognitive behavioural therapy did not have lasting benefits, and medications had only temporary effects. A consult to a

mood specialist resulted in logical suggestions for pharmacotherapy, but that didn't result in any appreciable change in Frank's mental status.

I had been seeing him for a few years after his probation ended when there was finally a glimmer of hope. Some of his old friends had reconciled with him. He had found a part-time volunteer position that made him feel he was giving back to others. The medications seemed to have started working well to improve his sleep, appetite and outlook. He continued to see me, but our visits became less about therapy and more social. We spaced out our appointment times until we drew our sessions to a natural close.

I hadn't heard from him for quite some time, other than his dropping by a few months before because he was in the

area, when I received a frantic voicemail from his long-term neighbour. He sounded distressed and asked that I call him back as soon as possible. On the phone, he said he hadn't seen Frank for a few days and noticed that Frank had left his door open. He went in to find Frank naked and lying on the floor, his mouth filled with pills and vomit. The neighbour dialled 911 and then began rummaging through drawers, looking for numbers of friends, next-of-kin, anyone. He found an old appointment card. As he was expressing his shock and asking when I had last seen Frank, he suddenly stopped and said the paramedics had arrived. He would call me back, but gave me his number in case he forgot.

I didn't hear from him the next day, so I called. His demeanour was different:

cold and distant rather than upset and worried. Frank was already dead by the time the paramedics had arrived, he explained in a tone that betrayed no sadness. When I reacted with obvious distress upon hearing this, he huffed. "Why do you care? I found some of his old probation documents in his drawer. He's just some pedophile. Did you know he's a diddler?"

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This article has been peer reviewed.

This is a true story, although revealing details have been changed, including the patient's name. The patient's next-of-kin has given his consent for this story to be told.