pedophiles—a result of cultural and logistical disconnects when it comes to the sensitive subject, according to Hemenway.

Hemenway said mandatory reporting laws deter even nonoffenders from revealing their problem. (Doctors and those in other roles are legally required to report if they feel a child could be in danger.) And, patients fear insurance knowing their diagnosis, so they tend to pay out of pocket.

Hemenway also thinks society's use of terms like "predator" repel medical professionals and others from working with those types of patients.

"Often these people are afraid of their own shadow. They have a label on them and they are scared to death," Hemenway said, echoing the sentiments of Elizabeth Letourneau, Director of the Moore Center for the Prevention of Child Sexual Abuse at Johns Hopkins University, who is working on a preventative program for pedophiles.

Even in prison, resources for pedophiles are few and far between. Inmate-led support groups, which vary across prisons, are risky to attend, as they put a target on attendees' backs. This has effects after release.

Ridge House, a facility that operates several locations in Reno and provides a variety of treatment services (and will take Tier I offenders on a case-by-case basis), does not accept Tier 3 sex offenders because learned isolation and peer rejection would not be conducive to their group support system.

"Sex offenders don't fare well in prison yards and often live their lives in isolation," said Dani Tillman, Ridge House's executive director. "That tends to follow through when they get out. ...

If I put someone out of that tier into one of our units, it would be high-risk [for re-offense]."

In the struggle for funding, few centers want to risk dragging down their recovery success rate, but changing policy can be a chicken-or-the-egg scenario.

"As a profession, we don't know how to prevent it because we are not learning about it purposely," Hemenway said. "There's no political hay to

"There's no political hay to

be made. What causes pedophilia? There's a wide range of answers to that. We haven't done that research, and you don't get resources if you don't have a plan."

Two months after the passage of AB 579, State Assemblyman Steve Yaeger, who was vice chair of the corrections, parole and probation committee in 2017, when AB 579 was on the docket, wrote an op-ed in the Reno Gazette Journal about Nevada's unsustainable prison population in which he said:

"Equally as startling as the overall growth rate is the absence of alternatives to incarceration for people whose crimes stem from unmet behavioral health needs. Over the past 10 years, the number of offenders entering prison with mental health needs has increased by 35 percent. Our jails and prisons have become de facto treatment facilities, struggling to meet increasing demands for services they were never designed to provide."

When asked via email if he would consider a program specifically geared toward helping pedophiles from re-offending (or in the first place), he said, "We all share the goal of preventing the sexual abuse of children. In the 2019 legislative session, we focused primarily on non-violent and non-sexual offenders, but we would certainly be interested in learning more about effective programming for the entire offender population. If there are proven programs out there, they should be implemented in Nevada if possible. This very well may be an area of consideration in future legislative sessions."

There was just one other therapist in the Reno area I was told about, Steven Ing, who works with sex offenders (among other patients), who seems to share this idea. He writes, "I came to see that if I cared about victims, I should spend far more time helping perpetrators ... many ... have multiple victims, after all, and helping one bad guy helps prevent ... victims from ever becoming victims."







Picture Date: 8/22/2018



Picture Date: 6/12/2019



