Sexual abuse by professionals: How does it happen?

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Abstract

In this workshop participants will learn how PSM (Professionals Sexual Misconduct) takes place and what professionals should know in order to understand the risk inherent in our professions. By making it a subject we start talking about our own experiences and what helped us in not crossing the fine line between fantasy and realty. The workshop also addresses male victimisation by professionals and how to handle such cases.

PSM (Professional Sexual Misconduct)

The term PSM describes all forms of sexual abuse committed by professionals in their professional role:

- Any direct sexual abuse (oral, vaginal, anal penetration, any genital stimulation with or without ejaculation), touching of sexual organs, french kissing, etc.
- Any hand-off crime such as taking pictures of intimate body parts, putting them on the internet, exposing oneself, looking at sexual organs, showing pornographic material, frotteurism, etc.
- Verbal sexual comments and harassment

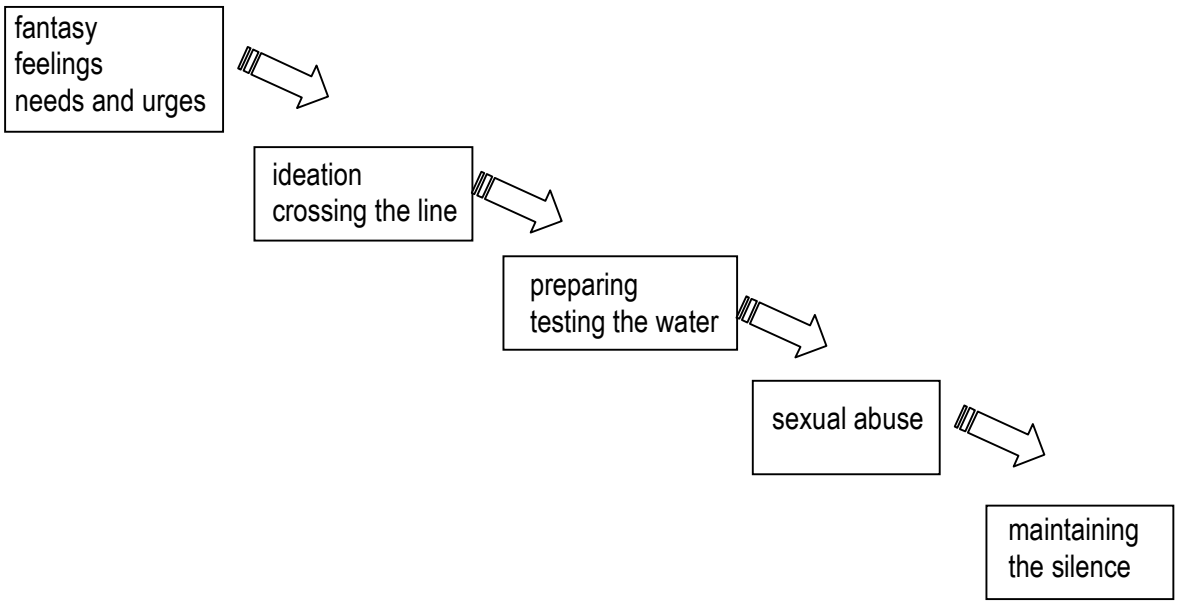
Professionals use grooming techniques to overcome victims' resistance. The sexual abuse is often committed in the workplace environment in order to be protected from being detected. Professional settings have to be considered a high risk places for sexual abuse in order to fully understand the problem. A systemic view considers PSM not only as an individual problem but rather as a general problem of the institution or the various professional bodies. Society as a whole also contributes to the silence, which covers the topic.

From fantasy to abuse – crossing the line.

One may question oneself, as to whether one has ever had inacceptable fantasies in ones life – and the answer is a true yes. But why does one person act them out, and others not? I ask participants in my workshops: have you ever had erotic fantasies towards your clients? After an initial hesitation 8 to 9 out of 10 participants usually raise their hands for a clear yes. When I then ask how many of them have ever

committed PSM then nobody raises their hand. The following illustration offers a model on how the abuse takes place.

The acting out process: the path to abuse



Since Finkelhor's concept on how sexual offenders commit their crimes (1986), fantasies have been considered as the fuel for offending (Sullivan 2002). Fantasies are nurtured through feelings, needs and urges. They create an inner process: the kingdom of dreams and wishes. When someone gives permission to oneself to transform these fantasies into reality, this person enters the path towards abuse – by crossing this fine line which separates those who will never commit a crime, from those who act out their inacceptable urges. The process of ideation may be influenced by the culture, gender stereotypes and attitudes shared by professionals, which may contribute in establishing these cognitive distorsions following leading in to these fantasies.

Testing the water - how does it happen?

Participants will learn from a simple exercise using the flip chart, how easy it is to cross professional lines – in most cases for the benefit of their clients. The take home message is, that abuse can only be defined when looking at the context. In a further step participants learn how easy it is to be seduced by a client and to cross professional lines – again in most cases to help affected clients. And finally we will learn, how we as professionals can manipulate clients – only then fully understanding the Congress' subtitle: the power to heal, the power to abuse. What we can use to benefit clients, can also be used in order to abuse them. Participants learn how to use sexual fantasies in their work and how to maintain healthy boundaries.

The risk inherent in our profession

The simple fact, that some top ranking professionals are amongst the offender-professionals should truly alarm us: the intimate situation of many professional settings carries a considerable risk to trigger personal

needs, especially when vulnerable. Part of this risk approach is the fact, that there is a lot of misleading discussion among professionals concerning the subject. Some consider the sexual abuse of clients as transference love and similar rubbish – PSM is a crime and has nothing to do with love. However, the use of such language is misleading and confuses the professional community. The subject is not integrated into traditional curricula; and professionals do not share any experiences related to the subject.

Male victims

As Mike Lew points out: male abuse happens in secrecy, whereas healing takes place in openness. Male victims must learn to share their experiences. The male survivor network worldwide offers help and support, in conjunction with any individual recovery process. Sexual abuse is a traumatic event in ones biography and thus creates various symptoms in the aftermath – in many cases addressed as PTSD (Posttraumatic Stress Disorder). However, reality is often more complex, and the simple PTSD concept (one trauma > resulting symptom cluster) is often misleading, as sexual trauma firstly is often combined with emotional abuse and neglect, sometimes physical abuse, and secondly affecting attachment figures – and therefore the outcome is much more complex as described by the PTSD concept.

It was Pierre Janet who coined the term "psychological automatism" when writing his doctoral dissertation in 1889; describing the human reaction after traumatic experiences. The medical and psychiatric-psychological community was suffering from a general amnesia when dealing with traumatic events – only in 1980 did the diagnostic term PTSD simultaneously with the concept of DID (Dissociatice Idendity Disorder) has become integrated into the DSM III, and in 1991 in the ICD-10 (diagnostic manuals) – see Herman (1992) for a more indepth description of these development and their consequences. Despite the controversies among the professional community on the understanding of traumatic events and its impact on human life this framework helps understanding victims much better than before. Traumafocused therapeutic interventions combined with attachment interventions really help those affected – there is hope for all victims of sexual abuse. Even for the most dramatic outcome – DID – we now have threatment concepts which have shown to be effective (Van der Hurt et al. 2006).

However the training of professionals remains crucial. The WHO stipulated in 2003: *Appropriate good quality care should be available to all individuals who have been victims of sexual assault.* In most places professionals do no receive the necessary training; despite the fact that sexual violence affects nearly a third of the entire population and making it therefore the most encountered psychiatric problem (double the amount of depression). Due to the lack of professional knowledge it is not surprising, that still today only around 3% of all PTSD cases are diagnosed correctly; not to mention the lack of adequate treatment.

Conclusions

Professional training is essential to overcome the risk of boundary violations inherent in our professions. In this workshop participants learn to understand the importance of boundaries and how to maintain them in a healthy way. The grooming process is used to illustrate how the abuse of boys happens. Participants develop an understanding of the entire process and how to effectively intervene. They also learn to handle male victims of sexual abuse and how to develop an appropriate language through integrating the experiences of the participants.

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