**Stop abuse by professionals: The abuse of boys when in care**

The power to hurt – the power to heal. International Conference on Male Sexual Abuse.
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Abstract

From a risk management perspective professional settings must be considered as being high risk place for sexual abuse. This includes school classes, religious places, hospitals, physicians' offices, places for sport and leisure time activities, just to name a few. Also police forces in duty occasionally abuse minors for sexual gratifications. Professionals take advantage of their professional role and power, when they abuse those under their care. Another issue is the abuse by peers under the roof of the institution – the responsibility also then lies with the school, or the care place. The intimate situation often raises sexual needs and urges in vulnerable professionals, which then commit PSM (Professional Sexual Misconduct). They are testing the water and use grooming techniques to overcome victims resistance. In most cases the abuse takes place in a seemingly consensual way, without the use of physical violence (it then would be addressed as rape), which makes it difficult for legal prosecution. However, it must be clear, that only the professional can be held responsible for maintaining healthy boundaries, a duty which can never be delegated to the client. It is therefore irrelevant, who initiates the first step.

Boys and men as victim of sexual abuse is a contradiction to the general belief, that the male can defend himself, that he cannot be sexually abused against his will, and that victims of sexual abuse are female. The evidence based facts are different, however. 81% of the victims of clergy abuse in the United States are male. Science contributes to the silence covering the topic by simply not asking the specific questions. There is almost no data available on the magnitude of boys abused in different professional settings (Tschan 2005). Contrary to the female situation boys are never taught how to tell their stories; there are only a handful professionals available to help affected boys, and professionals hesitate to enter this area full of landmines. Sexually abused boys are silenced and often find nobody to talk to – there is an urgent need to train professionals to enable them to support male victims of sexual abuse. And finally, abusing professionals have to undergo a remedial boundary training instead of simply being fired ("weed out the bad apple"). The learning effect for institutions is considerable, when they accept their responsibility for the community – fired professionals will do the same, when they are not treated, according to the evidence based facts (~80% reoffend; whereas those who have finished a rehab-program have a relapse rate below 1%).

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## Raising awareness: high risk places for sexual abuse

The power to heal and the ability to abuse often go hand in hand. There are professionals – teachers, members of the clergy, physicians, nurses, sport coaches, policemen, etc. – who take advantage of their professional role and abuse those in care. Places such as schools, churches, hospitals, physicians' offices,

etc. must be considered as high risk places for sexual abuse – by the simple fact, that professionals are given access to vulnerable clients thus creating opportunities based on their professional duties. Some offenders choose their profession in order to sexually abuse children; others develop these fantasies during their professional career and then cross this fine line. Sometimes the abuse is committed by peers staying in the same institution, abusing vulnerable children and juveniles, which therefore questions the responsibility of the institution.

There is not much data available on the magnitude of abusive professionals – professionals themselves hesitate to enter into this area full of "landmines". Even in up-to-date textbooks on sexual offenders there is not much written about abuse by professionals. Due to the lack of data including a lack of discussions on the subject everybody considers this to be a rare exception. However, various studies since the 1970's clearly indicate (Tschan 2005), that sexual abuse committed by professionals is not as rare as one may hope. The Church scandal in the United Staates broke the silence for the first time – among 4 % of catholic priests are considered to be as pedophiles. According to the 2004 John Jay College Study on behalf of the US Bishops sexual abuse was reported by 10% of affected victims within the first year, 25% reported it within 10 years, and 50% reported it within 20 years. 56% of the accused priests had one allegation; 3% had ten or more allegations levied against them; these 149 priests were responsible for almost 3000 victims, or 27% of the allegations. The age group most affected were 11 year old boys. 4392 priests out of 109'693 priests in active ministry of this time (1950-2002) were accused; there were 10'667 reported minor victims and 81% of the victims were male. The incidence peaked in the 1960s and 1970s.

In the health care sector a 1999 consumer report from Ontario, Canada (population 11 mio.), indicated, that 110'000 (1%) had experienced sexual contact with health care professionals within the last five years, and another 220'000 (2%) had experienced inappropriate sexual behavior (such as sexually harassing remarks, undressing without protection, etc.). This report did not differentiate on age groups, therefore we don't know how many juveniles and children were victimized.

According to a 2003 study, 100'000 children in Norway experience violence and abuse annually (Liv Vitol, personal communication, 2009). This despite the fact, that Norway has ratified the UN Convention on the Rights of the Children in 1991 and also has incorporated it into Norwegian law in 2003 (abuse of children is a crime, as well as not reporting it). In the Aftenposten November 7, 2008, the reader learned, that Norwegian Children's Ombudsman has started legal proceedings against high-level civil servants for neglecting to report cases of child abuse – a teacher has not reported the child abuse committed by another teacher.

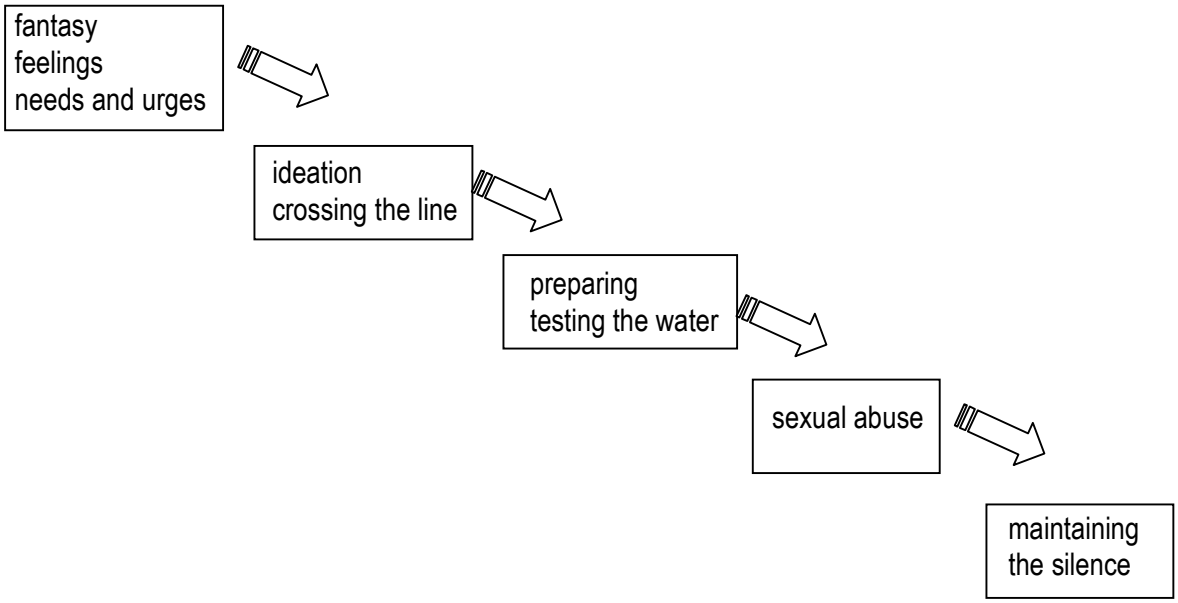
Most offender-professionals commit the sexual crime in their workplace environment in order to protect themselves from being detected. Their grooming technique intends to isolate the victim. For example, a teacher forces a pupil to stay behind after school; a physician is performing genital examination pretending that this is necessary; a priest is inviting an alter boy for a special event, a sport coaches offers extra training for "gifted" juveniles, and the like. The resulting intimate situation makes it easy for offenders to commit sexual crimes, as described in the following paragraph.

**The path to abuse – from fantasy to reality**

One may question oneself, as to whether one 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 always 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 raise their hands for a clear yes. When I then ask how many of them have ever committed PSM and 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 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 our their inacceptable desires. The process of ideation may be influenced by culture, gender stereotypes and attitudes shared by professionals, which may contribute in establishing these cognitive distorsions which give way to these fantasies becoming real.

**What makes an offender an offender?**

Many colleagues think that those professionals who commit sexual boundary violations must be insane or crazy – "*in this us/them scenario, there is little for the rest of us to learn about our own vulnerability to boundary violations*" (Gabbard, 1996), "*a major problem with this discontinuity-promoting model is that it only applies to a relatively small number of the therapists who have sex with patients. The majority of those that I have seen over the years are more similar to the rest of us, than different*". Only a minority of these professionals suffer from clear mental health problems. When someone gives permission to oneself, to allow their own fantasies and sexual desires to become real, then this line is crossed.

The next step is the grooming process and the targeting of victims. Professionals are testing the water – the professional roles and duties makes it easy for them to perform their predatory behavior. According to case studies one may assume that the ability of offenders to identify vulnerable persons is essential for the

understanding of PSM (Professional Sexual Misconduct). Professionals intend to achieve their goal easily and quickly, without being sued. By discussing this hypothesis the intention is never to blame victims – it is always the professional who is responsible for maintaining healthy boundaries; this duty can never be deleguated to clients. Therefore it is completely irrelevant who initiates the first step – even in cases when a client clearly searches for an intimate relationship, it is the professionals duty to reject this intention and to clarify their role.

Justice has considerable difficulties in dealing with PSM, as well as the professional community, as illustrated when comparing professionals who commit sexual boundary violations with sex-offenders in general. Professionals' pro-social competence can be a considerable resource and protecting factor, but the same quality causes obstacles against a successful treatment, and these are cognitive distorsions and denial.

Main differences:

- route to offence (= professional setting)
- knowledge of the sex-offender-professional
- denial processes/cognitive distorsions
- it may be a colleague, it may be a head of a clinic – generating a considerable bias
- impact on institution and/or professional body
- media attention
- no topic in the literature, no discussion in conferences

Similarities:

- they are sex-offenders
- no specific preventive treatment for potential offenders available
- they are notoriously underreported
- in gerneral no mandatory reporting (at least here in Europe)
- male vs. female offender rate is 4:1
- they need treatment
- their relatives need treatment and support
- their institution need management and team consultation
- they will relapse and reoffend (without treatment ~80%).
- they create victims by their wrong-doing

Similarities, but … :

- lack of responsibility undermines professional competence
- almost no research about magnitude and risk prediction instruments available for this category of sex-offenders
- specific victim treatments are not available
- confusion among justice system, regulating authorities, and professional bodies about the true nature of PSM
- sex-offender-professionals are not seen in correction service or in prison
- almost none of them get mandatory treatment
- weed out the "bad apples" by firing them

Since the 1980s sex-offenders are treated worldwide – why not apply this rehabilitation model to offender-professionals? This concept will be discussed later under remedial boundary training.

**Boys and men as victims of sexual abuse – a contradiction in itself**

Most studies on sexual abuse only focus on female as victims and male as offenders. Despite evidence based facts researchers contribute by not raising certain questions to this false belief. The same with domestic violence (Dutton 2006). Science contributes to the silence covering the topic of sexual abuse of boys and men, and even more, when it comes to the abuse by professionals. Under the influence of the feminist movement females have started to talk about their experiences, whereas males remain silent. Most males are not aware of their own risk of being sexually abused. Data from DFSA-studies (Drug-Facilitated Sexual Abuse) clearly indicate that males too are often victims of this type of crime. Due to stereotypical male role beliefs a man cannot become a victim of sexual abuse – as he would be able to defend himself; and when it comes to sexual contact, a man must be willing to engage in sexual intimacy, otherwise his sexual organs would not function properly.

However, in around 50% of all sexual abuse cases of males, male are stimulated to ejaculation, thus considering the raped man to have wanted the sexual intercourse. Victims blame themselves for being somehow aroused, otherwise they would not have an orgasm. Only when males start to share with each other, what they have experienced, will the silence then be broken.

Females have often complained, that males are now again competing with them using their own victimization, and therefore minimizing male responsibility for sexual abuse. This is unjust, and simply not true. At the Male Survivor Conference in New York, 2007, Carolyn Quadrio from Sydney and I did a workshop on overcoming gender polarization – wherein Carolyn outlined from a women's perspective how she has learned, that males can become victims of sexual abuse, and how we can help to overcome the obstacles for professionals treating victims.

**Case outlines**

The cases presented here are derived from the author's own experiences with treating victims and offenders. I often compare my office with a laboratory of social issues related to interpersonal and sexual violence. In a given situation, I either treat the victim or the offender, thus learning the dynamic between offender and victim from both perspectives. In a few cases, however, I could not avoid being involved on both sides, mainly when families contacted me, where both the offender and the victim are members of the same family.

Tom was a twelve year old boy. He admired his gym teacher – the teacher was emotionally supportive, offered him training opportunities and invited him to participate in sports events. The teacher also contacted Tom's parents several times in order to convince them, that Tom had top qualities for a sports career. Tom felt proud to have him as a friend, and felt even more proud, when the teacher invited him to his private home, where they had some drinks and watched sport on tv. When the teacher finally started fondling him, he did not tell anybody about what he was doing – the teacher also told Tom to keep it as their secret. When the teacher finally wanted Tom to orally satisfy him, Tom hesitated and felt uncomfortable, but finally considered this as a proof of courage and performed a blow-job.

A community social worker pretended to be responsible for the sexual education of juveniles. He was teaching in small groups of 4-6 juveniles. Finally the juveniles were told to remove their underwear and to present their genitals to each other. The social worker took pictures pretending they were for documentation. He then told the boys to touch his penis until he had an erection, and to stimulate him. The social worker still pretended that this was part of the sexual education and to show the juveniles how male organs react.

A priest was the godfather of the youngest of three boys. He often spent his vacation with the family. In order to save money the family accepted the priest's proposal to share rooms with the boys. Over the years, he sexually abused all of them – the boys never said a word. The priest always gave them Christmas gifts; until the youngest started to tell people what had happened to him. The parents did not believe a word, blaming their youngest son of trying to destroy the reputation of Father F. and telling lies. When he was eighteen (age of legal rights) he reported it to the police, and in the resulting trial Father F. was sentenced.

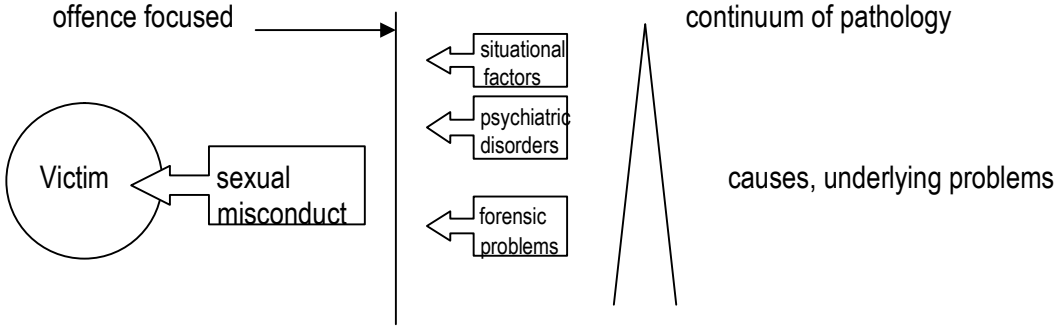
**Can we prevent abuse in institutional settings?**

Imitating the Obama-effect the answer is: Yes, we can! There is much we can do to prevent abuse, and all of the suggested approaches go hand in hand. Here is a list of possible strategies:

- Professional guidelines
- Background checks when hiring new personell
- Task Force for dealing with the subject
- Professional training
- Reporting facilities
- Educating clients and their relatives
- Management training on the topic
- Risk Management concept in place

And last but not least the institution needs a clear concept on what to do with accused professionals. We support a rehabilitation process for professionals based on an initial assessment, an offence-focused treatment program and a monitoring for the rest of the professional career.

The assessment primarly focuses on the offence pattern and carefully examines the offender-client relationship. Based on individual situations treatment goals are formulated; and the question is discussed whether a treatment is applicable to solve the underlying problems. A treatment contract clarifies rights and duties, and cooperation with third parties. Confidentiality is discussed and the treating therapist is given permission to contact third parties when necessary.



The treatment is based on a systemic-cognitive-behavioral intervention technique as described in the following paragraph.

**The Remedial Boundary Training**

The offence-focused treatment is based on a semistructured systemic and cognitive-behavioral intervention approach consistent of 24 moduls (Miller et al. 1991). The specific treatment goals can be divided into offence and personality focused aspects.

offence focused:
- offence reconstruction
- cognitive distorsions
- underlying causes
- impulse control (internal-external)
- offence related personality aspects
- victim empathy
- improving impulse control
- openness
- intimacy and emotionality
- responsibility
- work – life-balance
- crisis-management

personality focussed:
- anger management
- power and powerlessness
- own victimisation
- social skills
- fear-reduction
- substance abuse
- eating problems and other life-style difficulties
- identity and self esteem
- nature and ecology
- ethical concerns
- personal perspectives
- spirituality

The semistructured program guarantees that all important aspects of offender strategies are covered and that effective relapse prevention is established based on individual offence patterns. During the program an individual monitoring concept is developed and then implemented in cooperation with the regulating authorities or the employer. The montoring is performed until retirement (Abel et. al. 1998). Usually the monitoring includes random questionnaires from clients, regular feedback from co-workers/staff and self reporting, as well as regular meetings with the therapist to discuss personal and professional issues.

The risk management includes background checks when recruiting new personell, the signing of a code of conduct which implicitly forbids any intimate contact with a client, and a guideline concerning the prevention of sexual violence in the institution. The management develops a risk profile of any particular workplace and the inherent dangers and problems, e.g. vulnerable clients, night and weekend service, etc.

**Conclusions**

Sexual abuse by professionals is a severe crime. It undermines trust in professionals dedicated to their work in helping children and juveniles such as teachers, social-workers, physicians, clergy and policemen, just to name a few. The path to abuse starts when professionals cross this fine line between fantasy and reality, and when they give themselves permission to act out their ideations. The targeting and the grooming process is performed within the professional setting; their ability to identify vulnerable clients is considerable according to our knowledge gained from offenders. The abuse of boys is a contradiction in itself, because males do not consider themselves to be vulnerable, and according to the existing data on sexual abuse victims are female, whereas male are the perps. However, science contributes to this

erroneous belief by simply not asking the right questions – when a study on sexual abuse is carried out, in most cases only women are asked about their experiences. Males are silent and silenced. The aims of this contribution is to raise awareness on the specific problems boys face, when they have become the victim of a sexual abuse committed by a professional in his or her professional role, and what can be done in order to prevent such abuse from taking place, and finally what can be done with accused professionals. By making the abuse of boys a subject we invite men to come forward and to share their experiences – which only then will give them the feeling of not being alone with this shameful subject undermining their masculinity.

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