Abstract

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Workshop: Professionals as Sexual Offenders: Myth and Facts
Sydney, RANZCP (The Royal Australian and New Zealand College of Psychiatrists)
March 12, 2013

In this interactive workshop participants will learn about three salient aspects: (1) victim-offender-institution dynamics and the the modus operandi of offender-professionals. The model „the path to abuse“ is outlined to conceptualize rehabilitation programms for disruptive professionals. (2) The current understanding of survivor's reactions in the aftermath is based on psychotraumatology and attachment theory. (3) The question of weather professionals can be rehabilitated is then discussed. Using a systemic approach the responsibility of the institutions is integrated into rehabilitation programs.

Participants learn that interventions must start as early as possible - preferably before serious boundary violations occur. Lastly participants are offered the opportunity to share first hand experiences and preliminary results of how to implement structures to understand, prevent and cure sexual victimization by professionals.

Victim-offender-institution dynamics and the modus operandi

Why do professionals commit sexual offenses in their roles? For the very same reasons as other criminals do offend. They take advantage of their position and their role – which gives them access to vulnerable clients through their job. They misuse their position of trust and power. Through grooming they „test the waters“. By their disbelieve or even entire denial the institutions „help“ the offender-professionals to use mimikry techniques to disguise their inacceptable behavior. Examples illustrate the institutional context: the former pricipal of the Odenwaldschule in Germany Gerold Becker, the former coach of the Swiss Olympic Swim Team Flavio Bomio, assistant football coach Jerry Sandusky from Penn State University, USA, and Sir Jimmy Savile, the entertainer working for BBC, London. All ot these examples clearly indicate that the individual offender pathology cannot explain the sexual offenses entirely – only by considering the underlying institutions' reactions we get a full understanding.

It was an unpretended coincidence that the conclave in Rome started the very same day as I run this workshop – raising again the question: will there be light? Will the next Pope be able to solve the crisis within the Catholic Church – in a statement in 2010 is says: „The hope is that the Pope can still say something to resolve the crisis. .... but with many Catholics wanting a very modern kind of accounting for the sex-abuse scandal, words and ritual may no longer be enough“ (Jeff Israel and Howard Chua-Eoan, TIME, June 7, 2010, p. 18). Institutions must be held responsible when they fail to protect their clients – weather this are parishoners, patients, clients, students, etc.

Institutions are high risk places for sexual offenses (Tschan 2013). Professionals create the crime scenes for committing the assaults. They create opportu-

nities and the institutions led them do – by defending thier integrity they do not believe in the victims, even in clear cases (see the examples mentioned above).

The path to abuse illustrates the modus operandi of offenders (Tschan in print). Their manipulative actions are always embedded within the institutional context. By their silence, institutions led the offenders enter on what is called „the slippery slope“, where professionals proceed from minor boundary crossings to more severe boudary violations.

Fantasies are the fuel for offending. Does this statement mean, that we all can become offenders, as we all have fantasies? I do not think so. The majority of professionals really do a great job. Only when they let their fantasies florish, and then as a consequence cross lines, they’re on the slippery slope. When offender-professionals start targeting potential victims they have definitively crossed the line. They now are on the path to abuse. Targeting and grooming victims means creating opportunities – the more vulerable patients are, the more they can become a victim. Some offenders use drugs and sedatives – a criminal behavior which is adressed as DFSA (drug facilitated sexual assault).

This does on the other hand not mean, that vulnerable patients are per se under greater risk – when their treating professionals behave in an ethically correct way, they will not misuse this dependency; in the contrary they will help these patients sorting out their difficulties (Penfold 1998). In other words: the risk of being abused is determined by the professional only. If a professional has committed boundary violations in the past, the chance that they will do this again are considerably high – we estimated, that 80% of those committing boundary violations within the professional setting are serial offenders (Tschan 2001). Simon underlines that abuses of professional power and authority occur across all of the helping professions. „*None are immune*“ (Simon 1996: 115).

The fact that professionals are committing crimes taints the institutions and professinal community overall. The resulting defenses strategy is denying the facts and blaming the victims and their bystanders. When two hundert years ago the famous physician Semmelweis recommended hand washing for physicians their was an outcry among them claiming that a physicians hands are clean (Tschan 2013, p. 130). Semmelweis was fiercly attacked by his fellow colleagues at the time for bismerching the reputation of all the doctors – however this was never his intention, in the contrary.

How do understand survivor’s reaction in the aftermath?

Psychotraumatology and attachment theory lay the fundation for the understanding of survivor’s reactions. The modern concept of PTSD (Posttraumatic Stress Disorder) is based on a clear pathophysiological concept – the four clusterlike symptomgroups are linked to a traumatic event. Because of the nature of sexual and attachment traumas we better address survivors’ reactions as polytraumatic, causing complex PTSD. Due to dissociative processes (Van der Hart et al. 2006) survivors are constantly triggered by various phenomenons thus creating all kind of somatic and mental disorders (Tschan in print).

This is in accordance with findings as reported by the adverse childhood experience study (see http://www.ACEstudy.org). Professional Sexual Misconduct (PSM) create further symptoms, because professionals must be considered as significant attachment figures. Thanks to Ellenberger (1970) we know more about the historical dimensions of the current concept. He re-discovered the important contribution Pierre Janet made both for the understanding but also for the treatment of survivors. The essential readings on this issue includes Judith Herman (1992), Ian Hacking (1995) and Marilyn Van Derbur (2003).

Latest findings on epigenetic changes after experiencing severe trauma suggests that stress reactions are significantly influenced by negative life events (Meaney et al. 2002). In normal development certain DNA-binding sites are blocked by methylisation thus making them become inactive. If an individual during early childhood is exposed to trauma this process of methylsation does not take place leading to more active binding sites – thus creating overwhelming, long lasting stress responces mediated through cell processes. In the brain itself the stress answers are orchestrated through CRF (Corticotropin Releasing Factor) (Nemeroff 2002). Thus making it more clear today what Janet once described as „l'automatisme psychologique" talking about the aftermath of traumatic experiences.

The greatest challenge for the treatment provider for patients in the aftermath of PSM is the handling of the transference issues and the creation of trust and safety. Treatment interventions are based on traumasensitive dialectic-behavioral techniques combined with psychoeducation (Linehan et al. 2012). Penfold has outlined a fundamental misperception: „*On the whole, our society is not particularly sympathetic to victims, and people often assume that the victim causes her own problem in some way*" (Penfold 1998: 165). By teaching survivors about offender strategies, they realise their own weakness and their vulnerability. What has happened is not their fault. Survivors in the aftermath are often blamed for their „irrational" behavior and the like – this is completely inadequate and a slape in the face of survivors.

Rehabilitation of disruptive professionals

The current management of sexual offenders is based on offence focussed and relapse prevention intervention techniques. When combined with rehabilitation programms of disruptive professionals this offers a possible approach for professionals after PSM. Based on an assessment an individualized boundary training program is offered for those who can admitt that they have a problem and are willing to undergo such a training. However, focussing solely on the individual offender pathology would lead to a neglect of an important issue – and this are the institutions' preconditions.

The individual boundary training must be followed by a monitoring for the rest of the professional career; this monitoring is developped during the boundary training and it is based on individual offender strategies as identified by comprehensive offense reconstruction. The monitoring is installed in cooperation with regulation authorities and institutions to make sure, that all nessessary steps are undertaken to prevent any further boundary violation (Tschan, in print). The handling and results are discussed in the workshop. Abel et al. (1998) have re-

ported a relapse rate of under 1% using a similar model for the rehabilitation of disruptive professionals.

Professionals diagnosed as pedophil and those in denial should not be allowed to re-entry their job and this should be based on a legal requirement. For all the others job re-entry should be based on an assessment which makes it clear if someone is fit for practice and weather a monitoring is installed. Additional preconditions should be installed – the information of the public is essential (see http://www.cpso.on.ca) as well a transparent registry of disruptive professionals by regulating authorities, free of charge counseling for affected survivors (note that the offenses have been comitted by licenced professionals, often in state or community ruled institutions).

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