Working with survivors and perpetrators of sexual abuse

The common thread

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Over half the book is about PBSP giving case examples of structures [1]

For sale at the conference
I am happy to sign it for you

Written by Juliet - Chapter in Book


I wrote a chapter about my PBSP work with a sex offender

New children sexually abused EVERY day in UK

- 1728 based on police recorded statistics [3]
- How many minutes in a day? 1440


- 13.4% of girls and
- 5.7% of boys become victims of CSA = 19.1%

Willingness to report sexual abuse: in Europe

- Only 11.7% to 18.8% of cases of CSA are reported to the judicial system
- That is, approx 20% people experience sexual abuse, but only 1% report it

WHO Regional Office for Europe (2013)

15/09/2019
Lower CSF oxytocin concentrations in women with a history of childhood abuse (in the cerebrospinal fluid)\(^5\)

Decreased oxytocin may:

- Increase anxiety
- Impair reading of & response to social signals
- Interfere with optimal partner selection
- Create trangenerational problems - oxytocin is important in maternal behaviour


Decreased Cortical Representation of Genital Somatosensory Field After Childhood Sexual Abuse\(^6\)

- CSA is specifically associated with pronounced cortical thinning in the genital representation field of the primary somatosensory cortex
- This may shield a child from the sensory processing of the abusive experience = protective
- But it may cause sexual dysfunction later in life


Structural Brain Differences Associated with Maltreatment \(^7\)

- Neuroimaging Studies using fMRI scans
- Diminished hippocampus \(\rightarrow\) impaired memory
- Enlarged amygdala \(\rightarrow\) increased reactivity
- Diminished cortical thickness or volumes in regions associated with emotional regulation
- Changed connectivity between frontal and limbic regions


Long term Effects of Childhood Sexual Abuse

- Childhood sexual abuse changes the brain
- Dramatically increases the risk of psychiatric disorders e.g. anxiety, PTSD, addictions etc.
- Impact on autonomic nervous system contributes to disease vulnerability e.g. cardiovascular diseases, obesity, diabetes
- Good reasons to invest in primary prevention!

StopSO UK: www.stopso.org.uk

- Over 200 therapists across the UK trained and in training
- Had over 4,000 perpetrators asking for help
- Most people pay for their own therapy
• StopSO works with all kinds of sexual offenders:
  - Exhibitionist
  - Voyeur
  - Internet offenders looking at child abuse images, sexual violence or bestiality, and
  - Contact offenders of adults and children including rapists
• StopSO works with people at all stages
  - from those who have troubling thoughts
  - those who have acted illegally
  - non offending paedophiles
  - through to people who’ve come out of prison for a sexual offence

Why is StopSO doing this

➢ To protect society
➢ Prevent, prevent, prevent
➢ Rather than react
➢ Aim: to stop the FIRST crime

Juliet’s Slippery Slope PBSP Group

➢ Regular group 2012-2019
➢ For people who are struggling with sexually inappropriate behaviour
➢ Mixes those who have been sexually abused with potential and actual perpetrators

So What About the Perpetrators

• Surely they can stop?
• Paedophile is someone whose primary or exclusive sexual attraction is to pre-pubescent children (11 and under)
• Chronophilias: Hebephile (11-14), Ephebophile (15-19)
• Minor Attracted People: MAP
• Estimates say between 1 and 5% of people will be paedophiles
• Research shows that 20% of men will be equally or more responsive to images of child abuse, than pornographic images of adults [8]

Mysteries of the Mind: James Cantor [9]

Child Sexual Abuse: Typology of Offenders [10]

• About 40% are paedophilic offenders
• About 60% are non-paedophilic offenders

  • The sexual abuse of the child serves as a surrogate for a sexual relationship with partners of similar age
Non-paedophilic Offender: “surrogate type”

- Sexually inexperienced adolescents
- People with learning difficulties
- Those with antisocial personality disorder
- People with trauma or neglect in their history: including physical, emotional and sexual abuse

Juliet’s opinion

People only attracted to children

This attraction can never be changed

People who can be attracted to adults and/or to children

With therapy these people might be able to redirect their sexual orientation to adults

People only attracted to adults

This attraction won’t change

61% of perpetrators contacting StopSO ask for help with an issue related to offences against children \(^{[11]}\)

StopSO asked 200 perpetrators: At what age did you first know that you had a problem with your sexual thinking or behaviour? \(^{[12]}\)

- 0-10 years 11%
- 11-16 years 40%
- 17-25 years 21%

11%

51%

72%

This was a paedophile who called a phone in programme \(^{[13]}\)

If you run PBSP groups you are likely to deal with a victim/survivor

- If you do enough groups you’ll work with someone who is attracted to children
- Everyone of the perpetrators I have dealt with, who have ‘crossed the line’, has had trauma or severe neglect in their history, though they may not recognise it
Being attracted to children is not a crime

Acting on that attraction is

I suggest that we as practitioners should have a proportionate response to reporting

The Ten Topics To Attend to When Dealing with Sexual Abuse

The PBSP Perspective

• The Experience of Loss of CONTROL
• Feelings of FEAR AND TERROR
• The Need for PROTECTION
• The Experience of PAIN, HURT AND SADNESS
• The Impulse & Expression of REVENGE & SADISTIC FEELINGS
• The Expression of EROTICISM, RECEPTIVITY AND OPENNESS
• The Impulse & Expression of HATRED & MURDER
• The Increase of GUILT, SHAME & SELF-PUNISHMENT
• The Desire to Express LOVE FOR ABUSER
• The Need for an ANTIDOTE Relationship

Be ready!

• These do not happen in any particular order

What might be the Parental Functions represented in Fragment Figures that we might use when working with sexual abuse

Permission Giving
Protection
Contact
Containing
Resistance
Limiting

Permission Giving: Yes. It’s ok
Contact: I will be with you while you feel
Containing: I’ll help you handle how angry you are, and help you to own that anger. It is a good resource, it is vitality. I’m here so you can do it safely
Protection: I’ll keep you safe
Resistance: You can keep me out
Limits: We’ll let you feel that anger but we won’t let you literally kill him
The Experience of Loss of CONTROL

Permission Giving
- “What do you think about…?”
- “Is that ok?”
- “How would it be to have an Ideal Figure…?”
- “What would you like to hear?”
- “You decide…”
- “You can keep me out”

Resistance
- “You can keep me out”

Feelings of FEAR AND TERROR

Containing
- “We can help you handle how scared you are”
- “We are not frightened, your fear is normal and we will help you deal with it”
- “We will help you handle how much you feel”

P
- All kinds of body tics and twitches
- Client: “I feel like I might fall apart”
- Would you like Ideal Parents who would have held you together?
- Ideal Parents: We would have held you together when you were a child. We wouldn’t have let you fall apart
- Using their bodies, they did exactly that. Stood either side of him so their bodies gave a container. This produced visible relief
- Then, as another part of him twitched we brought in an extension of the Ideal Mother or Father to hold that part of him
- In the end the whole group was involved (12 people)
- There was a point when he said, “I feel completely calm”
- After the structure, he stood up, looked around, and said, “F me! When I came in that lampshade was grey. Now it is white!”
- “I used to be have huge feelings of anxiety. Now it is quieter inside. I don’t feel the same level of turmoil that I used to.”
- No longer lose my golf balls

The Need for PROTECTION

Protection
- “If he comes any closer, I will stop him and call the police”
- “If I’d been back there then I would have seen that was going on & I wouldn’t have let him/her do that to you”

The Experience of PAIN, HURT & SADNESS

Containing
- “We can handle how sad you are”
The Impulse and Expression of REVENGE & SADISTIC FEELINGS

Limiting

• “It is all right that you have such revengeful & sadistic feelings but we won’t let you literally do it”
• “It is alright to want to kill your attacker but we won’t let you literally do it”

The Expression of EROTICISM, RECEPITIVITY AND OPENNESS

Limiting

• “It is alright to feel open and to want to be receptive, but we will put limits on it and help you handle your openness & vulnerability”
• “We will not let you be literally penetrated, even if you want it”
• “We’ll help you handle how vulnerable and scared you feel, and make sure you stay closed and unharmed”
• “It is alright that you want to have sex with your father (or mother), but we won’t let you literally do it”

The Impulse and Expression of HATRED AND MURDER

Limiting

• “It is alright to want to kill your attacker but we won’t let you literally do it”

The Increase of GUILT, SHAME AND THE DESIRE FOR SELF PUNISHMENT

Limiting

• “We won’t let you hurt yourself”
• “You don’t deserve to be hurt”

The Desire to Express LOVE FOR ABUSER -

Containing

• “We can help you handle how much you love him/her”
• “We won’t let you burst with your feelings”

Limiting

• “We won’t let you squeeze him to death”
• H — with the headmaster D who stroked him to sleep at night, gave him hot chocolate, which he thinks was drugged

• H had structures over a 2 years period, then a break

• When he came back he showed a lot of compassion for D

• Wanted to D to have had a good childhood

• Did Holes in Roles, gave D Ideal Parents & lots of friends

In the consolidation of structure he said:
“i was so deeply affected to see my headmaster loved and looked after and with friends around him”

The Need for an ANTIDOTE Relationship

• Whatever form abuse took ideal parents antidote it

• Healing and respectful contact from an ideal figure of similar role to the abuser

References


