Understanding and Working with Sexual Abuse: Impact on Client, Community and Professionals

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Overview

- Understanding Sexual Abuse
  - What constitutes sexual deviancy
  - Continuum of sexual aggression
  - Grooming
  - Offence pathways
- Risk assessment and management
- Treatment for sexual offending
- Trauma informed care
- Professional self-care
- Recommendations

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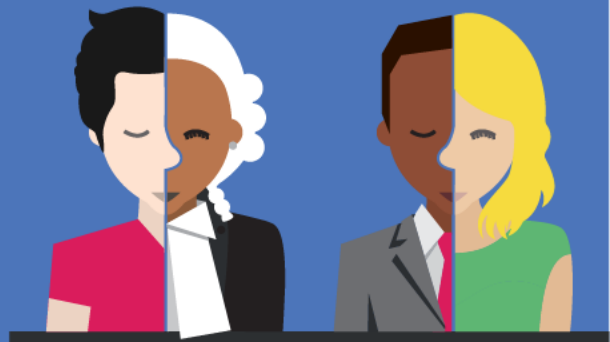
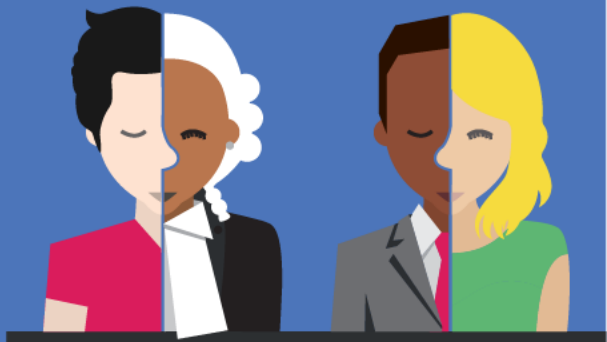


Understanding Sexual Abuse
What Constitutes Sexual Deviancy?



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Missing sex offender spotted in Duhallow

A CONVICTED sex offender who was living in a caravan in Millstreet has left after two nights and has been sighted at Ballydesmond, Kiskeam and Boherlow over the last two weeks.

Gardaí in Kanturk and Millstreet were monitoring the movements of Listowel native Richard O'Brien very closely as he is wanted by the British authorities. O'Brien moved into a caravan in Millstreet last Wednesday, but by Friday night a Jeep arrived and towed it out of the field.

The Cookman understands that his last known sighting was in Castleisland on Monday morning.

O'Brien was convicted in the UK of sexually assaulting a 10 year old girl in 2004 and an adult woman on a plane bound for England in 2006. However, O'Brien had failed to sign on in England and did not notify the authorities of his move to Ireland. He had returned to his native Listowel and applied to the town council for a house. However, O'Brien was not certain to stay in a given place for seven days before he has to sign on at the relevant Garda headquarters. But as he only spent two nights in Millstreet, he did not have to sign on at the main Garda headquarters in Kanturk.

No extradition warrant has been sought for him and it is unlikely that one will be forthcoming.

See Page 3

Richard O'Brien.

Gold Coast The Bulletin

Judge frees child-sex pervert... so who protects the children now

Dob in this monster

Britain lets a paedophile migrant apply for asylum

OUTCRY AT £17m PAYOUTS TO DETAINEES OVER DELAYS IN THEIR CASES

Daily Mail

Why I've gone for a tattoo at 73

BY SANDRA HOWARD

Judge's withering condemnation as he jails two women for 31 years for letting pop star abuse their babies

HOW COULD ANY MOTHER BE SO EVIL?

PRINCE HARRY HEADS HOME FOR CHRISTMAS

LITTLEJOHN Memoirs of a lost Britain

Daily Mail

FREE LEGO TOYS

PICK UP YOUR CITY POLICE CAR IN WH SMITH AND TOYS R US

Fury after Oxford graduate's husband goes free despite grooming hundreds of girls

WHY WAS INTERNET PREDATOR NOT JAILED?

Emma's date with Prince William

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PREDATOR IN THE CLASSROOM

Camilla's tragic brother and his secret lover

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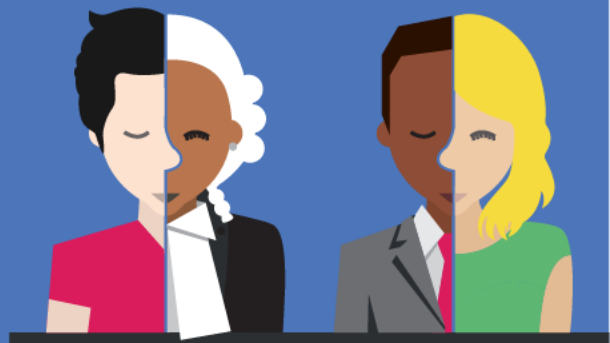

What is normal?

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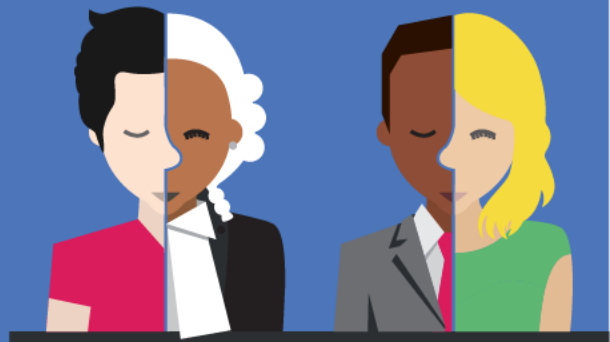

Sexual Abuse is…

Non-consensual,

Abusive in its effect in some way,

Behaviour that a “reasonable” person would find offensive.

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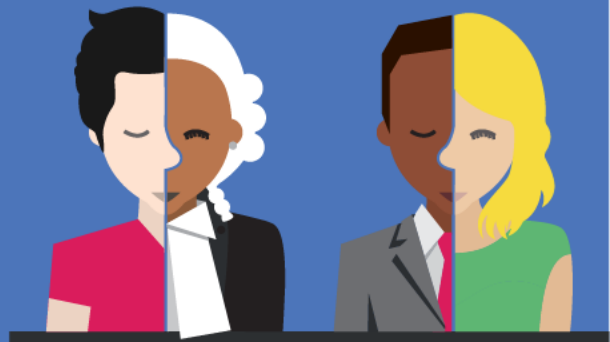

Sexual Abuse: The Problem

Crime Victimisation Survey, Australia – 2010-2011

2005 Personal Safety Survey

Small percentages are reported and even smaller numbers will proceed to conviction and custodial sentences.

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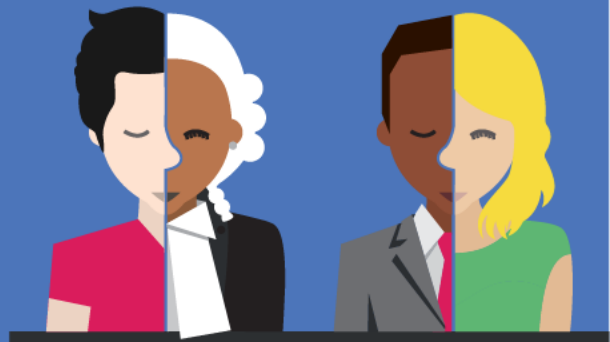

Known Offenders

2016 NSW Department of Corrections Census - almost 12% of the prison population, just under 1500 inmates, were in custody for sexual assault or related offences in that year.

Paedophilia does NOT equal child sexual offender!

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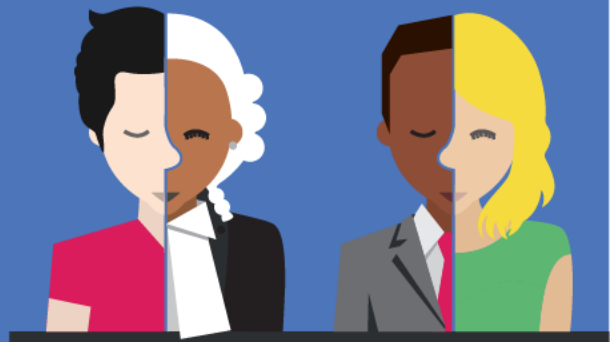
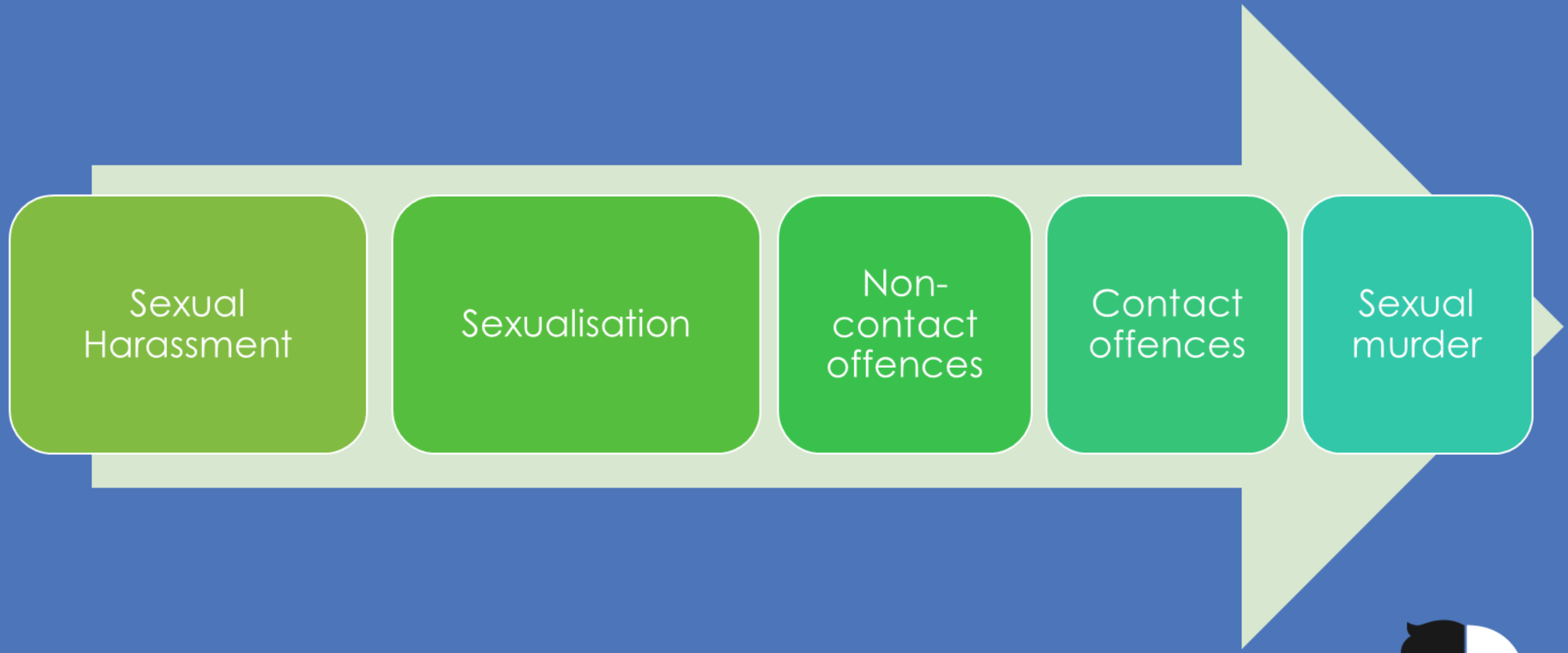


Continuum of Sexual Aggression



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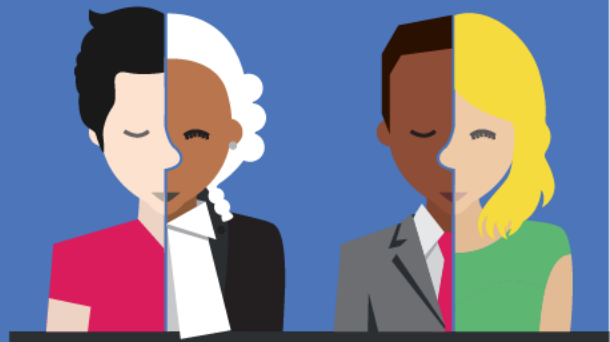

Why Do Sexual Offenders Offend?

Assumption of Deviancy

Definition of sexual paraphilias

Reasons other than deviancy:

- Poor social skills,
- Inappropriate or inadequate sexual self-regulation skills,
- Immature intimacy skills,
- A lack of opportunity for other, fulfilling, mature, age-appropriate intimate relationships,
- Self-esteem or other psychosocial concerns that make relationships with others too confronting,
- An unsophisticated understanding about consent and sexual boundaries,
- Distorted cognitions relating to a sense of entitlement sexually.

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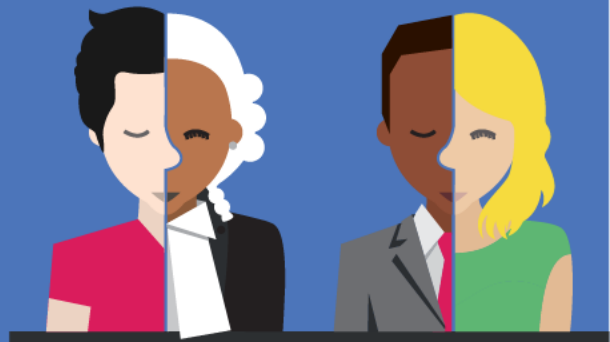
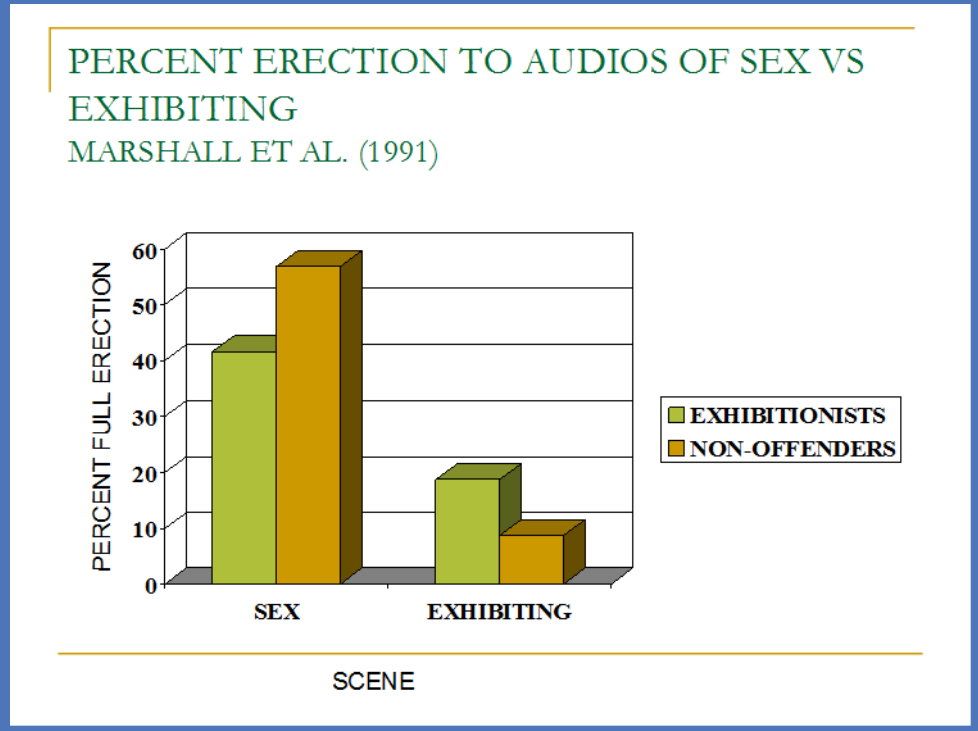


Marshall et al (1991) looked at 44 exhibitionists and 20 non-offenders, all males and found that using erectile response, the exhibitionists showed more arousal to scenes of exhibitionism than non-offenders, although this was only half the extent of their arousal to appropriate sexual descriptions.



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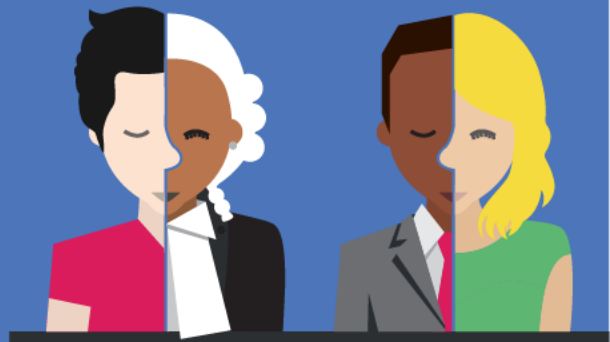
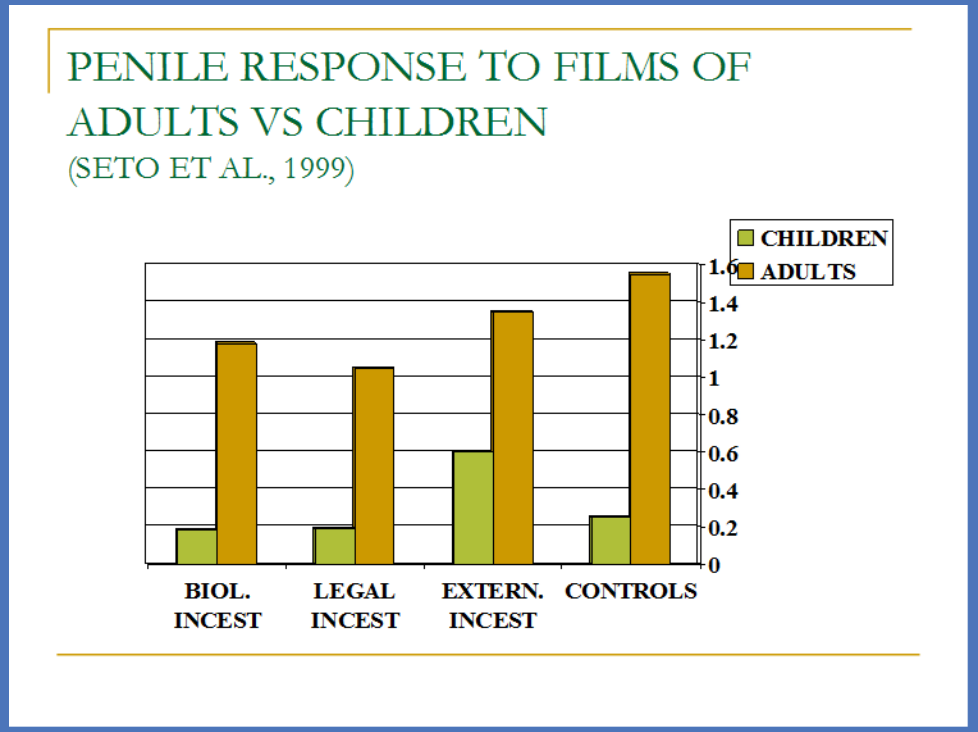


Seto et al (1999) researched intrafamilial incest perpetrators (biological and stepdaughters), extrafamilial offenders, and a control, and they exposed subjects to film clips of nude children and adult females. They found that all groups had interest in both clips, but the difference was greater for the controls.



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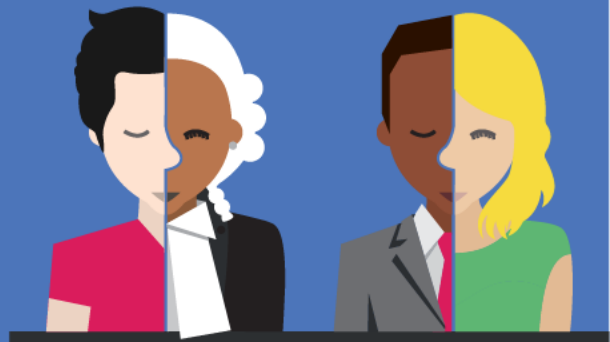
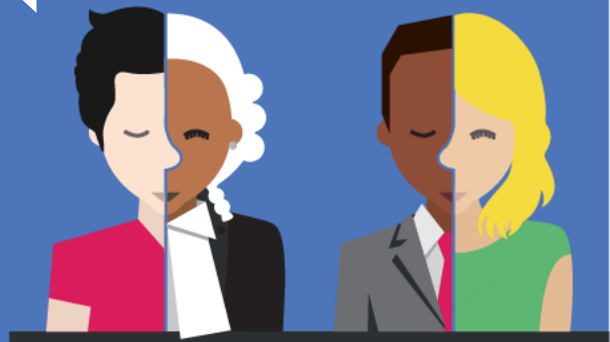


The Attachment System – Smallbone's work

Attachment System

Sexual System

Mature Intimacy



No One Profile!

Sex offenders are typically people who:

- Have usually experienced some form of attachment trauma,
- Have immature intimacy skills,
- Are often afraid of real intimacy,
- Have poor self-esteem,
- Have limited mature relationship experience,
- Often prioritise sex overly in their lives,
- Use sex as a means of coping emotionally and gaining self-validation,
- Have confused and distorted beliefs about men, women, sex and relationships,
- Have an insecure sense of masculinity.

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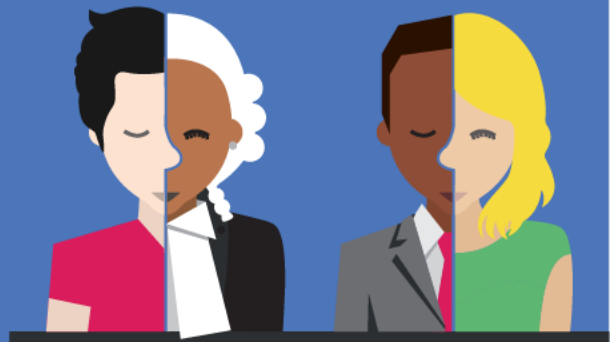

Grooming

The Stereotypical Sex Offender!

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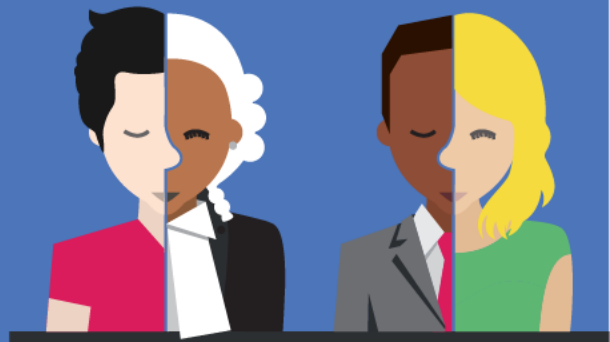

Grooming

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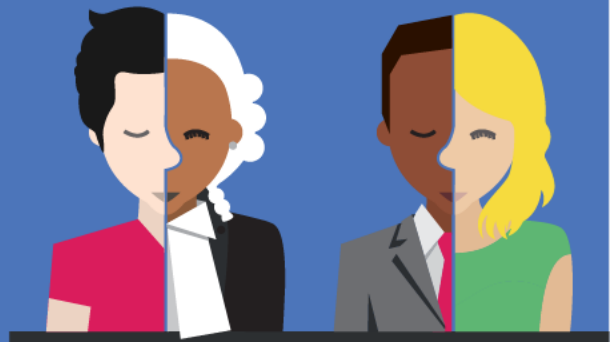

Examples:

- Giving compliments,
- Buying things,
- Being overly nice or friendly,
- Highlighting that the person can be trusted,
- Establishing a “special” position,
- Making the target feel loved or appreciated,
- Making the other person feel special,
- Finding out about personal information about the target (including their vulnerabilities or weaknesses),
- Isolating them from others in the target’s life,
- Making the person feel responsible for the offender and their wellbeing/safety,
- Creating a dependence in the relationship,
- Offering protection and loyalty (and expecting the same in return),
- Bribing,
- Blaming others for things that are their responsibility and recruiting others to have similar perspectives.

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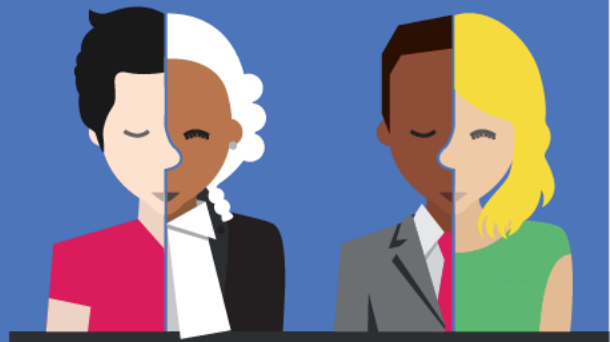

Offence Pathways

They are useful when there are a longer build up before the offence

Offence cycles allow for identification of the antecedents to offending so that an offender can understand how they came to offend

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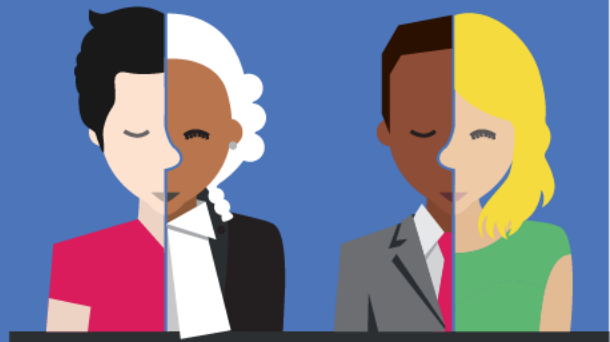

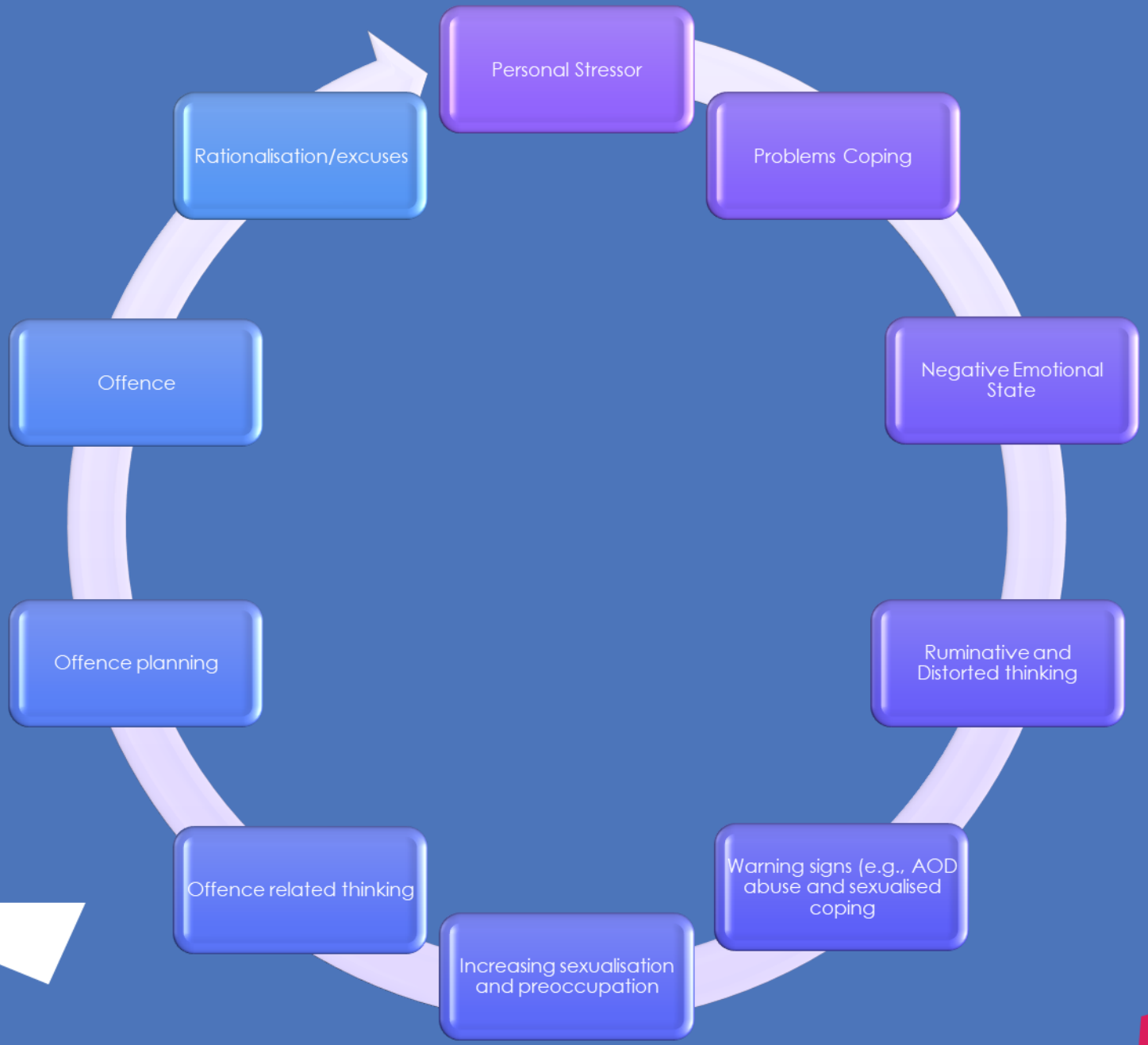

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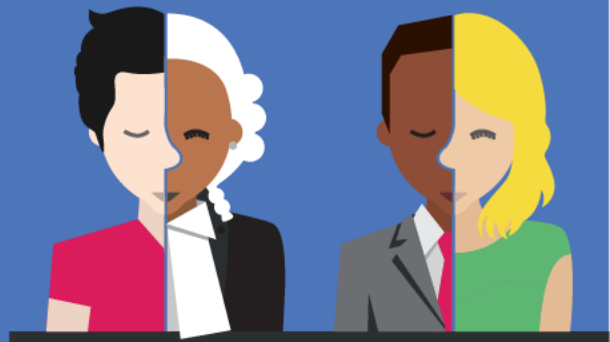

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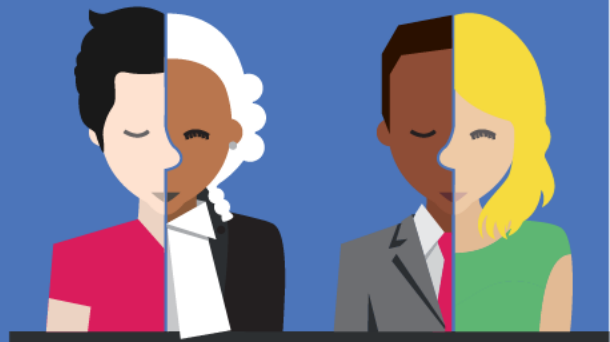
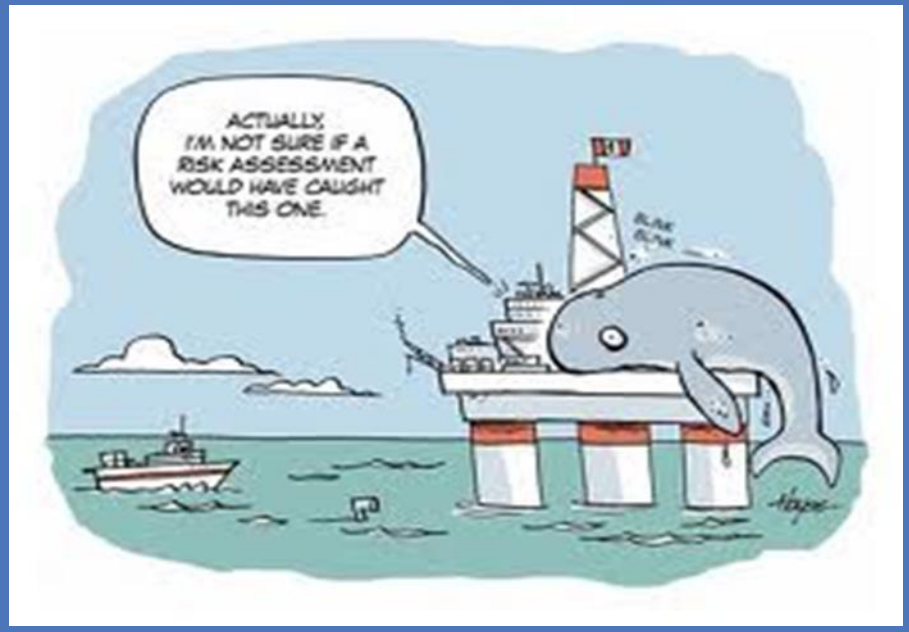


Risk Assessment and Management



Clinicians perform no better than chance without structured guidelines (Grove and Meehl, 1996)

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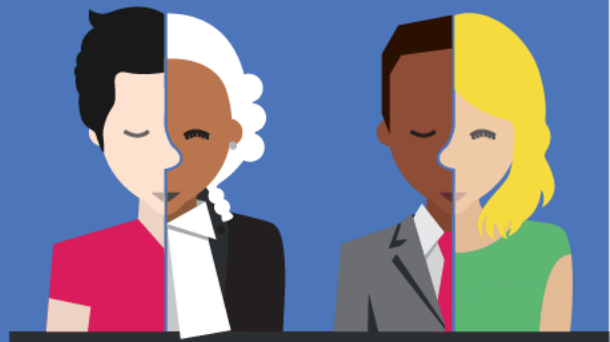

The tools are developed retrospectively but used prospectively.

Risk instruments can be wrong – consider false positives and false negatives – human rights implications?

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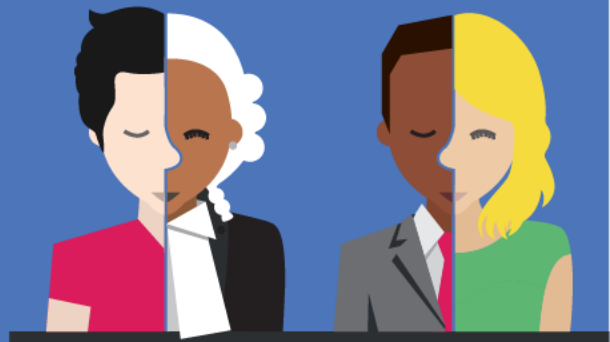

Most sex offenders will never go on to reoffend….

Relatively low rates - 13.7% for sexual offences, total recidivism rate 36.9% (average follow up time around five years)

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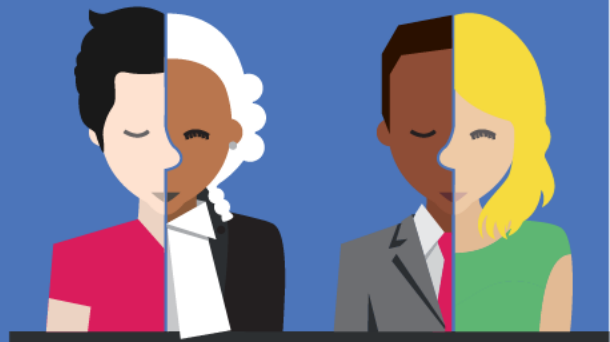

Mills et al in Canada:

"If you saw a report that indicated an offender was a Low/Moderate/High risk to re-offend in general/violently/sexually, what percentage do you think this represents?".

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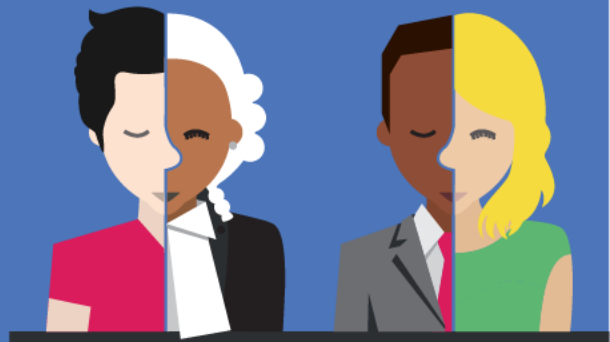

Risk continued…

Factors that increase risk:

- Personal destabilisers like a relationship breakdown, job loss, loss of a loved one, rejection etc,
- Substance abuse,
- Social isolation,
- Sexualised coping, including the use of pornography,
- Distorted attitudes and beliefs that justify sexual abuse,
- Access to potential victims,
- Ill mental health.

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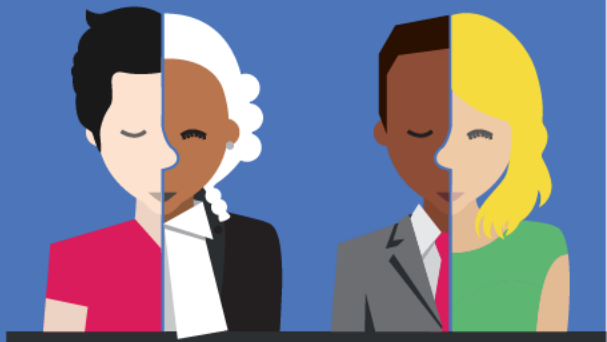

Factors that decrease risk:

- Positive social supports,
- Positive emotional coping skills,
- Resilient mental health,
- Positive relationship skills,
- Prosocial attitudes, and
- Appropriate intimacy skills.

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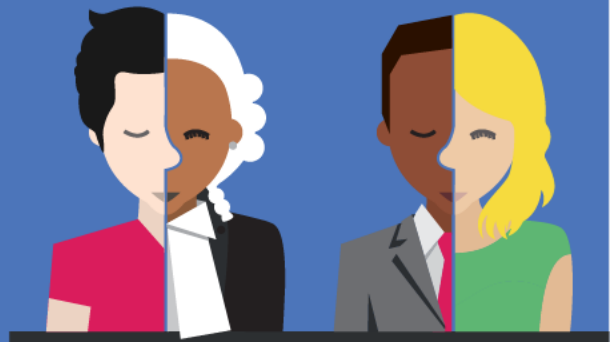

Warning Signs

- Reduced self-care,
- Increased social isolation,
- Seeking out contact or time with potential victims,
- Increasing sexual preoccupation,
- Increasing pornography use,
- Increasing sexual fantasy,
- Increased masturbation,
- Increasing distance in their primary intimate relationship (if they have one),

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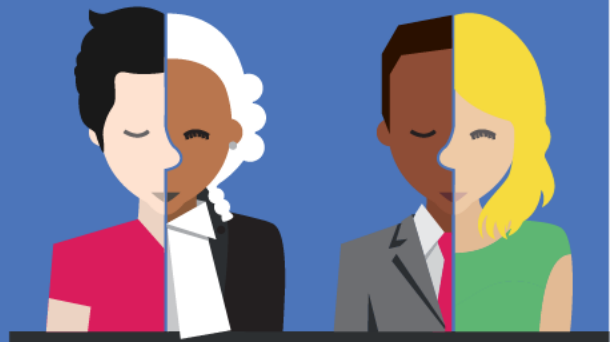

Warning signs continued…

- Decreased communication,
- Increased superficiality in conversation/interpersonal relationships,
- Increasing risk taking behaviours (e.g., walking home past a school etc),
- Keeping secrets and lying,
- Increased irritability,
- Increasingly distorted thinking,
- Increased substance abuse,
- Withdrawing from people who will hold them accountable,
- Lack of responsibility and failure to attend to appointments etc,
- Increased grooming behaviours.

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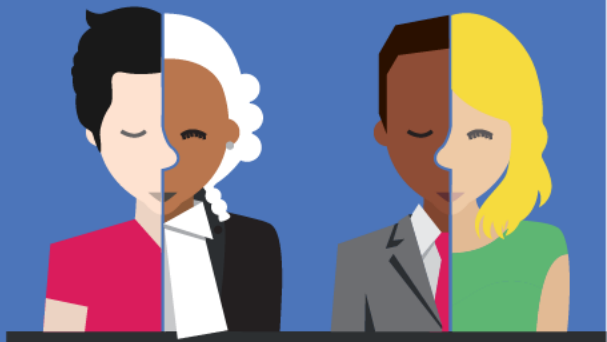

Treatment for Sexual Offending

It should proceed from a comprehensive assessment of risk because:

1) forensic treatment should focus on addressing those issues that are directly related to the offending or abusive behaviour (i.e., criminogenic needs),
2) because according to the Risk, Needs and Responsivity principle, it is important that treatment dosage (or intensity) should directly relate to the degree of risk that a person poses.

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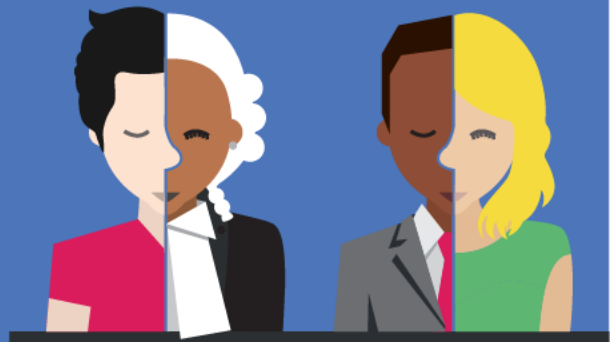

Treatment Dosage

Low

- Low intensity
- Minimum supervision
- 100 hours of treatment

Mod

- Medium intensity
- Moderate supervision

High

- High intensity
- Intense supervision
- 300 hours of treatment

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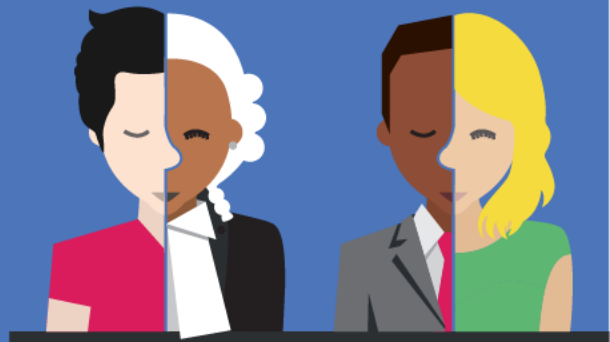

What Works?

CBT treatment that:

- increases the person's insight into the antecedents to their offending behaviour,
- allows them to develop accountability in relation to the same,
- facilitates an awareness of victim impact,
- addresses deviant sexual interests and patterns of distorted thinking,
- increases the person's skills to cope with emotional difficulties and life stressors better,
- improves the offender's capacity for meaningful and mature intimacy, and
- facilitates the development of a comprehensive plan for future risk management.

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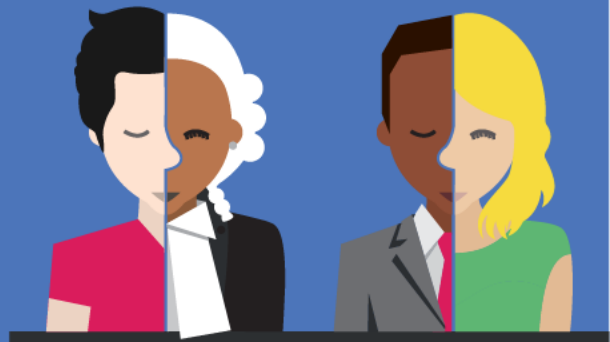

Group is Better

Group work is better able to address issues of identity (Collins & Nee, 2010),

Groups facilitate a sound understanding of offence-related concepts (Collins, Brown & Lennings, 2010),

Groups provide important access to social supports (Day, 1999; Frost, Ware & Boer, 2009).

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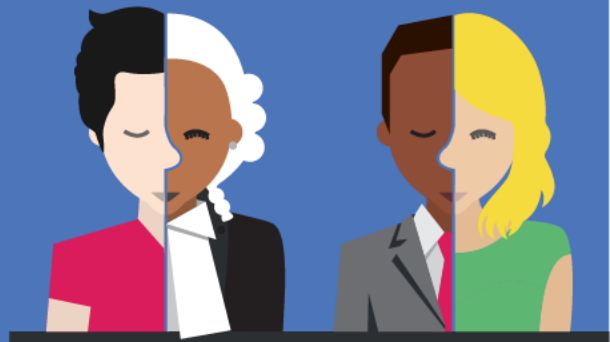
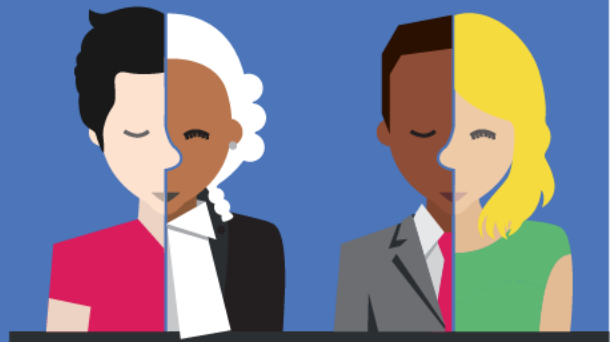


The Gains

Allam & Browne (1998) – treatment gains can be between 36 and 69%

Group therapy in prison!



Treatment Components

Criminogenic needs: factors that contribute to offending behaviour generally:

- Antisocial attitudes
- Substance abuse
- Coping skills deficits
- Deviant sexual interests

Responsivity: the programme needs to be responsive to the needs of the client group so that it is usable and includes consideration of issues such as attitude and motivation

Social cognitive skills training: interpersonal and social skills designed to assist offenders in developing skills for dealing with complex social situations more appropriately. For example:

- Problem-solving,
- Communication

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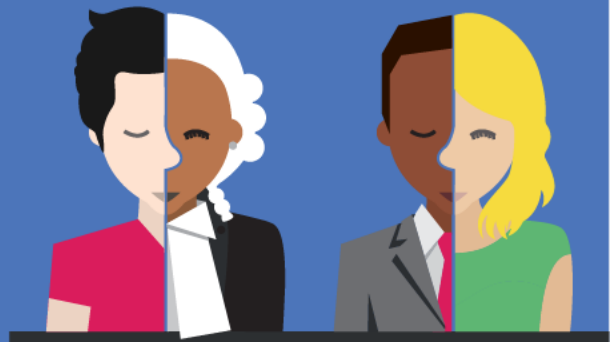

In my programme…

- The primary targets of treatment are:
  - Addressing the criminogenic needs associated with sexual offending behaviour,
  - Addressing issues of sexual deviance,
  - Developing an understanding of consent and sexual boundaries,
  - Developing an appreciation of victim empathy,
  - Challenging offence-related cognitions,
  - Developing a comprehensive understanding of the sexual offending behaviour,
  - Developing skills for managing safety within the community,
  - Developing and maintaining an appropriate support system within the community.

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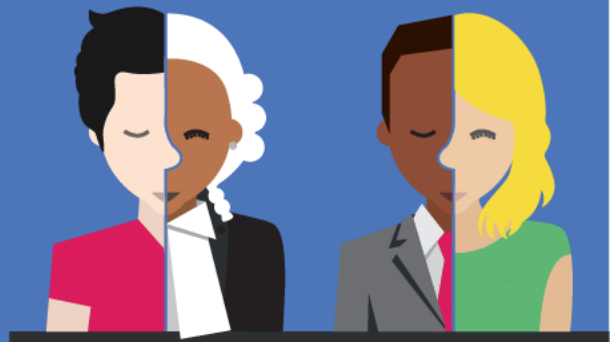

The secondary targets of treatment are:

- Developing self-awareness,
- Developing impulse control skills,
- Improving skill at giving support and feedback to others,
- Improving skill at receiving support from others,
- Improving accountability and responsibility,
- Increasing emotional awareness,
- Improving communication skills,
- Improving conflict resolution skills,

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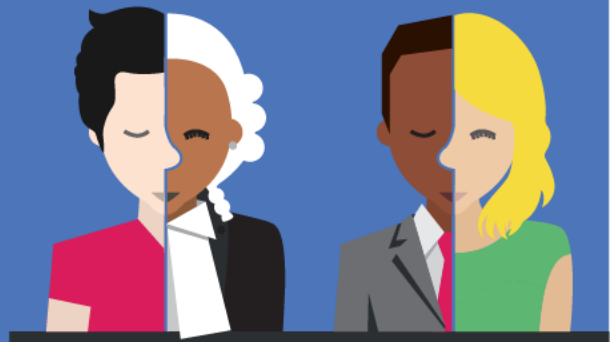

- Continued…
  - Improving relationship/social and intimacy skills,
  - Increasing awareness of aspects of intimacy other than sexual behaviour,
  - Increasing confidence and self-esteem,
  - Challenging dysfunctional or unhelpful thinking styles and establishing more helpful ways of thinking,
  - Challenging maladaptive coping strategies and developing more positive coping skills,
  - Increasing prosocial attitudes and values,
  - Create positive, prosocial future goals,
  - Enhance motivation for change.

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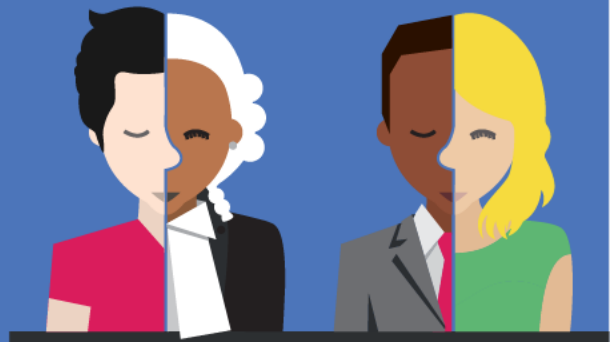

Trauma Informed Care

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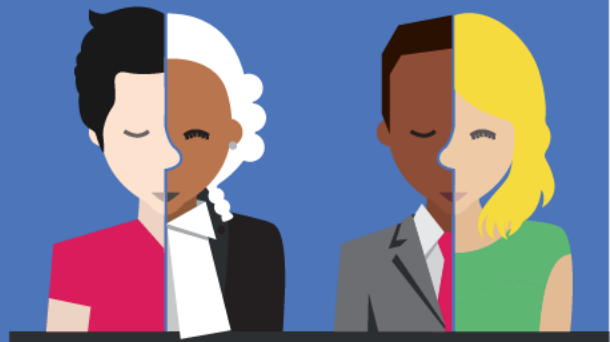

Risk Avoidance

A “Good Life”

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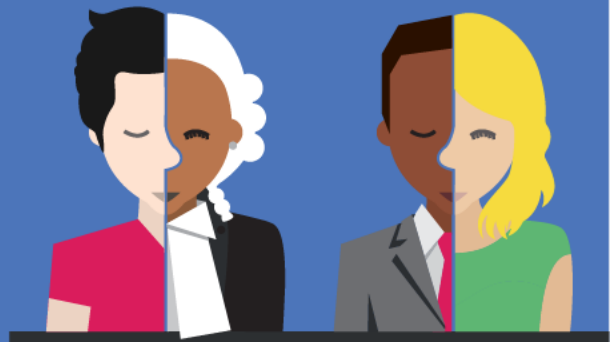

A trauma informed approach aims to:

- Recognise the impact of trauma on clients, on professionals, on organisations and on systems,
- Recognise the signs and symptoms of trauma relevant across these layers,
- Incorporate a recognition of trauma and its impacts across layers of service, practice and policy,
- Actively avoid retraumatisation wherever possible, and
- Avoid practices that perpetuate trauma.

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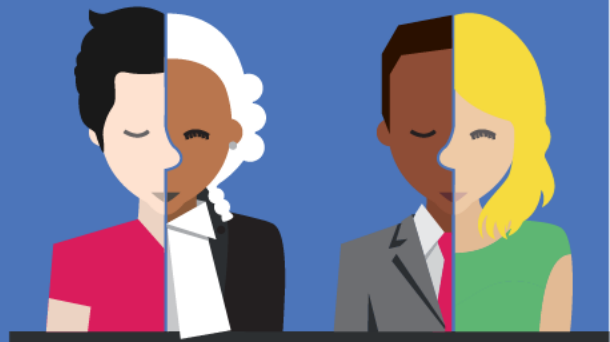

Adopting a trauma informed approach to care can:

- Improve client engagement,
- Minimise treatment drop out,
- Maximise treatment outcomes,
- Decrease client symptom/dysfunction,
- Reduce further incidence of destabilisation and dysfunction,
- Assist in sustaining long term change,
- Reduce professional burn out,
- Reduce staff turnover,
- Maintain professional and organisational wellbeing,
- Greater collaboration with stake holders.

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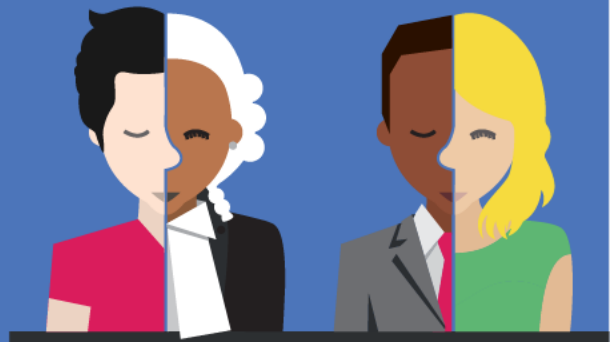

Core Principles

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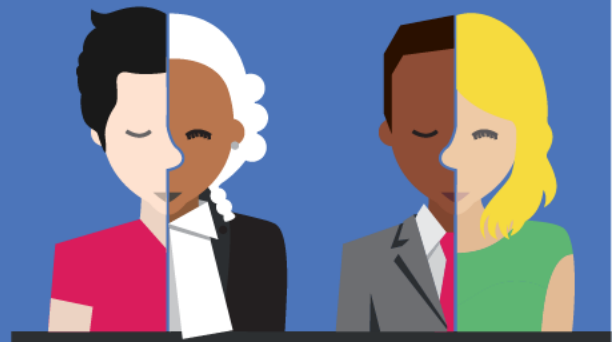

Professional Self Care

Client Challenges:

Embarrassment **Fear of judgement** **Poor stress/emotional coping skills** **Limited interpersonal skills that make it hard to build rapport** **Gender issues between clinician and client** **Poor motivation**	**Shame** **Poor self-esteem** **Acquiescence** **Lack of trust in authorities due to past experiences** **Lack of understanding about their rights and responsibilities** **Loss or lack of personal and social support.**

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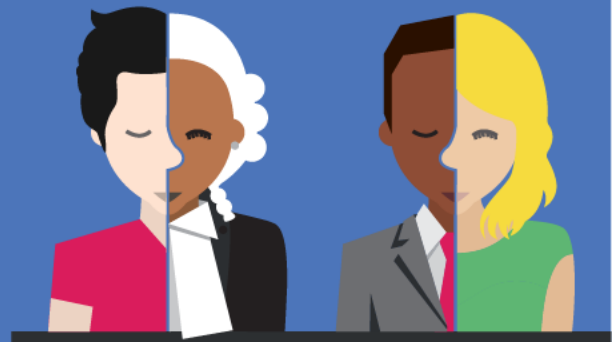

Professional Challenges:

Discomfort in discussing sexual matters **Judgement in relation to the clients' behaviour** **Personal histories of trauma** **Being a parent** **Perseverance**	**Dealing with client resistance, defensiveness and/or denial** **Client poor boundaries** **Emotional neediness** **Lack of peer or organisational support** **High work load**

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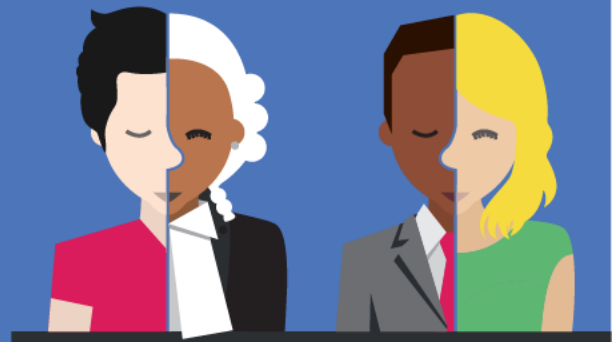

Don’t forget community resistance!

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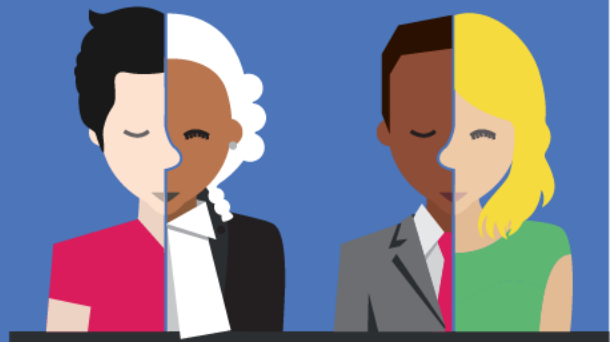

Recommendations

- Make sure you encourage and maintain the support from friends and colleagues,
- Wherever possible, work as a team
- Maintain professional supervision (something I believe REALLY needs to happen for lawyers – discuss)
- Maintain reflective practice
- Ensure safety practices are in place both physically and emotionally
- Take time out from work when you can
- Maintain a balanced case load – try not to have too many sex offenders on your caseload at any one time
- Seek advice when you need it

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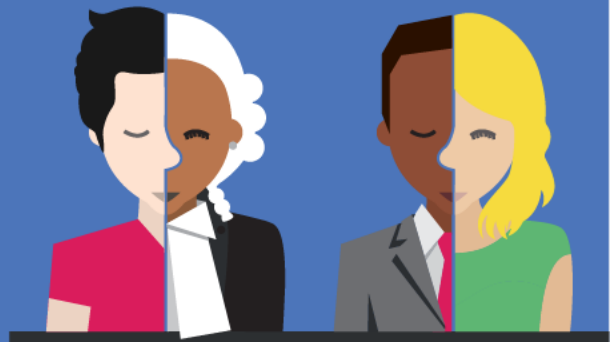

Continued…

- Recognise, be honest about and set limits when you need to
- Schedule your day/week for variety and breaks
- Seek personal therapy if needed
- Remind yourself of goodness in the world wherever possible
- Monitor transference and counter-transference (discuss)
- Acknowledge the impact of this work
- Maintain work/life balance
- Keep communicating with others.

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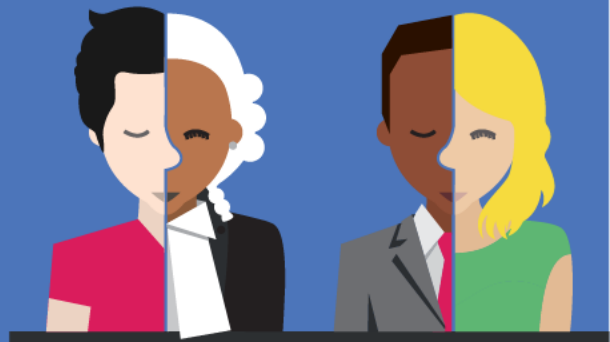

Questions???

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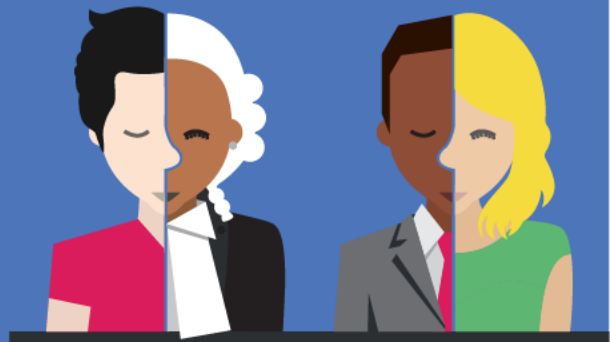

Thank you

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