

Psychological Treatment for Sexual Abusers: What is Sexual Abuse, Intensive Therapy, and Aftercare

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What is sexual abuse?

Sexual abuse occurs when any sexual act is performed on another person without his/her consent or in circumstances where consent cannot be freely given. Forcibly raping a person by overpowering them with violence may be the clearest example of sexual abuse but less dramatic forms can be equally harmful.

What makes sexual abuse abusive is the use of power of any kind to gain access to sexual activity with another person. Power comes in many forms including physical strength, psychological manipulation, seduction, and holding a position of legal, spiritual, or moral authority over another. Sexual abuse is about the misuse of power to gratify one's own needs without the free consent of another person far more than about sexual urges or proclivities. Simply put, sexual abuse is more about power than about sex. It is most often performed by a person who possesses great power in the eyes of others, especially others who are clearly weaker than he, but who experiences himself internally to be quite powerless. Consequently, he experiences relief from utter powerlessness by assuming a position of power over more vulnerable others.

The ability to give consent to a sexual act is really determined by the person's freedom to say "no" rather than his/her freedom to say "yes." In an equal, mutual relationship, expressed sexual interest that continues after the other person has said or implied a no becomes sexual harassment and may become sexual abuse if the perpetrating party uses any kind of force to evoke apparent consent for the sexual activity. Sexual abuse occurs in circumstances in which there is no possibility that a person has the freedom or the capacity to refuse the sexual encounter. These circumstances include differences in age and developmental maturity, moments of increased vulnerability due to trauma, loss, shock, or emotional instability, diminished mental capacity of any kind, and any difference in power as a result of the position a person holds in the other's life.

The law talks about relationships of Fiduciary Trust. These relationships define a power differential arising from the role a person holds rather than his own personal psychology. Despite the psychological reality that a priest may be woefully underdeveloped and sexually immature, because he holds a position of trust within the community, he is considered to be the one with the power, the authority, and the maturity to be worthy of the trust placed in him by virtue of his position. The violation of trust and the loss of any reasonable sense of safety, even in the presence of those who are supposed to be protectors, is what makes sexual abuse such an egregious moral problem. The violation of that trust profoundly damages the soul and spirit of the victim at the most core level possible. Consequently, any sexual activity that occurs between a priest and anyone else that occurs within a ministerial context (pretty much whenever the other knows that a priest is a priest) would fall into the general category of sexual abuse and be subject to criminal or civil liability.

This includes any situation in which a priest might claim to have been seduced by another person. While that may, in fact, be the psychological truth, the legal truth is that because a priest has a role with significant power over others, he is responsible to maintain the fiduciary trust at all times. In other words, it is always the responsibility of the priest to appropriately maintain his own boundaries. It is not the responsibility of those to whom a priest ministers to maintain those boundaries.

Sexually Abusive Behaviors

Sexual Intercourse or any form of sexual penetration

Sexual Fondling or touching of a genital area

Sexual kissing and hugging

Exposure of genitals of either perpetrator or victim

Nudity of either perpetrator or victim

Inappropriate sexualized language

Viewing pornography in the presence of a vulnerable other

Viewing pornographic images of minors

Massage when not a Registered Massage Therapist

Medical Examinations when not a Health-Care Professional

It is impossible to determine what impact any sexualized action will have on the victim and so it is very dangerous to say that one form of sexual activity is not as harmful as another form. Sexual Abuse, because it is without the consent of the victim, is a serious violation of the person's sense of safety, personal integrity, and spiritual dignity.

Forms of Clergy Sexual Abuse

Sexual Activity of any kind with minors irregardless of the relationship, apparent mutuality, consent, or even initiation on the part of the minor. This is usually a criminal offense and carries serious civil liability as well.

Sexuality Activity of any kind with vulnerable adults. Vulnerable adults include anyone whose capacity to give free consent is diminished. Depending on the kind of vulnerability at play, this may be criminal but it is certainly subject to civil litigation.

Sexual Activity with anyone with whom you have an explicit or implied pastoral relationship. Rather than be classified as sexual abuse, this is often referred to as sexual misconduct in violation of ministerial boundaries. So far, this is generally subjected to civil liability.

In addition to inappropriate sexual activity, priests need to be cautious about any type of professional boundary violation that entails using the power inherent in the ministerial role to gratify one's own needs rather than offering the most appropriate care to another person.

Sexual Activity by someone with a vow or a promise of celibate chastity, that is not either sexual abuse or a boundary violation, is behavior in violation of a vow of chastity. There is no criminal or civil liability for this but it indicates a potentially serious lack of integrity that may well be evidence of a psychological disorder.

Psychological Disorders that may underlie sexually abusive behavior by clergy.

Personality Disorders

Personality Disorders in general are patterns of behavior that were at one time essential for survival and protection against perceived external or internal threats but that now cause severe impairment in social and occupational functioning.

Antisocial Personality Disorder: Persons with little or no regard for the impact of their actions on others to the extent that they seem to have no conscience whatsoever. Persons with this disorder have little or no ability to experience empathy for others and appear to act according to their own whims and desires for self-gratification. May arise from the belief that the only way to be safe is to hurt others before they hurt you.

Narcissistic Personality Disorder: Narcissists display an overly inflated sense of their own value that is actually masking deep insecurity and shame. In order to keep the shame at bay, they require constant admiration, validation, affirmation, and worship from

others and will be highly manipulative in order to receive this. Having vulnerable people worshipping them and expressing it sexually is a way of fuelling their Narcissist energy.

Dependent and Avoidant Personality Disorders: These disorders render a person very vulnerable to becoming enmeshed in inappropriate relationships that may easily become sexualized. Their desire for closeness combined with their belief that they are not lovable invites them to respond to anyone showing them affection without awareness of the power inherent in their role and appropriate boundaries.

Addictions

Substance Abuse and Dependence: Always impairs judgment!

Sexual Addiction: The adrenalin rush of the pursuit of sexual activity is intoxicating and often requires more and more dangerous sexual pursuits to feed the addiction.

Sexual Disorders

Unintegrated Sexuality: A lack of attention to the realities of one's sexual nature that prevents including sexuality in one's self-concept. It often arises from shame-filled attitudes toward sex, and especially what might be thought of as any sexual deviance, such as homosexuality. Deliberate efforts are made to deny or repress sexual urges and feelings to the extent that they are not allowed into consciousness. Consequently, sexuality becomes compartmentalized and will be acted out without any check from the rest of a person's self-understanding.

Pedophilia and Ephebophilia: Pedophilia is diagnosed for persons whose primary sexual interest in is prepubescent children. Ephebophilia is an inordinate or exclusive sexual interest in adolescence. Pedophilia, in particular, is likely an organic dysfunction in the brain rather than an actual choice. That dysfunction could be caused by pre-natal or post-natal trauma, including the experience of being a victim of sexual abuse. Ephebophilia is more likely due to arrested development in the process of sexual maturity.

It is important to note that finding adolescents and even children sexually attractive is normal for human beings. Finding them exclusively attractive is abnormal. Acting on those urges, natural though they may be, is criminally dangerous because of the harm such behavior causes to the victim. Analogously, it is normal for human beings to have aggressive and violent urges even to the point of murder. Acting on those urges is problematic.

Consequently, the real psychological difficulty related to those who perpetrate sexual abuse is their capacity to regulate their behavior — not their desires, or impulses, or interests — with effective controls. Ideally these are internal controls, generated from within the person, in accord with his conscience, socially responsible values, and his personal integrity. However, internal controls are rarely, if ever, sufficient to regulate the behavior of any human being driven by the powerful forces of sexuality or aggression. We all need some external control to reinforce our internal controls, but some of us need more than others in every situation, some need more than others in particular situations, and society needs to exercise external controls over those who are utterly uninterested in exerting any control over themselves.

Intensive Treatment of Sexual Abusers

Sound treatment of any psychological or behavioral difficulty first requires a thorough evaluation of the person's psychological functioning. Such an evaluation would locate the existence of any psychopathology such as depression, anxiety, a thought disorder, substance abuse, and the experience of trauma in a person's history. The presence of any of these weakens a person's capacity to exercise proper judgment about his behavior and the internal controls necessary to act appropriately. It would also explore the relational dynamics within his upbringing, the process of his sexual development, medical problems, and his spirituality and religious values all of which will tell us something about his capacity to behave in an integrated fashion.

It is possible to administer a test of sexual interest to see if a person has abnormally high interest in children or adolescents but this is not foolproof by any extent.

It is a myth that sexual abuse as a behavior arises from the same disorder in everyone who engages in that behavior and so a one-size-fits-all treatment is not appropriate. To treat the problematic behavior through punishment or attempts at extinction or the raising of consciousness about its harmful or sinful nature is inadequate without treating the underlying causes that prevent a person from exercising appropriate internal control over his actions.

As is clear from the above list of disorders underlying sexually abusive behavior, work on the personality organization of perpetrators of sexual abuse is foundational. The bad news about this is that such work is very difficult and takes quite a bit of time. There is no quick fix to a personality disorder as those patterns of behavior are well-entrenched and are likely to resurface under times of stress. The most amenable personality disorders to treat are the Dependent and Avoidant Disorders, while Narcissistic and, especially, Antisocial

Personality Disorders are very difficult to treat because, by their very nature, these disorders make accurate self-awareness very difficult.

Effective treatment for sexual abusers needs to be holistic and approach the person's behavioral control difficulties by treating psychiatric illnesses with appropriate medication and therapy, establishing a solid plan of recovery from addictive processes, assisting a person to integrate his traumatic experiences appropriately, and considerable work on his overall personality functioning. This requires being in a controlled setting where he receives heavy doses of feedback from others about what it is like to be in his presence and the impact that his actions have on others. It requires an environment in which new behaviors can be practiced and reinforced.

Like most dangerous behavior, a proclivity to sexual abuse thrives in isolation and secrecy. Consequently, a large part of the treatment of sexual abusers involves encouragement to "come clean" with their entire sexual history and history of abuse, not just the incidents where they may have been caught. This kind of transparency is essential to building a system of accountability and support that will minimize the possibility of offense in the future. A growing sense of awareness of their impact on others, despite how contrary this usually is to their general understanding of themselves is also an essential part of therapy. At Southdown we have the rather unique therapeutic opportunity to almost always have perpetrators of sexual abuse in therapy groups with victims of sexual abuse. Hearing the stories of the suffering undergone by the victims has a way of breaking through the denial or minimization of harm that perpetrators naturally use to protect themselves from knowing the truth about them.

The goal of treatment is to maximize as much as possible whatever capacity for internal controls a perpetrator may have. There is no such thing as a cure. There is no such thing as declaring a person to be "safe." There is no such thing as "low risk." There will be at best, after a course of treatment, some better assessment of where, when, and why a person will need external controls to augment his internal controls in order to behave safely and appropriately. A successful treatment, in my view, occurs when a person acknowledges and accepts the need to have external monitoring of his behavior and is willing to be accountable to that external monitoring. That is not easy to accomplish. One rule of thumb that I follow is that I will consider a person dangerous until he considers himself dangerous enough to acknowledge his need for restrictions, accountability, and monitoring to be safe. The more a man tries to convince me that he is now safe because he has done well in treatment, the less I would trust him.

Aftercare

As no one is ever cured (and this is actually true of any psychological or behavioral disorder) from being a perpetrator of sexual abuse, it necessary to assume that aftercare will last a lifetime and that external control of his behavior will be constantly essential to maintain his safety and the safety of others.

Certainly aftercare needs to minimize the possibility that he will be in situations of risk of any kind for him. These situations range from very high risk (e.g., taking teenagers camping without any other adult supervision) to situations of lower risk (e.g., participating in a semi-public community celebration). Risky situations will vary from individual to individual and have everything to do with his patterns of behavior, especially those behaviors he has engaged in without the knowledge of anyone else. They should include even those situations that we generally consider to be “off-limits,” like vacations and family visits.

A safety plan can be developed that is detailed according to the situations of risk but should also include more ordinary and everyday situations. A system of accountability regarding one’s activities and whereabouts needs to be established that includes proactive questioning on the part of the “supervisor.”

This type of supervision is extremely countercultural for most clergy and religious, especially for those charged with the work of supervising and calling a confrere to accountability. For it to be effective, it requires a real sea change in our culture regarding transparency and privacy.

Continued attention to psychiatric care, psychotherapy, participation in 12-step recovery groups is essential to mitigating the possibility of re-offense. Here again, trusting a perpetrator to carry this out on his own is not okay. It sounds harsh, but any tendency toward secrecy and isolation is a danger sign. Neglecting his continued therapeutic work is a genuine cause for concern as it will be the primary way of maintaining whatever capacity for internal control he may have. Group therapy is likely to be very helpful in continuing to provide a check on his own overconfidence regarding his safety.

An enormous challenge in the effort to maintain safety for perpetrators of sexual abuse is to find meaningful activity with which to fill their days. At best, their opportunity for ministry will be very restricted and it is likely that public ministry of any kind will not be allowed. There is only so much work to do in the province archives and so finding ways for these men or women to be gainfully employed and safe at the same time is difficult. Many are unwilling

to accept jobs that they consider beneath their dignity, but finding a job consistent with their perception of their worth is not likely. But jobs are available that are well supervised and contribute to the service of the world and the upkeep of the common good. Once again, the willingness of a man to accept a somewhat menial job rather than refuse to do anything less than full-time unrestricted ministry is a positive sign.