

# Working with people who commit sexual offences and their families

Juliet Grayson chooses to work with perpetrators of sexual abuse. Working with one person who is determined to change their behaviour has the potential to protect many others from becoming victims

**When I tell colleagues that I work with sex offenders, I receive one of two reactions. Either they look at me with fresh eyes and a new kind of respect, or they step back away from me as if just by being near sex offenders I might be contagious. It reminds me of ancient biblical stories about leper colonies. Whereas, in fact, these clients rarely have the 'dark energy' that we might imagine. They are just normal human beings and usually very likeable.**

### Ignorance among therapists

When considering working as a psychotherapist with this client group, I think we have a responsibility to be very clear about the law with regard to reporting a sexual offence. I am astonished at the ignorance amongst therapists about this. At a conference where I gave a keynote talk last year, I asked about the law in relation to reporting a client who had been looking at child abuse imagery. Almost half the psychotherapists and counsellors in the audience thought they had a legal requirement to report, but there is no law that requires someone in private practice to disclose that they are seeing a client who is looking at underage images. One colleague wanted to clarify this, so contacted the Home Office about it. The Criminal Law

Policy Unit replied: 'With regards to your question: If a client confides in you during the course of therapy that they had been viewing child pornography on the Internet, whether you would be obliged to disclose this to the authorities. There is no specific requirement in The Protection of Children Act 1978.'

### Exploring ethical choices

As therapists, we need to explore our ethical choices and think about how to respond to different situations. Imagine David, a quiet, slim, 48-year-old man who has been attending therapy with you for three months. He is working on his anxiety and depression, and you have formed a good therapeutic alliance with him. You like him a lot: he is an engaged and willing client. Then, one session, he arrives late and unshaven. You wonder what is happening. He looks embarrassed and blurts out that from his bedroom window he can see a woman who gets undressed every night at the same time. He has been watching her for more than six months and regularly masturbates as he watches her. He is sure that she doesn't know that he is there. Recently, he has found himself going for night-time walks, with binoculars in his pocket, hoping to see other women undressing. Last week, he took a video camera out for the first time. What do you

do, now that you know that he is crossing the line into illegal behaviour? Do you stop seeing him? Do you like him less than you did before you knew this? Would you report him? Who to? Again, there is no legal obligation to report a man who has done this if you work in private practice (it is different if you work in the NHS or social services). Many therapists do not want to work with someone whose behaviour is escalating in this way, but if he is absolutely clear that he is very motivated to change and wants to stop, would you keep working with him?

## No law requires someone in private practice to disclose that they are seeing a client who is looking at underage images

We all run the risk that a client suddenly tells us about their 'dark secret'. The whole issue of paedophilia and sex offending is increasingly in the news. People are talking about it. I think that we, as therapists and supervisors, need to think this through beforehand, and be prepared in case one of our clients surprises us like this. Will we work with him or her? If we prefer not to, then where can we refer them?

### StopSO: connecting clients and therapists

It was for precisely this reason that colleagues and I set up StopSO, the Specialist Treatment Organisation for the Prevention



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of Sexual Offending. StopSO ([www.stopso.org.uk](http://www.stopso.org.uk)) is a not-for-profit organisation with a UK register of psychotherapists, counsellors and psychologists who will work with sex offenders and their families. By acting as an introduction agency, StopSO can match clients who are actively seeking help with therapists who are trained to work with them. Some StopSO therapists are willing to work with people who have worrying thoughts about sexual offending, and, because UK law allows therapists in private practice to do this, we have therapists who will see people who are offending but have not yet been caught.

StopSO provides training to all these therapists, covering the law, ethical issues, risk assessment, treatment interventions and working with the partners of those who have committed a sexual offence. This is especially important because sexual offending has such a devastating effect, not only on the person who has been sexually abused but also on all those who are connected to the perpetrator. Imagine the stigma that a husband or wife (or parent) feels when their partner (or child) is questioned by the police about sexually inappropriate behaviour. Imagine losing your job as a teacher in an infant school because your husband has been convicted of viewing child pornography. It can often take months or years for the case to go to court, so the whole family may need support during that time.

## These clients rarely have the ‘dark energy’ that we might imagine

### The importance of accuracy

The term ‘paedophile’ is constantly misused by the media. The psychopathological definition of a paedophile is a person who has a *persistent sexual preference* for prepubescent children. It is generally acknowledged that 1 per cent of the population are paedophiles. And having a preference does *not* mean they are acting on it. In Germany, they handle issues of paedophilia differently. Their initiative Prevention Project Dunkelfeld ([www.dont-offend.org](http://www.dont-offend.org)) offers confidential therapy to any self-identified paedophile. It is supported by German law, where it is considered a breach of confidentiality for the treating therapist to report either a committed or a planned child sex abuse offence. Their slogan sums it up: ‘You are not guilty because of your sexual desire, but you are responsible for your sexual behaviour. There is help! Don’t become an offender!’

Some therapists say to me, ‘I cannot work with sex offenders because I work with people who have been sexually abused.’ This one always floors me. I don’t understand what the problem is with working with both sides of the coin. One 50-year-old client, who had been coming to me for several years, had been used by a paedophile ring when he was a child. He said, ‘Thank God you are working with the abusers. It is only when they get help that this will stop.’ He is not a saint and in our sessions he is capable of showing huge anger and outrage at what happened, as well as fear and heartbreak at the cost to him and his wife (he avoids affection and sexual contact with his wife – sex has been too contaminated for him). But he has never once suggested that I should not be working with the people who have committed similar unspeakable acts.

### Historical trauma

I run a group using the method Pessó Boyden System Psychomotor (Grayson, 2014). I have noticed that, without exception, all the sex offenders – and this matches the research – have had a trauma in their history, often at around the age of eight or nine, a vulnerable time for boys when the sexual template comes online (it is about six

or seven years old for girls) (Hudson Allez, 2011). Typical historical issues we work on include severe neglect, violent parents, the unexpected death of a beloved grandfather, and, in just one case, sexual abuse as a child. By processing the trauma and re-integrating lost parts of themselves, clients say they feel calmer, more peaceful, more tolerant, and more able to manage difficult feelings without feeling overwhelmed. Their desire to act out is reduced and they seem more able to live by society’s rules. This group comprises members of the general public working on general therapeutic issues alongside those working on their sexually inappropriate behaviour. Everyone knows there are sex offenders in the group, but all are welcomed and treated the same, which itself is therapeutic for those who have offended. As the dynamic of the group is to work on history, unless the client mentions it, the group do not know who the sex offenders are. The sobering truth is that you cannot tell by looks and they don’t usually have a ‘creepy’ energy.

I love working with people who really want to change, and I have found that most of the clients I see who have engaged in sexually inappropriate behaviour are hungry to find tools that work. They want to grow, develop and live good lives. I have made a choice. I can work with *one* person who has been sexually abused and do good and important work for that one person. Or, by working with one perpetrator who is motivated to change, and breaking the cycle of abuse, there is a chance that I may help to prevent *many* people from becoming a victim.

### References

- Grayson J (2014). ‘Back to the root: healing potential sexual offenders’ childhood trauma with Pessó Boyden System Psychomotor’. In G Hudson Allez (ed) *Sexual diversity and sexual offending* (1st edn). London: Karnac: 251-273.
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