

[Wisconsin Public Psychiatry Network Teleconference \(WPPNT\)](#)

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Wisconsin Recovery Implementation Task Force

Sexual Exploitation in Mental Health Services

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Introductions

- Karen Lane
- Ellie Jarvie

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Prevalence of Violence

- Media portrays people with mental illness as dangerous.
- Is this accurate? The data tells us no.
- Over 35 years of research shows that people with mental health issues are more likely to be victims of violent crime.

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What are the Facts?

A 2005 national survey of violent crime showed that people with severe mental illness were 11 times more likely to be a victim of any type of violent crime; 22 times more likely to experience rape, and 15 times more likely to experience sexual assault within a one year period.

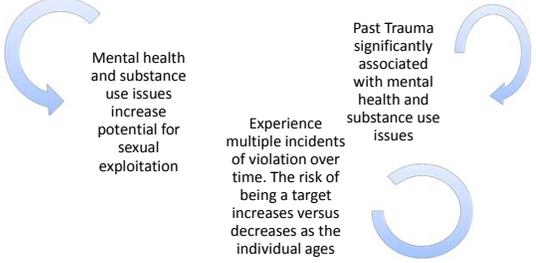


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Cyclical Experience of Violence and Mental Health



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Exploitation Often Happens within Helping Relationships

- Intimate Partners
- Family
- Friends
- Healthcare Providers
- Stranger



Listed in order of prevalence for sexually motivated crimes against people with mental health issues.

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This is Still A Problem?

- Ten percent of therapists self report sexual contact with clients (Pope, et al)
- The Medical Examining Board of Wisconsin reports 9 percent of board actions were for sexual violations between 2002-2006 (2012 report)
- Wisconsin was one of the first states to criminalize sexual exploitation by mental health providers, yet our law is incomplete
- Very few incidents are reported either through criminal or civil means due to the nature of the offense

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Traumatic Bonding

- Traumatic bonding occurs as the result of ongoing cycles of abuse with intermittent reinforcement
- Strongest bonding occurs when there is an emotional, physical, or psychological dependency on the abuser/perpetrator
- Dependency may be “real,” not just psychological, as the role of abuser and carer are often intertwined
- Traumatic bonding is a biological/physiological response

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Common Experiences after Sexual Abuse

- Guilt and Shame
- Impaired Ability to Trust
- Extreme Ambivalence
- Emptiness and Isolation
- Fluctuating Emotions
- Suppressed Anger
- Sexual Confusion
- Increased Suicidal Risk
- Substance Use Disorder
- Role Reversal and Boundary Disturbance
- Cognitive Dysfunction

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Warning Signs: Behaviors of the Provider

- Acts and talks in a sexually suggestive way.
- Discusses their personal life or problems in detail.
- Extends your session time.
- Schedules appointments when no one else is around.
- Says you need special treatment.
- Offers you special favors.
- Gives you drugs or alcohol, or even use them with you.
- Gives you gifts often or gifts that cost a lot of money.
- Contacts you at odd hours or when not agreed upon.

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What Can We Do?

Know the law on therapist exploitation (Wis. Stat. § 940.22)

- Applies to: “Any person who is or holds him or herself out to be a therapist”
- Consent is not an issue
- You **MUST** have permission to report past therapist abuse disclosed by adult clients.
 - This disclosure is an exception to mandatory reporting for subsequent treating therapists.
 - This is not commonly known!



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What Can We Do?

- Distribute resources such as the Wisconsin DHS brochure: [“In Wisconsin, Treatment Never Includes Sex”](#)
- Inform People of their options listed in the brochure
- Remember that consumer control and choice is foundational in healing from sexual assault

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Online Resources for Survivors

- TELL
 - Informational articles and provides limited support through email
 - <http://therapyabuse.org/>
- Surviving Therapist Abuse
 - Support and resources for survivors of sexual exploitation
 - <http://www.survivingtherapistabuse.com/>

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References

- [Crime Victimization in Adults With Severe Mental Illness](#)
- [Kenneth Pope Research](#)
- [Gene Musser, M.D., Presentation to the Wisconsin Medical Examining Board](#)

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Questions?



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