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## **The Therapists Community Sees Sexual Abuse Everywhere Except Within Itself**

Written By Shulamit Schaferber and Uri Sherman

My fellow members of the therapists' community are great at talking about re-living assault, power dynamics, and exploitation, but we forget how much power we have. We see assaults in other communities but prefer to ignore those that happen among us. The professional background of the senior lecturer from the South, suspected of harming his daughter, was a significant factor in silencing the story. Two therapists call for accountability.

A year ago, the world of sexual trauma treatment was torn apart when the assault story of T., the daughter of a social worker, lecturer, doctor, and a significant figure in the world of trauma treatment in the southern region, was exposed. T. opened up about her difficult case of sexual abuse by her father (allegedly). It's been a year since, and now it turns out that the case is closed and that the Doctor continues to take patients.

Last Thursday, during our conversation about treating men, Revital Hovel's critical investigation into the case came up. The investigation is elaborate and comprehensive and details what has happened since, while it was too quiet around here. We then found out that the case was closed, despite a host of disturbing evidence of violence and silencing, including a recorded mother's confession.

When you read the investigation, your jaw will drop. It's hard to understand how this story goes under the radar, even after the assault has been reported. How come we have not heard of it until now?

We realized that in the face of every story of silence and silencing, we have the responsibility to think thoroughly. We wanted to point at a possibility of a blind spot.

To our understanding, one of the significant factors in silencing this story is the professional background of the (alleged) offender, the fact that he is a therapist with three degrees, a specialist in sexual trauma, who has been engaged in treatment, training, and teaching in this field for years.

When we talk about sexual assault within the community and the dynamics of community silence around assault, we immediately think about small, specific groups within the Israeli society - the ultra-Orthodox community, the LGBTQ community, the alternative community, and the like. When an assault case is published within these communities, we see an almost immediate reaction that points to the assault and the characteristics of the community that enable such assault.

The discourse of modesty, religious hierarchy, sexual permissiveness, homophobia and the need to hide aspects of your identity, the lack of boundaries and lack of academic learning and training processes, and mystical and energetic discourse that denies rationality and

logic - these are examples of common explanations for the dynamics of assault (there is also truth and importance to those, and we must deal with them).

But this case and others show us the difficulty of looking inwards into our own home - the conventional therapists' community, with all the certificates and qualifications, the long training process, the staff meetings, and case presentations. Indeed, it's hard to see that our own community also has abusers who use the exact mechanisms and tools that form the foundations of the community to exploit and harm.

An accurate and powerful example of this dynamic came immediately after the assault case by Yuval Carmi was revealed. He was a Jerusalem psychologist convicted this year of indecent acts against two patients. Soon enough, people were saying that he was engaged in yoga, mindfulness, and third-wave psychotherapy practices (he spoke with the patient he hurt about "connecting chakras") was found - here, he is not entirely one of us, he is not wholly a conventional therapist.

The usual way to respond to this in the conventional therapists' community is the explanation that other therapists work with both touch and body while maintaining our distance. These explanations remind us of the reactions of religious people to assault incidents: "But we are shomer negiah [Religious Jewish restriction of physical contact with the opposite sex - ELEM USA], so surely this cannot happen."

It is true that touch can be a gateway to assault and that the dangers involved in using it must be examined, but the lack of touch, and setting ethics guidelines - which do exist in the conventional therapy community - do not guarantee adherence to them, just as maintaining the aforementioned religious restrictions does not prevent an offender from assaulting. It is worthwhile to deal with this issue in detail, and there is room to clarify the exact way in which traditional and conventional therapy may be a hotbed for assault, and we will write more about that.

For starters, we should acknowledge that sometimes believing in the important principles and the right way of our community (conventional therapy), and emphasizing that the assaults in other communities are "ones that make more sense" - may preserve the unconscious protection of offenders in our community. There is a problem with the very belief that the training and all the practices we have mentioned as well as others, are a guarantee that there will be no assaults.

We're pros when it comes to talking about re-living assault and power dynamics, and exploitation, but we forget just how much power there is in acclaimed and qualified mental health providers who have gone through all the training and learning processes. We forget how much power veteran therapists have, who are in charge of training and mentoring care teams, how much power authority doctors, psychiatrists, psychologists and social workers have.

As in any community, it is difficult for us as caregivers to share the assault stories that happened in our own back yard, but it is our responsibility, as those who speak and teach about the desire to be there for victims. We must make our voice heard especially in these cases.

We now have a responsibility to demand recognition, justice and healing for victims who come out with their assault stories about the conventional therapists' community, and not allow for assault stories to fade into oblivion, as they so often do. We must fight for proper treatment and offender responsibility.

Or in the accurate and wise words of Judith Lewis Herman –

“It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering.”

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