



PSYCHIATRIC RAPE

Assaulting Women and Children

Report and recommendations
on widespread sex crimes against patients
within the mental health system

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Citizens Commission on Human Rights
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IMPORTANT NOTICE

For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and “diseases” of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC “DISORDERS” ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL “DISORDERS,” NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with “disorders.” In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome*. Harvard Medical School’s Joseph Glenmullen, M.D., says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases.”

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDERS.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT.

One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE’S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable “brain diseases” that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

PSYCHIATRIC RAPE

ASSAULTING WOMEN AND CHILDREN

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PSYCHIATRIC RAPE
Assaulting Women and Children



INTRODUCTION

The Defenseless Are Targeted

There could be few more bitter experiences than the desperate victim who accepts help and is then betrayed by the “benefactor.”

Imagine a 7-year-old girl who has been referred to a psychiatrist or psychologist for help with emotional problems related to incest. Suppose that the specialist then also sexually abuses the girl during “therapy.” What must be the emotional upheaval suffered by this tragic victim?

Such despicable treachery in the wake of an already serious personal crisis could only burden the victim with further emotional scars and instability.

It is also a damning criticism of those “professionals” entrusted with the task of helping people who are extremely fragile emotionally.

On October 31, 2002, French psychotherapist Jean-Pierre Tremel was sentenced to 10 years in prison for raping and sexually abusing two young patients that the court recognized as being extremely vulnerable. Tremel, age 52, claimed his “treatment” was based on an “Oriental tradition” wherein “old men introduce girls to sexual practices.”¹

Such “treatment” is never help. It is a disgusting betrayal in the guise of help, an all-too-frequent occurrence in the mental health industry:

■ A woman is statistically at greater risk of

being raped while on a psychiatrist’s couch than while jogging alone at night through a city park.

■ In a British study of therapist–patient sexual contact among psychologists, 25% reported having treated a patient who had been sexually involved with another therapist.²

■ A 2001 study reported that one out of 20 clients who had been sexually abused by their therapist was a minor, the average age being seven for girls and 12 for boys. The youngest child was three.

While compassion, common sense and decency declare that sexual abuse of patients is a serious and criminal act, psychiatrists and psychologists work hard to sanitize it—even when the victims of the exploitation are

“While compassion, common sense and decency declare sexual abuse of patients to be a serious and criminal abuse, psychiatrists and psychologists sanitize it — even the sexual abuse of children.”

— Jan Eastgate

children. Combining the invented diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* with subtle but perverse arguments, or even outright lies, they labor to decriminalize the sexual abuse of women and child patients.

Meanwhile, mental health licensing bodies rarely mete out more than the wrist-slap—temporary license revocation—a charge of “professional misconduct” and temporarily suspend a practitioner’s license to practice.

■ In 2003, the Colorado State Board of Psychologist Examiners revoked the license of Dr. John Dicke, whose treatment of a 5-year-old boy

included using sex toys. According to the boy's father, his son had been "stripped naked, tortured, restrained, verbally abused, sexually abused, brainwashed and horrified by a dildo" during the alleged therapy.³

■ In 1989, Dr. Paul A. Walters, psychiatrist in charge of student health at Stanford University, California and former head of Harvard University's Health Services' Mental Health Division, was forced to resign after allegations of his having "frequent sex" with a female patient. The woman, who had been the victim of sexual abuse as a child, was awarded more than \$200,000 in an out-of-court settlement. She said Walters had used her to perform oral sex on him, "sometimes as often as two out of three psychiatric analysis sessions per week."

Some psychiatrists, however, are criminally charged and convicted.

■ An Orange County, California psychiatrist, James Harrington White, was convicted of the forced sodomy of a male patient. After an investigation by Citizens Commission on Human Rights (CCHR), White was found to have drugged young men, then videotaped himself having sex with them. White was sentenced to prison for almost seven years.

No medical doctor, social organization or family member should hand over any person to face the mental health "treatments" that pass as therapy today.

This publication is one of a series of reports produced by CCHR that deal with mental health betrayal. It is issued as a public service and warning.



Therapist sexual abuse is sexual abuse. Therapist rape is rape. They will never constitute therapy. Until this is widely recognized however, and prosecutors and judges treat every incidence of this as such, psychiatrists, psychologists and psychotherapists will remain a threat to any woman or child undergoing mental health therapy.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate".

Jan Eastgate
President, Citizens Commission
on Human Rights International

IMPORTANT FACTS

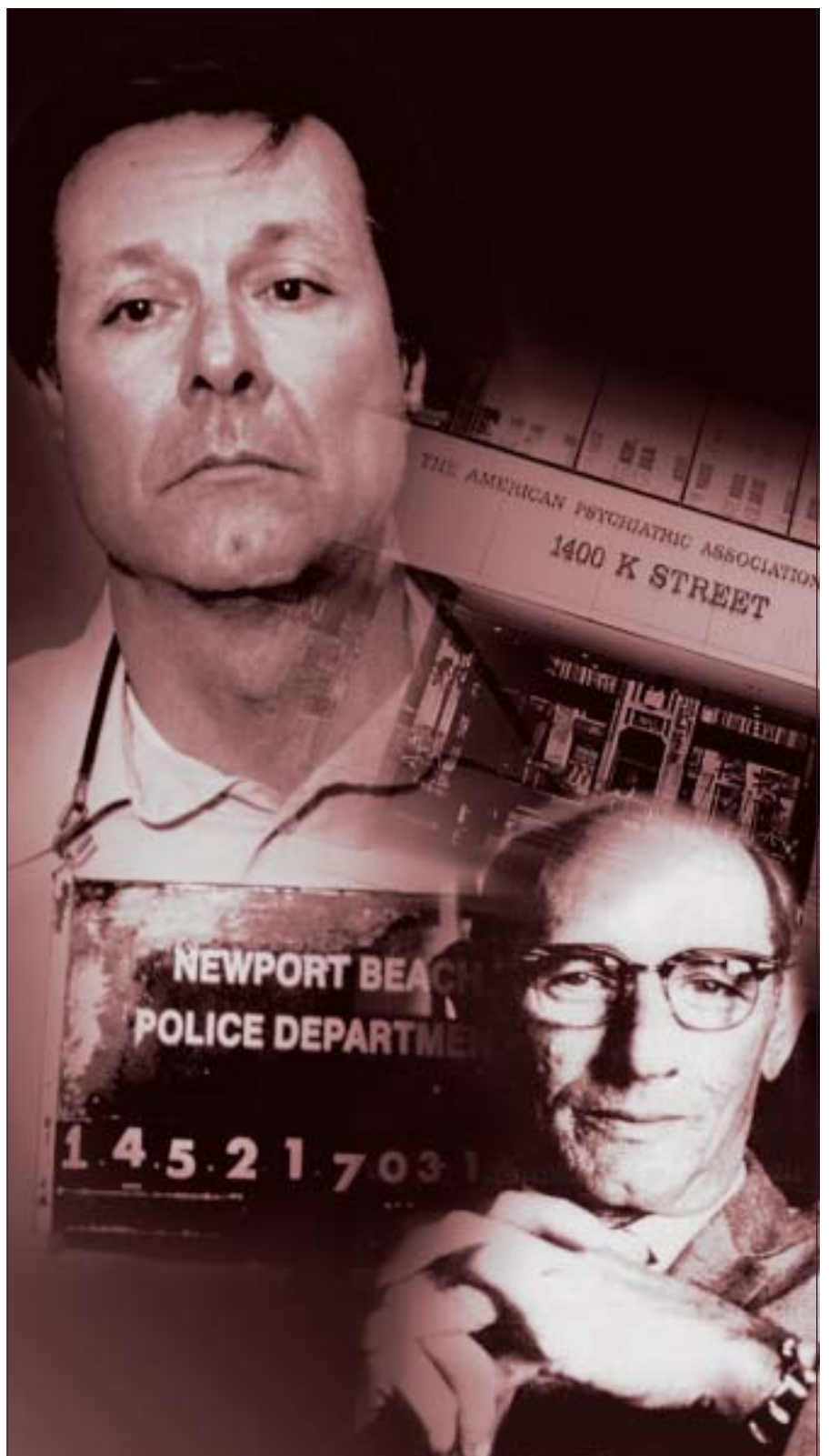
1 Between 10% and 25% of mental health practitioners sexually abuse their patients.

2 To cover up their crime, psychiatrists have used drugs or electroshock in an effort to eliminate the patient's memory of the rape.

3 It is estimated that 100 psychologists lose their licenses annually for sexual misconduct but this is rarely permanent. Yet the American Psychological Association expels only 10 members a year for this offense.

4 To cover up their crime, psychiatrists have used drugs or electroshock in an effort to eliminate the patient's memory of the rape.

5 Instead of treating sexual assault of a patient as a criminal offense, licensing boards have dealt with it as "professional misconduct," with psychiatrists and psychologists thus escaping criminal prosecution.



CRIMINALITY IS RIFE WITHIN PSYCHIATRY:

James Harrington White (left) was convicted for child sexual abuse, and Jules Masserman, past president of the American Psychiatric Association, sexually assaulted four of his patients during drug-induced sleep. He temporarily lost his license but remained as a member of the APA's Board of Trustees.



CHAPTER ONE

Rape by Any Other Name

Question: When is rape not really rape?
Answer: When the rapist is a treating psychiatrist or psychologist.

One of the most infamous cases of psychiatric “non-rape” is that of Dr. Jules Masserman, once revered by his peers worldwide as a leading psychiatric practitioner. A past president of the American Psychiatric Association (APA) and honorary life president of the World Association for Social Psychiatry, Masserman was a powerful man.

Barbara Noel worshipped Masserman, and considered herself lucky to have him as her psychiatrist. Using his professional influence, Masserman easily convinced Noel that she could get in touch with her “real feelings” by taking sodium amytal, a barbiturate used in the 1960s mind control experiments to block out memory. Noel awoke during one of the drug-induced sleeps he frequently administered to her, to find Masserman panting loudly as he sexually assaulted her.

Noel had never before realized how deep deception could run. She realized that Masserman had been drugging her for years to use her body sexually, a practice just one step short of necrophilia (sexual stimulation from corpses). Understandably, she was enraged.

However, Noel was the “mental patient.” With Masserman declaring Noel was “sick” and lying, it took seven years of court battles, and other women going public after hearing of Noel’s case, before the APA upheld the Illinois Psychiatric Society’s decision to suspend Masserman’s license to practice. But the suspension was only for five years, and it was for inappropriate use of drugs, not for rape. Meanwhile, Masserman remained a voting member of the APA’s Board of Trustees.

The APA did not see fit to banish one of its famous names, claiming the evidence was “unsubstantiated”— as if an insurance company would pay more than \$350,000 in settlements and Masserman himself would surrender his Illinois medical license voluntarily on the basis of “unsubstantiated” claims by his female victims.⁴

In one country, a review showed that while psychiatrists represented only 6% of the physicians, they comprised 28% of the perpetrators disciplined for sex-related offenses.

As reported in 1998, while the U.S. Association of State and Provincial Psychology estimated that 100 psychologists lose their licenses annually for sexual misconduct, the American Psychological Association (APA) expels only 10% of these. They can continue practicing unlicensed and with their APA membership intact.

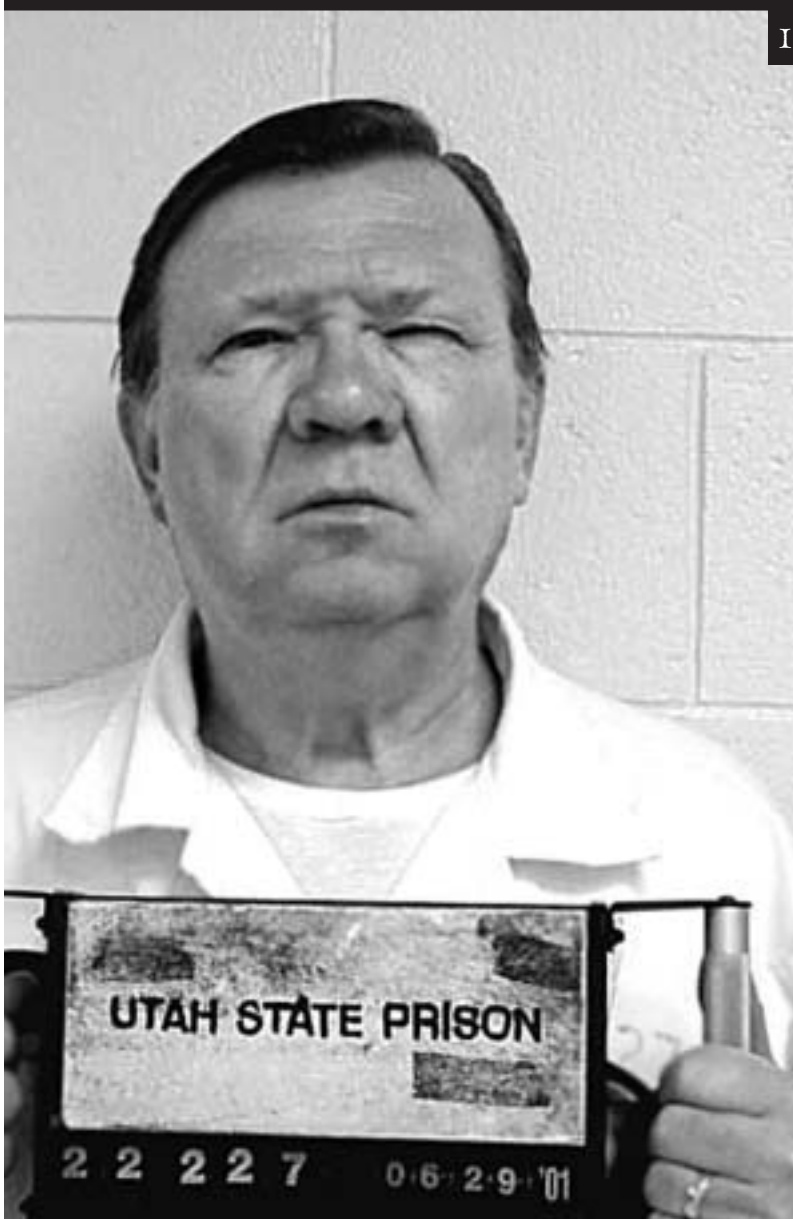
Psychiatrists and psychologists rarely refer to rape as rape. Instead, they downplay it as “sexual contact,” a “sexual relationship” or “crossing the

boundaries” when one of its members sexually forces themselves on a patient, often with the help of drugs or electroshock.

Imagine a criminal court judge hearing a defense argument that, “It wasn’t really rape, more like sexual contact.” Worse still, imagine the victim is your sister, or your daughter, who sought help from a psychiatrist in good faith because of a broken relationship. You would rightly want the rapist prosecuted to the full extent of the law. Unfortunately, that

is unlikely to happen if he’s a psychiatrist, because while psychiatric rape is punishable by the justice system in theory, the stark reality is that in most cases professional registration boards deal with it as mere “professional misconduct.”

These boards decide what discipline should be imposed, placing the psychiatric defendant beyond the law—rarely are practitioners who lose their license criminally prosecuted. Following this logic, if a plumber raped a customer, his fate



PSYCHIATRISTS AND PSYCHOTHERAPISTS are continually facing criminal charges for sexually abusing persons who seek their help. 1) Psychologist Donald Persson (left) was sentenced to 10 years imprisonment for the rape of a 12-year-old girl. 2) Psychiatrist Markham Berry (top left) pled guilty to sexually abusing six young boys who had been sent to him for help. 3) Kansas psychiatrist John Lester (top right) was sentenced to 41 months for the molestation of two young boys. 4) Psychotherapist John Ferguson (above) was one of the first to be prosecuted under a Colorado law specifically criminalizing such sexual abuse.

should be decided by a society of plumbers. That of course will not happen and in the same way, neither should such professional registration boards be allowed to operate as law.

It follows that psychiatry's perverted ethics system has been universally attacked as soft and inadequate. Australian psychiatrist Paul Stenberg took his patient to a spa where he rubbed her breasts and vagina, telling her it was "therapy." He had sexual intercourse with another patient and suggested she try heroin. In 2000, Stenberg voluntarily resigned his license, promising the medical board to reform.

Within two years, Stenberg was in the news again for sexually abusing patients. "Anne" had sought help from Stenberg for the years of sexual abuse that she and her sister had endured from their father, while their mother kept it a "family secret." Anne wanted help to "tame the memories." "But instead of helping to heal the festering wounds of incest, [Stenberg] gouged them deeper," the *Courier Mail* reported in April 2002.⁵

A 1998 review of U.S. medical board actions against 761 physicians disciplined for sex-related offenses from 1981 to 1996 found that psychiatry and child psychiatry were significantly over-represented. While psychiatrists account for only 6% of physicians in the country, they comprised 28% of perpetrators disciplined for sex-related offenses.⁶

The same year, a report from Sweden's Social [medical] Board on patient complaints over a four-year period found that psychiatrists were responsible for nearly half of the mistreatments of patients reported to the Board, including sexual abuse.

A review of U.S. medical board actions against physicians disciplined for sex-related offenses found that psychiatry and child psychiatry were significantly over-represented.



IMPORTANT FACTS

1 Psychiatrists who have sexually exploited patients have invented the following excuses: it was in the name of “love,” “impulsivity,” “a judgment lapse” or was really to “enhance the patient’s self-esteem.”

2 Psychiatrists and psychologists have been greatly assisted in their efforts to avoid criminal proceedings for sexual abuse by the introduction of the *Diagnostic and Statistical Manual of Mental Disorders—IV (DSM)* and the mental disorders section of the *International Classification of Diseases (ICD)*.

3 *ICD* and *DSM* list sexual molestation of children as a “habit and impulse disorder.” *DSM* also claims that physically abusing a child is a related mental disorder.

4 The World Psychiatric Association claims that professional codes of conduct, the study of ethics, or the rule of law by themselves “will not guarantee” the ethical practice of psychiatrists.



The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) has greatly assisted psychiatrists and psychologists in their efforts to avoid criminal proceedings for sexual abuse, decriminalizing crime by defining criminal behavior as a biologically based aberration.



CHAPTER TWO

Criminal Acts as 'Therapy'

In a 1986 U.S. survey of psychiatrist-patient sex, 73% of psychiatrists who admitted they had sexually exploited patients said they did so in the name of "love" or "pleasure"; 19% said it was to "enhance the patient's self-esteem," while the remaining excuses included "judgment lapse," "impulsivity," "therapist enhancement" and "personal needs."⁷

Almost two decades later, the excuses haven't varied. Those appearing before medical boards to explain their conduct have pleaded a "lack of judgment due to stress," an "unusually high level of sexuality," "sex is a legitimate form of treatment" and even "true love for a patient should be allowed."

Here are some other psychiatric excuses for deviant sexual conduct:

■ Virginia psychiatrist Robert C. Showalter

was an expert defense witness in criminal cases until he lost his license to practice in 1999 for forcing male patients to masturbate in front of him, calling it "masturbation therapy."⁸

■ In 2001, Sydney psychiatrist Clarence Alexander Gluskie, who was awarded an Order of Australia (highest government recognition) in 1999, was struck off the medical register over his sexual relationship with a female patient. Gluskie had adopted a "father role" during the woman's therapy sessions, encouraging her to regress to her child-

hood and sit on his lap. When he became sexually aroused he told her it was perfectly normal because children were often attracted to their parents. Gluskie lied without shame; "Genital stimulation releases chemicals in the brain that promote bonding between children and adults," he said.⁹

■ On June 21, 2002, the Ohio state psychology board suspended Dr. John Wilson's license for at least two years because of his "high need for narcissistic [erotic self-interest] gratification," and ordered treatment for alcohol addiction. During a session with a woman who suffered trauma from a plane crash, Wilson had pinned her to a chair and promised her the best sex she'd ever had. Wilson later claimed he had suffered an "alcoholic blackout."¹⁰

The American Psychiatric Association's

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the mental disorders section of the *International Classification of Diseases (ICD-10)* have greatly assisted psychiatrists and psychologists in their efforts to avoid criminal proceedings for sexual abuse. The DSM decriminalizes illegal acts by defining criminal behavior as a biologically based aberration or "mental disorder." In this way, dangerous criminals in psychiatry's own ranks have been excused of all personal responsibility for their actions.

Psychiatrists have even invented a "diagnosis" to explain why patients are sexually abused, claiming patients have a "disorder" which provokes the therapist.

Paul R. McHugh, professor of psychiatry and psychiatrist-in-chief at the Johns Hopkins Hospital in Baltimore, is openly critical of his own colleagues: "The new *DSM* approach of using experts and descriptive criteria in identifying psychiatric diseases has encouraged a productive industry. If you can describe it, you can name it; and if you can name it, then you can claim it exists as a distinct 'entity' with, eventually, a direct treatment tied to it. Proposals for new psychiatric disorders have multiplied so feverishly that the *DSM* itself has grown from a mere 119 pages in 1968 to 886 in the latest edition...." [in 1994]. He admits that some of the disorders "are purely the inventions of their proponents."¹¹

In their book *Making Us Crazy*, professors Herb Kutchins and Stuart A. Kirk report that to create a disorder in the *DSM*, all a committee of psychiatrists has to do is pick a label, provide a general description based on "clinical wis-

dom," develop a menu of diagnostic criteria, check the proposed criteria with advocates for the new category, decide how many criteria must be met to use the diagnosis and, finally, counter any opposition.

Specifically, the *ICD* lists burning down buildings as "pathological fire-setting," theft as "pathological stealing," and both the *ICD* and *DSM* list sexual molestation of children as "pedophilia—a habit and impulse disorder." *DSM* also claims that physically abusing a child is a related mental disorder.

Psychiatrists have even used their criteria to label patients who report psychiatrists for sexual abuse. APA psychiatrist Richard Simons describes "masochistic personality disorder" (MPD) sufferers: "They are the patients who unconsciously provoke therapists either to give up on them, or sadistically abuse them...." Whatever the "unconscious motives may be in an individual case," he

added, "the final behavioral outcome is the achievement of ... 'victory through defeat,' and often the defeat is failed psychiatric treatment."¹²

Psychiatrists invent spurious diagnoses, work to decriminalize flagrant violations and create deceitful theories and arguments to defend criminal actions. They have even codified their own depraved tendencies and activities into mental health policy.

In 1996, the World Psychiatric Association (WPA) claimed, "Ethical behavior is based on the psychiatrist's individual sense of responsibility towards the patient and their judgment in deter-

mining what is correct and appropriate conduct. External standards and influences such as professional codes of conduct, the study of ethics, or the rule of law by themselves will not guarantee the ethical practice of [psychiatry]."

Is it any wonder that they are generally covert about their true agenda?

One exception shameless in its candor, but chilling in its content — was an April 26, 1999 article in Washington, D.C.'s *Insight* news magazine. Richard Gardner, a clinical professor of child psychiatry, was quoted as saying, "Society's excessively moralistic and punitive reactions toward pedophiles ... go far beyond what I consider to be the gravity of the crime." He actually proposed that pedophilia serves procreative purposes.¹³

The complete irresponsibility of the WPA's policy becomes obvious by imagining the social consequences if Gardner's view on pedophilia ever became the legal interpretation of such perverse behavior.

Psychiatrists and psychologists cannot be allowed to continue to determine the standards of conduct in any society, or society risks further degradation.

A national U.S. study of therapist–client sex revealed that therapists abuse more girls than boys. The female victims' age ranged from three years old to 17. Therapists sexually abused boys aged between seven and 16.

A REPORT OF ABUSE

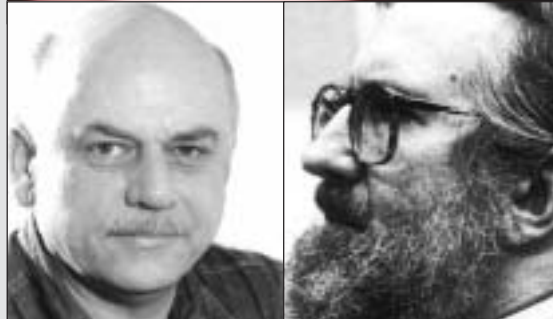
Robbed of Innocence

In 2000, Oakland, Michigan Circuit Court Judge Alice Gilbert denied psychologist Julian Gordon's bail request, ordering him to remain in jail pending an appeal of his conviction for molesting and sodomizing a teenage boy. Gordon, appointed by a county probate court to work with troubled teens, was sentenced to 15 years in prison. The judge stated, "There is no civilization if we don't protect our children."

The same year, Robert Bruce Craft, a Georgia psychiatrist treating abused and emotionally disturbed children for the State Department of Family and Children's Services, was sentenced to 20 years in prison for felony sexual exploitation of a minor and child molestation. The prosecutor called Craft's crimes "deliberate acts that stole children's innocence," and said that the sentence was too lenient. "If [Craft] served every day [in prison] it wouldn't be enough," he stated.

Dr. Burnell Gordon Forgey, a California psychiatrist who worked with troubled youth in group homes, employed convicted pedophiles. The 82-year-old member of the American Psychiatric Association pleaded guilty to five counts of oral copulation with a 15-year-old patient at one of the homes. The prosecuting attorney pronounced: "Sexual assault against young people is bad enough, but when that person is a physician in a white coat ... he is the devil in disguise."

On July 24, 2002, Danish psychologist Bjarne Skovsager was sentenced to six years in prison for numerous and severe sexual abuses—including sodomy and indecent exposure—against three boys between the ages of seven and 11. Skovsager was ordered to pay compensation to each boy. The judge who sentenced him pronounced, "You have had a relationship of trust with the family which



PEDOPHILES: Psychologist Bjarne Skovsager and psychiatrist Alan J. Horowitz were both sentenced to prison for sexually abusing children.

you systematically and severely exploited...."¹⁴

In 1997, Kansas child psychiatrist John Buckles Lester was sentenced to 41 months in prison for the molestation of two boys, aged 14 and 15. Lester was treating the boys for physical and sexual abuse.¹⁵

Psychiatrist Paul Bridges was convicted of assaulting two boys, aged 15 and 16, both vulnerable runaways. In 1996, the 15-year-old had visited Bridges at his home, where Bridges photographed him naked and indecently assaulted him. Three years later, a 16-year-old boy responded to an advertisement Bridges had placed seeking "male models." He, too, was sexually assaulted. Police discovered Bridges was part

of a nationwide pedophile ring. However, the only real penalty he suffered was the suspension of his license.¹⁶

In 1992, Alan J. Horowitz, a New York psychiatrist, was sentenced to 10 to 20 years for sodomizing three boys aged seven to nine and for sexually abusing a 14-year-old girl. Horowitz defended himself saying that he was a "normal pedophile." Police investigations found a trail of sexual abuse of patients dating back to the late 1960s when Horowitz worked for a community organization that helped impoverished, inner-city children.¹⁷

In 1993, Donald Persson, a Utah psychologist, described himself as a "moral" person when he was sentenced to 10 years imprisonment for the rape of a 12-year-old girl.¹⁸

As reported in 2001, a national U.S. study of therapist-client sex involving minors revealed that therapists abuse girls as young as three years old, and boys as young as seven.¹⁹

The average age of abused girls was seven and of boys, 12.

IMPORTANT FACTS

- 1** Patients who have been sexually assaulted by a therapist are very likely to attempt suicide.
- 2** One in every 100 patients sexually involved with a therapist commits suicide.
- 3** According to one study, nearly half of the patients sexually abused by psychiatrists were already victims of child sexual abuse, incest or rape.
- 4** Courts have recognized that a patient's apparent "consent" to sexual relations with a therapist cannot be used as a defense because of the vulnerable state of the patient and the serious betrayal of trust by the therapist.
- 5** The Hippocratic Oath, named after a physician who practiced around the fifth century B.C., and sworn to be followed by all psychiatrists, prohibits sex between doctors and patients.





CHAPTER THREE

Sexual Abuse Destroys Lives

In his 2001 report, “Sex Between Therapists and Clients,” Kenneth Pope, the former head of the Ethics Committee of the American Psychological Association, said: “The health care professions at their earliest beginnings recognized the harm that could result from sexual involvement with patients.” The Hippocratic Oath, named after a physician who practiced around the fifth century B.C., prohibits sex with patients. The historical consensus among health care professionals that such activity be prohibited as destructive continued into the modern age. In the landmark 1976 case of *Roy v. Hartogs*, one of the first in which a woman successfully brought suit against her therapist on these grounds, the court held: “Thus from [Freud] to the modern practitioner we have

common agreement of the harmful effects of sensual intimacies between patient and therapist.”

The ultimate toll of that harm is patient suicide. About 14% of those who have been sexually involved with a therapist will make at least one attempt at suicide. One in every hundred patients succeeds.²¹

Factoring in the fearful silence of most victims—only an estimated 1% actually report the abuse—tens of thousands of patients of psychi-

atric therapists have committed suicide, and thousands more have been hospitalized because of the harm caused to them.

According to a 1989 Australian study, “The Seduction of the Female Patient,” nearly half of the patients sexually abused by psychiatrists were already victims of child sexual abuse, incest or rape. Psychiatrists used the patients’ vulnerability to further victimize them. They told them that their problems really stemmed from “sexual dysfunction” and

Psychiatrists told them that their problems really stemmed from “sexual dysfunction” and that the psychiatrist needed to teach them how to overcome their dysfunction by achieving orgasm and having oral sex.

that the psychiatrist needed to teach them how to overcome their dysfunction by achieving orgasm and having oral sex.²²

“I was very sick and I went to him for help,” one patient revealed. “I had an incredible attachment and dependency on him. He said, ‘The best psychiatry goes on in secrecy.’ He forbade me

telling anyone about the sexual relationship and told me I couldn’t trust anybody.”²³

If a patient ever complains, offending psychiatrists first blame the patient’s “mental illness,” then the patient’s inability to “come to terms” with their earlier traumatic experience. Finally, psychiatrists frequently argue that the patient consented to the “relationship,” despite the obvious abuse.

Sharon Hamilton, a professional dancer in Australia, is a tragic example of this. During a

charity performance in a jail, she suffered minor injuries when a prisoner attacked her with a knife. Seeking compensation, she was referred to psychiatrist Harry Bailey, who put her under “deep sleep treatment”—a drug-induced coma with electroshock—assuring her this would assist in her lawsuit. But Bailey seduced her, beginning a torrid affair. Whenever Hamilton became disgruntled or threatened to expose him, she was subjected to more “treatment.” Within five months of Hamilton’s \$100,000 award for the knife attack, she handed over control of her finances to Bailey’s accountant, who invested \$30,000 in Bailey’s private hospital. Hamilton became pregnant and had an abortion at Bailey’s suggestion. He denied that he was the father. Less than a year later, Hamilton committed suicide.

During a State government inquiry, Justice John Slattery described this exploitation: Bailey “developed a sexual relationship with her” and “used this to dominate her and to influence her if only indirectly to give him money.” Their relationship “involved physical assaults, possible abduction, threats, including threats to

have her committed to an involuntary institution, borrowing money from her, and causing her to appoint him sole executor and sole beneficiary under her will.”²⁴

In another case, in 1992, psychiatrist Margaret Bean-Bayog faced medical malpractice charges and a civil suit by the family of a Harvard Medical School student, Paul Lozano, who committed suicide after treatment by her. Charges alleged that Bean-Bayog used therapeutic techniques to conduct a lurid and bizarre sex relationship with Lozano. She sent him notes complimenting him for “phenomenal sex.” Lozano killed himself after Bean-Bayog ended their relationship.²⁵

Dr. Gary Shoener, Director of the Walk-In Center, Minneapolis, Minnesota, is adamant about such conduct: “Consent is no defense. So even if it looks like the patient had a romance with the therapist, if it happened during the course of the professional relationship, it is a felony statutory rape. It means that if you prove it happened, you don’t have to prove anything else.”²⁶

“I was very sick and I went to him for help. He said, ‘the best psychiatry goes on in secrecy.’ He forbade me telling anyone about the sexual relationship”

— Abused Patient



MONSTER: *After Harry Bailey put professional dancer Sharon Hamilton under “deep sleep treatment” (a drug-induced coma with electroshock), he seduced her, beginning a torrid affair. Less than a year later, she committed suicide.*

A REPORT OF ABUSE

Sexual Predators

In recent years, more and more cases of psychiatric rape have come to light, including:

■ On February 11, 1998, Missouri psychiatrist William Cone was sentenced to 133 years in prison for sexual and deviate sexual assault of two patients. Cone told the women they had been weaned too early and needed to be “re-parented,” which required having sex with him. To convince them, he gave them large amounts of psychotropic drugs to which they became addicted. Cone claimed that he himself suffered from “alcoholism and sexual dependency” — a “form of moral insanity brought on by my obsessive preoccupation with work, power and perfection....” On the contrary, the prosecutor, Assistant Attorney General David Cosgrove, told the court: “He is a predator. ... These people came to him for healing and he injured them. I’ve never had a defendant inflict so much pain and so much injury on so many people. There’s a message that needs to be sent to this defendant and everyone else in his shoes.”²⁷

■ In 2004, Canadian psychiatrist John Orpin’s 1998 conviction for sexually abusing female patients was upheld. While the women were drugged, he raped and sodomized them. Some were shackled to a wall and beaten with a belt. Dr. Orpin told them that his penis was a “healing staff” and that anal rape was “unconditional love.” He pleaded guilty to assault and sexual assault of two women.

■ On July 4, 2002, London psychiatrist Kolathur Unni was jailed for only 18 months despite sexually attacking a female patient during a hypnotherapy session. Unni had a history of sexual assaults on

patients and had been struck off the medical register in New Zealand for similar incidents.²⁹

■ On December 10, 2002, U.K. psychiatrist Christopher Allison was jailed for 10 years for the rape and sexual abuse of six patients.³⁰

Thanks to the courage and determination of the brave women who exposed these cases — often despite great personal danger and emotional anguish — some of the perpetrators of these criminal acts were brought to justice.

However, in many cases the wheels of justice turned too slowly,

“He is a predator.... These people came to him for healing and he injured them. I’ve never had a defendant inflict so much pain and so much injury on so many people.”

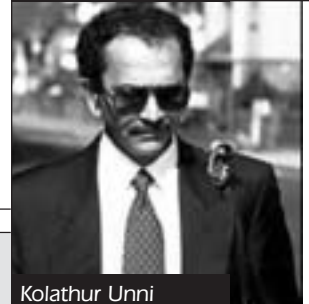
— Assistant Attorney General David Cosgrove on psychiatrist William Cone, sentenced to 133 years in jail for patient sexual assault.



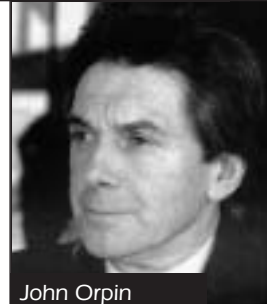
William Cone



Christopher Allison



Kolathur Unni



John Orpin

and too many of the 65,000 therapists who raped their patients were only suspended from practicing (while remaining free) or simply ordered to undergo “therapy” for their own sexual “disorder.”

William Masters’ and Virginia Johnson’s 1970 report, “Human Sexual Inadequacy,” still holds true: “...when sexual seduction of patients can be firmly established by due legal process, regardless of whether the seduction was initiated by the patient or the rapist, the therapist should be sued for rape rather than malpractice, i.e., the legal process should be criminal rather than civil.”³¹

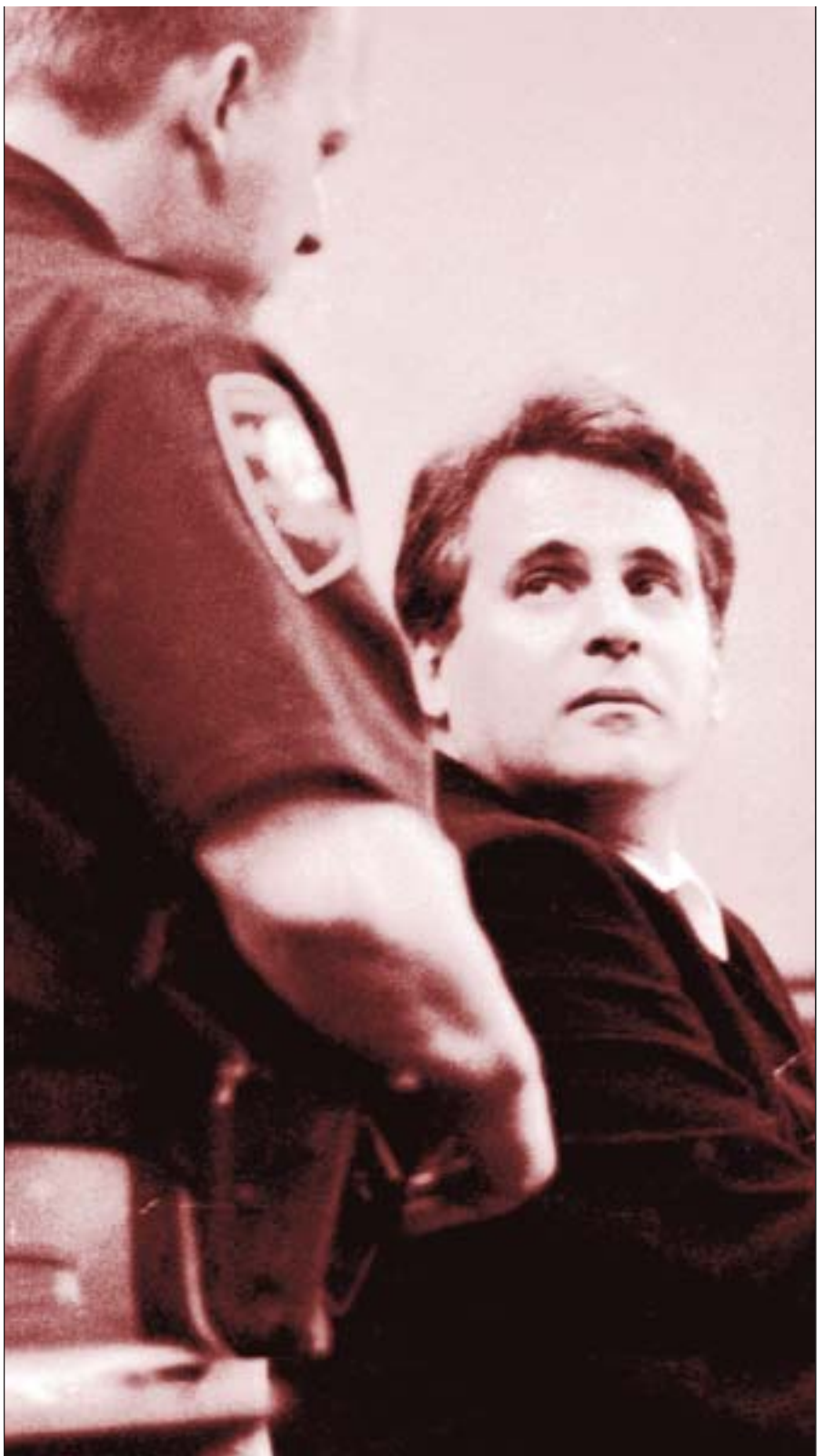
IMPORTANT FACTS

1 As of 2004, there have been more than 25 statutes enacted to address the increasing number of sex crimes committed by psychiatrists and psychologists in the United States, Australia (Victoria), Germany, Sweden and Israel.

2 Surveys conducted about therapy in Norway, Poland, Sweden, Switzerland and the United Kingdom found that “the main problem is sexual abuse or humiliation.”

3 Not all medical boards recognize that a criminal conviction against a psychiatrist or psychologist should result in the permanent revocation of his or her license to practice.

4 Currently, if the professional’s college or association is aware of a member’s sexual offenses against a patient and fails to report the matter to the police, they are not held accountable.



American psychiatrist Michael DeLain was jailed in 2002 for sexually exploiting a 16-year-old patient.



CHAPTER FOUR

What Should Be Done?

No progress can be made in the matter of patient sexual abuse until all such assaults by psychiatrists, psychologists and psychotherapists are legally defined by statute as rape: the only required proof is that sex was involved.

Psychiatrists often claim sex with clients is “consensual,” though aware of their strong emotional hold over patients. But if someone has sex with a child, society recognizes the imbalance of power, knowledge and authority used by the adult and condemns the act as criminal. So it must be with a psychiatrist and patient.

Surveys conducted about therapy in Norway, Poland, Sweden, Switzerland and the United Kingdom found

that the main problem experienced by patients was “sexual abuse and humiliation.” In 1994, the Council of Europe’s report, “Psychiatry and Human Rights” urged that codes of conduct be issued to “stipulate explicitly that sexual behavior of the therapist/psychiatrist is forbidden. Such a behavior has to be qualified as abusing the dominant position of the therapist and abusing the confidence of the client.”

Patients should be provided written information on professional counseling standards and informed that any behavior outside those

standards is inappropriate; that sexual abuse is *criminal*, not “boundary crossing.”

Any person seeking psychiatric “counseling” must have the right to videotape all consultations if they choose, and to end off any questioning or therapy at any time with no threat of reprisal.

In 2002, professor of psychiatry Glen Gabbard admitted, “The positive aspect of criminalization is that juries and the legal system may be more efficient at administering justice than some licensing boards or ethics committees.”¹³²

“Consent is no defense. So even if it looks like the patient had a romance with the therapist, if it happened during the course of the professional relationship, it is a felony ... statutory rape.”

— Dr. Gary Shoener, Director of the Walk-In Center, Minneapolis, Minnesota

CCHR, along with other concerned groups and individuals, has campaigned for stringent laws to protect women and children against psychiatric rape. As of 2004, there have been more than 25 statutes enacted to address the increasing number of sex crimes committed by psychia-

trists and psychologists in the United States, Australia (Victoria), Germany, Sweden and Israel.

Many of these statutes recognize that patient “consent” is not a defense and that the psychiatrist’s professional or fiduciary duty is seriously compromised when he or she enters into any sexual contact with a patient. Convicted psychiatrists can face up to 10 years imprisonment per incident and \$20,000 in fines.

Convicted psychiatric rapists must be included in the rolls of registered sexual predators

and child molesters, making their names public so that no further victims can be misled by their pretense of help only to be betrayed. Those who have experienced such abuse are the strongest voices for such measures and must be heard while still protecting their personal privacy. This could be done through closed-door hearings to bring about needed legislative reforms.

No child should ever be left alone in a room with any counselor, therapist,

psychologist or psychiatrist. Any young person who has possibly suffered from sexual abuse is especially vulnerable and must be protected.

A parent or guardian must have the authority to end any interview, any line of questioning, any attempt to further upset the young person by any psychiatric counselor. The responsible adult must be informed of these rights and the criminal aspect of sexual contact between a counselor and a child.

Legislation must be passed which allows for the choice of turning to non-psychiatric counselors. Such laws would provide a legal option



“When sexual seduction of patients can be firmly established by due legal process ... the therapist should be sued for rape rather than malpractice, i.e., the legal process should be criminal rather than civil.”

— William Masters and Virginia Johnson

to parents, guardians, victims, attorneys, judges, social workers and child protective services, to turn to people who are not part of a morally corrupt mental health system.

The betrayal of a patient through psychiatric sexual abuse is not therapeutic or a “harmless” way to give the patient “self-esteem.”

Dr. Thomas Szasz, professor of psychiatry emeritus says, “This is intellectual bankruptcy compounded by moral paralysis. The assertion that sexual contact ... may be therapeutic

for the patient is self-serving and stupid. Using it to justify such sexual contacts is illogical and immoral.”

Psychiatrists and psychologists take trusting patients down a one-way road to destruction and, too many times, an ugly death by their own hand. The law is the law, written for the protection of the people. When one group sees itself as above the law, and convinces law enforcement of this, then no one is safe. It must be made clear, once and for all, no matter how privileged the psychiatrist rapist believes he is, rape is always rape.



RECOMMENDATIONS

Recommendations

1 Rape is rape. It is especially grave if a psychiatrist or other mental health practitioner perpetrates it. Criminal codes must state that just the fact of a sexual act between any therapist and patient is “felony rape” with the same penalties as any other rape. “Consent” by the patient is not a defense.

2 All professional licensing boards for psychiatrists, psychologists or psychotherapists, should refer copies of all patient complaints about sexual abuse to the police, attorney general or prosecutor who are obligated to investigate and prosecute.

3 Any such professional licensing board that treats such sexual abuse of patients as “professional misconduct” should be held accountable for any future sexual crime committed by the therapist.

4 Any proven complaint of sexual abuse of a patient should also be reported to health care fraud investigators to determine if the convicted felon had also committed fraud by billing his or her sexual sessions as therapy.

5 A criminal conviction of a psychiatrist or psychologist for a sex crime should also result in the permanent revocation of his or her license to practice.

For the individual rape victim:

1. File a complaint to the police if a psychiatrist, psychologist or psychotherapist has sexually abused you. Provide a copy of the complaint to your nearest branch of CCHR, who can assist you in getting your complaint investigated and prosecuted.

2. Above all, do not be afraid to speak out. The lives of hundreds of other women and children can be better protected from such abuse if you do. CCHR will assist you while protecting your confidentiality.



Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 130 chapters in over 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

James P. Carter, M.D.

Author, *Racketeering In Medicine*

The Suppression of Alternatives:

"All over the world, the Citizens Commission on Human Rights has documented psychiatric crimes. Laws have been enacted in many states in the U.S. to prevent psychiatric sexual abuse of their patients, again as a result of the Commission's work."

Mrs. Margaret Saunders

Mother of 22-year-old daughter who died under psychiatric "care" in a Western Australian psychiatric facility:

"[In] the time leading up to Melissa's inquest CCHR supported me, they helped me to prepare ... comforted me when things got tough The dedication and

compassion shown by these wonderful people goes beyond anything I have ever experienced. ... Words cannot express my appreciation to this organization and all the help offered."

Dennis D. Bauer Senior Deputy District Attorney Orange County, California:

"...I have been a prosecutor for 12 years and have specialized in Sexual Assaults and Child Abuse prosecutions for the past four years. I was incredulous to find out that a private organization was following up on leads where we had drawn blanks or were unable to cover. I found all [of CCHR's] personnel very positive, eager, intelligent and exceptionally well informed on issues that are obscure to the majority of the population."

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CCHR's Commissioners act in an official capacity to assist CCHR in its work to reform the field of mental health and to secure rights for the mentally ill.

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Citizens Commission on Human Rights

RAISING PUBLIC AWARENESS

Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR's Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are

THE REAL CRISIS—*In Mental Health Today*
Report and recommendations on the lack of science and results within the mental health industry

MASSIVE FRAUD—*Psychiatry's Corrupt Industry*
Report and recommendations on a criminal mental health monopoly

PSYCHIATRIC HOAX—*The Subversion of Medicine*
Report and recommendations on psychiatry's destructive impact on healthcare

PSEUDOSCIENCE—*Psychiatry's False Diagnoses*
Report and recommendations on the unscientific fraud perpetrated by psychiatry

SCHIZOPHRENIA—*Psychiatry's For-Profit 'Disease'*
Report and recommendations on psychiatric lies and false diagnosis

THE BRUTAL REALITY—*Harmful Psychiatric 'Treatments'*
Report and recommendations on the destructive practices of electroshock and psychosurgery

PSYCHIATRIC RAPE—*Assaulting Women and Children*
Report and recommendations on widespread sex crimes against patients within the mental health system

DEADLY RESTRAINTS—*Psychiatric 'Therapeutic' Assault*
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PSYCHIATRY—*Hooking Your World on Drugs*
Report and recommendations on psychiatry creating today's drug crisis

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becoming educated on the truth about psychiatry, and that something effective can and should be done about it.

CCHR's publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these include:

CHILD DRUGGING—*Psychiatry Destroying Lives*
Report and recommendations on fraudulent psychiatric diagnosis and the enforced drugging of youth

HARMING YOUTH—*Psychiatry Destroys Young Minds*
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Report and recommendations on the failure of community mental health and other coercive psychiatric programs

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UNHOLY ASSAULT—*Psychiatry versus Religion*
Report and recommendations on psychiatry's subversion of religious belief and practice

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CHAOS & TERROR—*Manufactured by Psychiatry*
Report and recommendations on the role of psychiatry in international terrorism

CREATING RACISM—*Psychiatry's Betrayal*
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CITIZENS COMMISSION ON HUMAN RIGHTS
The International Mental Health Watchdog

WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.



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*“The assertion
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*— Dr. Thomas Szasz
Professor of Psychiatry Emeritus
and Renowned Author*
