

Mind Rape – A Mental Abuse that warrants a Name

Defining what it is and why it needs to be defined

Introduction

The forceful violation of a victim which takes place on the physical plane is referred to as 'rape'. Violation can also occur on the mental plane. Some types of violation which occur on the mental plane can only be referred to as 'Mind Rape'. The reason for the need to use such a strong term as rape will be discussed later. This type of violation has long-term effects on the psyche of the victim. This violation can result from the conscious or unconscious methods used by members of the legal, medical, religious, judicial, teaching or other professions when they try to impose their own preconceptions (or misconceptions) on lay people. The preconceptions/misconceptions can ignore or denigrate the life experiences, perceptions and integrity of the lay person. This can be devastating and it undermines the effectiveness of lay people representing themselves against the establishment.

A person of high political or social standing can impose their opinions on others by virtue of their perceived status, particularly in a context which already places a person in a vulnerable position such as a court, medical consultation, or police interview.

Susceptibility to 'mind rape' is likely to be present when there is a dependency relationship with a person in authority. This could be in a private capacity – such as a parent / carer and a child or vulnerable adult. It could also be in a professional capacity. The following are examples of professional dependency relationships: medical professional – patient; warden – prisoner; teacher – pupil; judge – litigant; religious leader - laity.

'Mind rape' can also occur between child and parent or some other figure which the child holds in authority.

A child or vulnerable adult will always be in a dependency position in their interaction with their parent or carer respectively. Other adults who we might not deem 'vulnerable' within a legal framework can also become vulnerable in practice – spouses, work colleagues, neighbours amongst others. We understand the generic term 'bullying' which can be mental or physical and can affect the 'child', 'vulnerable adult' and subordinate in the 'professional' sphere. I believe bullying does not permanently destroy someone's sense of self worth. Bullying can only take place in a limited sphere. Destruction of a victim's self worth by a person in authority is carried by the victim from one environment to another. I perceive victims of 'mind rape' to have a greater vulnerability to being bullied and the effects of being bullied. The victim of 'mind rape' can have the body language that is an invitation that says: "please bully me". There are always people who will act on such an invitation.

'Mind rape' is a term which is not in the New Shorter Oxford English Dictionary (2002). The two words, 'mind' and 'rape' in the Dictionary are:

- A) Mind: This is defined as "The seat of awareness, thought, volition, and feeling"
- B) Rape: This has several definitions. An appropriate definition is "Take (a thing) by force; seize".

A person can be said to have suffered 'mind rape' during interview or examination or treatment by a person in authority when the following things happen:

- I) The victim's use of language and their intended meaning as used within their peer groups is ignored. What has been said is given a different meaning and interpretation by the person in authority. The interpretation that is made fits the preferred hypothesis of the person in authority. (This can involve recording different words from those which have been said). Non-verbal communication and cultural background which can give additional meaning can be deliberately ignored.

- II) The experience, values, and mechanisms of social interaction of a person within their peer groups are denigrated by the person in authority without proper and appropriate investigation. The purpose of the denigration is to destroy the person's sense of self worth.
- III) The victim's conclusions regarding their experience are dismissed and replaced with new ones by the person in authority. These new conclusions ignore and deliberately fail to take account of some or all of the victim's intellectual ability, education, life experience and social skill training.

The occurrence of points I, II, and III over time (short or long) lays the groundwork to make a person vulnerable to 'mind rape' occurring and a person's psyche being substantially damaged. My experience is that the breaking of a person's psyche can happen over a matter of seconds, the time it takes to say the right words to achieve maximum effect on the potential mind-rape victim.

In summary 'mind rape' can be defined as an action that seeks out a person's mental/emotional vulnerability and attacks their psyche and sense of self worth with the purpose of undermining them. A person has been 'mind raped' if they have lost some or all of their sense of self worth. I postulate that a person who has lost their sense of self worth is very prone to committing suicide. I know people who have been close to committing suicide because of this.

Why the term 'Mind Rape' is needed

I have had many discussions with people concerning the use of the word 'rape' in the phrase 'mind rape'. In some of my discussions some people find the word rape very distasteful. A number of other people have expressed concerns that the word 'rape' in the phrase 'mind rape' would be considered a turn off and would discourage the reading of the document. A number of people I have spoken to have suggested the phrase 'mental abuse' would be less distasteful. One of these discussions was with the solicitor for National MIND, a mental health charity, circa 2002. He took my early description of the phrase to the MIND board members at the time. The MIND solicitor told me that the word 'rape' would result in complaints from women members of MIND.

Mental abuse is a form of emotional attack that makes a person being subjected to that attack very uncomfortable. Many people who suffer various forms of mental abuse do not find that they lack self worth afterwards. They know that the person subjecting them to the mental abuse is bullying someone weaker than the perpetrator. 'Mind rape' is a term that describes a particular form of mental abuse and needs to be defined as such.

The potential long-lasting devastation of someone's psyche following physical rape is well known. The devastation of the effects of the loss of self worth following 'mind rape' is not so well known, because it is not as widely portrayed in the social media of films and documentaries.

A possible reason for this is that the issue of loss of self worth is very difficult to discuss let alone comprehend by the person suffering it.

A person can temporarily lose their sense of self worth as a consequence of life events. For example, losing their employment and the means to support their family, or losing their social position in the community. The above sense of loss of self worth is often temporary because one can rebuild their psyche after such events. The loss of a person's sense of self worth through chronic illness/disability is a serious problem that is often not looked at. Chronic illness/disability prevents a person contributing to the community and thus a person's self worth can be diminished. I have found it a particular problem that as a sufferer of chronic pain I have to make use of other people's services and help and I am unable to repay the help given.

It needs to be stated that a person may never recover from the destruction of self worth though 'mind rape'.

I hope I have been able to make clear why 'mind rape' is a form of mental abuse and needs to be defined as such.

Why my Investigations Began

Around 2000 I was involved in an experience which still gives me nightmares. I have discussed this experience with a number of people including members of the English social services and local politicians. There was an incident outside a shop where an adult and a young boy of about 11 to 12 were having a difference of opinion over an issue that was of concern to the adult. The child was attacking the adult's sense of self worth. The adult responded by attacking the child and putting their hands around the child's throat. I separated the two of them and insisted that the child leave the vicinity. Other adults who knew the adult helped calm the adult down. My nightmare is that if I had reacted too late, I would have been a witness to the death of a child. I have thought a lot about this incident and how the child had no awareness of how dangerous what he did was.

As a result of the above incident I have also done some research into the killing of women by men and the violence of men upon women. There is a real possibility that violence can come about as a result of an attack by the woman on the man's sense of self worth. The woman is often considered blameless because while the marks of physical violence are fairly obvious, the results of verbal violence may not be visible. The action by the women before the incident of violence is never looked at in detail. I have been the recipient of verbal attacks by women. My emotions after such incidents have not been pleasant and it has taken me several hours to return to emotional stability. I have seen the results of these types of verbal attacks by women on men as a bystander. It was not pleasant to watch and observe.

One also hears stories in the media about violence by mental patients on members of the public. One never hears about any attempt by mental health providers to try and heal the loss of the mental patient's self worth. It seems the mental patient is only there to be diagnosed by the professional. Educational help to deal with issues of self worth is the mental health patient's problem and not the professionals. The mental health profession's way to deal with someone who is suicidal is to provide someone to watch the patient and remove objects that can be used in suicide. The loss of self worth as a cause of suicide is not on the mental health professional's agenda. I have spoken to reporters who have attended inquests on mental health patients who have committed suicide. No, or very little, emphasis was placed on considering why the patients committed suicide. The emphasis was on how they obtained the means to commit suicide. If there is no interest as to why someone wants to commit suicide then a psychiatrist attending an inquest has little interest in spending any time determining why loss of self worth is something to find a treatment for.

There have been reported incidents of a mental health patient being discharged by mental health professionals as being fit to cope. The mental health patient has gone on to kill an innocent bystander. It is highly likely that no help had been given to the patient to handle the emotions that the patient experiences. My experience of certain emotions is that they are very difficult to keep under control. The loss of self worth by the patient without educational help is one more stress that can make certain emotions impossible to deal with.

Another reason is that it may not be in the interest of the counsellor, psychologist or psychiatrist to look at 'mind rape'. Looking at this issue of 'mind rape' and devising strategies to handle the issue could well reduce earning opportunities for the counsellor, psychologist or psychiatrist. Looking at issues of 'mind rape' could well lessen the client's dependency on the counsellor, psychologist or psychiatrist. It is more financially viable to create treatment regimes for other problems which make the counsellor, psychologist or psychiatrist money rather than enable the repair of the underlying loss of self worth.

My experience is that the religious traditions have means to help many people who have had their sense of self worth damaged or destroyed. This help comes from the development of internal mind experience

and sharing of disciplines that can develop other means of looking at one's self in a constructive way. I have noticed the calming effect of prayer in small groups. This cannot be available in a secular therapeutic environment. I still remember the calming effect of doing the "stations of the cross" ritual in a Catholic church as a child.

In the male gender involvement in the 'martial art' disciplines can help with repairing some of the effects of 'mind rape'. I cannot comment on the female gender because as a man I cannot explore this aspect. The 'martial art' activity changes the body language of the male victim and helps the victim become more self assured in outlook. This makes the male 'mind rape' victim less inviting to a bully, although vulnerability to further 'mind rape' is still present. The activities of the 'martial arts' change body feedback to the brain and as such modify how the brain thinks and responds. I have been doing martial arts since I was 16 years old. It was many years later that I realised that what I did was beneficial to my mental health. After a road traffic accident I noticed the effect when I was no longer able to practice to the same amount and ability. I still remember a psychiatrist under oath in a witness box saying losing a little bit of skill has no affect on one. This was untrue in relation to my own experience and to many I have spoken to.

Medical Patients

A medical patient may be made vulnerable to 'mind rape' if the assessing professional fails to inform the person of the reasons for their conclusions and the reason for the person's referral. It is known that some medical professionals say one thing to the patient and then record something different in the medical records. Not only this, the medical professional can tell the patient they are being referred for one complaint and actually refer the patient for something different. I have seen my own medical records and have noted that this was the behaviour of a particular GP I once had. This behaviour can lay the patient open to 'mind rape' in the medical consultations that follow. The patient can suffer 'mind rape' with all the consequent effects without being aware that they have been so 'raped'.

It should be noted that Mental Health practitioners can also be the people who inflict mind rape on their patients. This may be a conscious decision as this can make a mentally disturbed patient more compliant to them. However, it can reduce the capability of the patient to function in their community.

Recommended Practice for Treatment Professionals

The starting point of any treatment for 'mind rape' is that the professional should make allowances for deficiencies in social skills. Deficiencies in social skills are often ignored and often taken advantage of.

To help the victim, the 'treatment professional' should endeavour both to understand and to compensate for deficiencies in the victim's social skills. The 'treatment professional' should endeavour to help the person to improve their social skills so as to mitigate the effects of their need for referral. The victim of 'mind rape' can believe quite wrongly that they have deficiencies in mental abilities that require medical intervention even if they are perfectly normal. The loss of self worth is an unseen stress that prevents a person looking too closely at themselves and produces a need to protect what self worth is left. The issue of the violent man and the physically beaten up women partner is not uncommon. What is often common is the wife continually goes back to the husband who beats her up. The female partner who finds satisfaction in the 'mind rape' of the male partner is never looked at. The evidence of a physical beating is plain to see. The evidence of 'mind rape' is not apparent unless matters are looked at carefully.

Recommendation: Full video and audio recording allows the dedicated professional to demonstrate the quality of their care and is inexpensive. Some people may find this intrusive. However it does enable a consultation to be recorded and what has taken place to be seen rather than a claim by professional which the patient cannot challenge.

Child's Vulnerability

It is relatively easy for a parent to 'mind rape' a child and no one would be the wiser. A child who has been 'mind raped' can be physically healthy and have the appearance of being mentally healthy. The child's mental attributes lie within the range of recorded characteristics in the national population (Gaussian curve). The child may nevertheless have decreased mental health attributes compared to what they would have been if not for the 'mind rape'. The presence of the 'mind rape' will have an effect when life traumas take place in subsequent years. The trauma is assumed to be the problem and the effect of the underlying 'mind rape' is ignored.

Personal Concerns regarding Children

When I was growing up in the 1960s and early 70s the community helped the children who did not fit in with their peers. The child victims of 'mind rape' found a lifeline in the community. This lifeline enabled many children to survive the effects of 'mind rape'. As a survivor of 'mind rape' I know at first hand how devastating and long lasting it can be. I owe a debt to many people in the community I was growing up in for my survival. Adults in the community that I conversed with demonstrated that I was a person of value which went some way to shielding me from the effects of the 'mind rape' I was subjected to. The demonstration that you are a person of value I believe cannot be done alone by talking therapy or by medical experts. In the community people engage with you because they find you are worth engaging with and not because they are paid. The mind rape victim can also need something else which the religious traditions often provided. There are those who claim that all forms of religion are abusive as it gets people to believe in things that are not true. Religious traditions have survived despite many attempts to destroy them because religious traditions teach, by the way of metaphor and ritual, other things that are also true. Some of these things take a long time to learn and understand. These things cannot be described by language because they can only be understood through the nature of being experienced.

Language is a poor medium to describe things that are felt internally. A person can agree on a colour that can be seen, e.g. "red carpet". They cannot agree as to how much anxiety a person feels as it is a state that can only be felt by the person experiencing it.

I have had training in counselling: bereavement type, youth type, child abuse type and other counselling types. The training I have had presented opportunities to experience a wide range of counselling and discussion on child abuse. In particular I have had many hours of discussion in the 1970s and 80s with Dr William Allchin, a psychiatrist and Quaker who specialised in working with children who had suffered both mental and sexual abuse. My discussions with Dr Allchin also included the effects of sexual abuse on those he had worked with. At the time (pre 1991 before my road traffic accident) I had met a number of adults who, when they were children, had willingly engaged in sexual activity with adults and I was told some of their experiences. What I had been told at that time about long-term effects differs considerably from what is claimed now (these effects will be discussed later).

The area of child sexual abuse is such an emotional minefield that many people are unable to look closely at the issue and leave the issue to the authorities. For the record, I consider adults engaging in sexual activities with underage children an unacceptable activity. I have no interest in engaging in such an activity myself. Views concerning sexual activity by a person under the age of consent can vary considerably among different adults. The possible transmission of diseases from sexual activity such as AIDS, hepatitis, syphilis, gonorrhoea amongst other things indicate that sexual activity by the young could have dangerous health repercussions. There are strains of gonorrhoea which have resistance to antibiotic treatment. Quoting from Scientific American: "The potential for untreatable gonorrhoea is a very real possibility in the future." <https://www.scientificamerican.com/article/gonorrhea-may-soon-be-resistant-to-all-antibiotics/> (July 2016). The training I have had in child counselling has enabled me to study the issue factually without feeling emotionally involved.

I am concerned, and have become increasingly so, that a problem has developed in that the principal focus of psychological damage is being placed on the sexual activity. A sexual predator of children often chooses victims who are already vulnerable. A child who has been 'mind raped' and highly vulnerable is likely to be chosen by a sexual predator. The sexual activity may have some significance on future psychological wellbeing, yet the 'mind rape' also has a significant (probably greater) effect. The focus on the sexual activity and ignoring the other aspect will not serve the victim well. Both need to be addressed. The situation is not helped by the legal definition of rape of a child because in law a child cannot give consent and so de facto has suffered rape. Yet a child may willingly participate in unlawful activity because the child may not see or experience a problem in the unlawful activity. The child's unlawful activity with the adult may fulfil an unmet psychological need in the child at the time the unlawful activity takes place, particularly if the child has been previously 'mind raped'. Such is the community's distaste of child sexual activity in general the child and perhaps later the child as an adult may find themselves in the position that they need to create narratives to protect themselves from the stresses of community disapproval. Some people will find the previous sentence emotionally challenging. However, the reality of what can happen is shown in the points that follow:

- There are those who insist that a victim of sexual abuse never lies and thus must always be believed.
- Research into how memories form has shown:
 - that memories of an event can be very unreliable and can easily change.
 - under certain circumstances it is possible to make someone believe a false memory of an event that has never taken place.
 - it is possible to confuse a memory of what has taken place in a film or dream and consider the memory has taken place in reality.
- I know from my own experience that the viewpoint with which I approach a memory can change what I remember and feel about an event.
- Additional information obtained from life experience may change the interpretation of an event that has been experienced.
- There are those who make up events that never happened for a variety of reasons.

On some of the courses run by social services in the late 1980s and early 90s it was pointed out by the tutor taking the course that if you upset a child who had experienced sexual activity with an adult you ran the risk of being accused by the child of engaging in sexual activity with that child. This phenomena of false accusation was common enough for the tutor to bring it to the course.

What is the unmet psychological need that gets met by activity that breaks the law? This is a question that challenges certain beliefs in certain groups of people. Why do certain people find relief in drug taking? Does this drug taking meet an unmet psychological need?

Massage as a Mental Health Treatment

Massage used to be dismissed by many in the medical profession as a placebo. When greater ability to look at tissue became available it was found that what many people in the massage profession, albeit in an unscientifically recognisable manner, were saying about tissue state and mental health was true. Physical activity can change tissue state and as a result change emotional state and consequently change mental state. A reduction in stress by improvement in emotional state though physical movement or tissue massage could take the stress of a person experiencing high stress to below the stress breakdown point.

The Difference between Self Worth and Self Esteem

The two expressions 'self worth' and 'self esteem' are different in meaning, but have been used interchangeably as having the same meaning, albeit incorrectly. A bully who makes the lives of many people miserable often has high self esteem, but contributes things of little value to those they bully. A person of high self worth considers that they contribute things of value to their peers, but they at the same time may have low self esteem in regard to their ability to speak a foreign language.

I define self worth as the feeling that you have good qualities and have achieved or are capable of achieving good things which contribute to the wellbeing of the community.

I define self esteem as how you feel about yourself and your capabilities. This may be a realistic assessment or it may be totally divorced from reality. Your self-esteem is how you feel about yourself based on your actions. It's what you have control over.

The nature of self esteem is that one feels the need to protect the good feelings that go with high esteem. Low esteem makes one uncomfortable, but there are often areas of a person's ability and endeavour that generate high self esteem which can easily offset this.

Self Esteem considers: Am I beautiful? Am I successful?

Self Worth considers: Am I valued? Am I needed?

Self worth is something that one spends a lifetime developing, from the time as a child where the community gives the child self worth to the time as an adult where the value of self worth is internalised. When the child is separated from the community then the community is unable to give a child values of self worth. The child becomes very dependent on their parents for self worth. A child separated from the community can develop a negative view of itself. Further problems can be caused by problematic parental-child interaction.

Note: The human body is an engineering system. As such it will have a stress point above which the body's engineering system starts to fall apart. This stress point is called the stress breakdown point. Below the stress breakdown point a slight increase in stress will produce more performance. Above the stress breakdown point a very little increase in stress will produce a large fall in performance. Besides being an engineering system the body consists of multiple subsystems. Each subsystem may have a stress breakdown point. Sometimes, the body will attempt to protect itself from high internal stress in a subsystem by partaking in negative actions which can have long term negative consequences.

I have highlighted and hopefully defined the difference between self worth and self esteem. For the majority of people these distinctions do not matter. There is however a small proportion of the population where these distinctions will matter. When everything is functioning as it should and a person's internal stress is way below the stress breakdown point minor stresses have little or no effect upon functioning. When the internal stress is just below or above the stress breakdown point then every little stress matters. At this point there is an important need to find ways of reducing the minor stresses where ever possible. Minor stresses can be worked on. Major stresses are often too large to do much about. The distinction between self worth and self esteem can become highly important, because this can be the difference between being able to function effectively and not functioning. A person who has a greater sense of self worth can survive under conditions of greater emotional duress compared to a person who considers they have low self worth.

Under conditions where someone feels suicidal it is likely that any concept of self esteem can be non-existent. A person whose self worth remains intact will have the means to survive the suicidal feelings.

Body Language, Emotion and Adult Interaction with Children

Over the years there has been a lot of discussion about the effectiveness of talking therapies (counselling, cognitive behavioral therapy) compared to the effectiveness of medication. The question needs to be asked under what circumstances is talking therapy effective? Talking therapy has its place, but it may not be as effective as its advocates make out. Research has indicated that where a traumatic event has occurred and the counselling therapists move into a community, the incidence of Post Traumatic Stress Disorder (PTSD) is larger compared to communities where no counsellors are present in the community.

It is known that emotions are felt in the body. Changing the body posture can change the emotion. Emotion acts out in the way the body moves. Changing the way the body moves changes the emotion. It is known that people copy the movements of those people they have a relationship with. Thus a person who interacts with a person they like can have a modifying effect on the response of the person. This modifying effect is very different from the effect that a so-called expert has on a person. This is particularly so when the expert focuses on the words spoken and ignores the effect of their intent and body language on the client. This can be a real problem for the patient if they do not use language the same way as the so-called expert. The client may not consciously perceive the intent of the expert, but the client's responses can be considerably modified by the expert's intent and the expert's social standing in the therapeutic community. This is not always beneficial to the client especially if they have been removed from the support of the community. The community provides experienced helpers.

The recognised state qualified expert has a different effect than the experienced helper even though the experienced helper may be able to give appropriate help despite not having paper qualifications. The state recognised qualifications enable the state to recognise a condition, in comparison to an experienced helper who has no means to enable the state to recognise a condition and the things that have helped that condition.

I found myself in the position of needing the help of state recognised experts following a life changing road traffic accident. I had to learn about the incompetence of state recognised experts before I could get the benefit from, and recognise the benefit of, experienced helpers in the community who were not state registered experts. The courts recognise state recognised experts and do not recognise experienced helpers even though an experienced helper can often provide the right sort of therapeutic help in the cases where the state registered expert has failed.

Scientific research is about things that can be measured. Many things that are of benefit to the psyche of a person cannot be measured. Things that can be measured and recorded in writing and taught by the written word are only a limited part of the picture. Unfortunately, the limited part of the picture obtains recognition and other things that are of benefit to the psyche that cannot be measured have to be learnt by doing and reflecting. This doing and reflecting is often not done by a state recognised expert because a state recognised expert has to read the journals that report on the things that can be measured and thus put into practice when providing therapeutic treatment. The state recognised expert is unable to read about therapies where results cannot be measured or to read about results of therapies that cannot be measured.

Harlow's "Wire/Cloth" Monkey Experiments 1958 and The Robbers Cave Experiment

I first came across Harlow's "Wire/Cloth" Monkey Experiments as part of my 'A' level Nuffield Biology course circa 1970. (Harry F. Harlow, "Love in Infant Monkeys," Scientific American 200 (June 1959):68, 70, 72-73, 74.)

Harlow investigated the effect of touch and social deprivation on monkeys. He separated monkeys from their parents and reared them in isolation. A milk teat was provided on a bare wire frame for the monkeys to feed upon. A cloth covered wire frame was also provided. The monkeys spent most of their time on the cloth frame, only approaching the wire frame for feeding.

The touch and maternal deprived monkeys when they grew up had socially maladaptive behaviour compared to the control group (who had a normal monkey upbringing). The touch and maternal deprived monkeys were unable to engage in mating behaviour. Harlow artificially inseminated some of these monkeys to see how they reared their offspring. He found that these monkeys were unable to care properly for their offspring.

Marga Vicedo of the University of Toronto wrote a paper circa 2010 “The evolution of Harry Harlow: from the nature to the nurture of love.” The paper discusses the need for peer groups and discussed how young rhesus monkeys helped disturbed socially inadequate older rhesus monkeys in Harlow’s experiments.

(Marga Vicedo, Institute for the History and Philosophy of Science and Technology, University of Toronto, *History of Psychiatry* 21(2) 1–16)

The Robbers Cave Experiment

This classic study of intergroup conflict and cooperation in children involved two groups of twelve-year-old boys at Robbers Cave State Park, Oklahoma, America. The twenty-two boys in the study were unknown to each other. Situations were devised to bring the two groups into conflict. Then situations were devised where the two groups were brought together to solve a problem which affected both groups for example loss of drinking water supply.

The field experiment demonstrated how groups strongly favour their own members (ingroup bias), and how intergroup conflict can be resolved by the groups working together on a common task that neither group can complete without the help of the other group.

(McLeod, S. A. (2008). Robbers Cave. Retrieved from www.simplypsychology.org/robbers-cave.html
The Robbers Cave (Sherif, 1954, 1958, 1961)).

With children being removed from interacting freely in the community the community loses and children lose.

Personal Observations of Changes in the Community

The Children Act of 1989 changed community responses that existed prior to its inception. Just prior to its inception in law, practices which involved working with children had begun to change. In 1986 instructions were given in many of the UK council-run youth clubs, across the country, to never talk to a child alone. This was followed a few years later by voluntary youth clubs who adopted the same policy. Alongside this, a change began in the community. Older people began to stop talking to children in the street. It began to run against the norms of society to talk to a child who was not a relative.

The above paragraph is based on my personal experience and the recollections of many people I have spoken both in the council youth and voluntary youth club sectors. 1986 was the year I went to University. In that year I and a number of youth workers were told by the leader in charge at a youth club I worked at to never talk to a child alone. This is why 1986 stands out as the start of the change in communication between adults and young people in the community.

In 2002 I was told about scams being pulled on older persons in London. Older persons who talked to or tutored children were being threatened with being reported to the police for unsavoury activities with the children if they did not pay someone money to keep them quiet. The person being threatened was in a situation where there was no independent witness to verify that the behaviour did not happen. Another thing that began to take place was that teenagers and children made claims that an innocent adult had abused them. Many adults were subjected to a police investigation that showed that the child’s claimed activity did not take place. As a result of this, in 2002 I stopped tutoring children as an educational activity because I did not want to put myself at risk. I do not handle stress well. I have had discussions with people who worked at the Department of Work and Pensions (DWP) as to why I no longer engaged in tutoring activity. My concerns in this area have been confirmed as justified as a result of a number of discussions with people in the DWP. They had heard similar stories from other people.

Adults have told me of schools they attended as teenagers post 1995 where underage girls had competitions to see who could get the oldest adult into bed with them.

In 2004 I discovered further developments which were highly concerning to me. I discovered that the NSPCC had offered large sums of money as grants for safeguarding policies that separated the generations and instructed adults not to have private conversations with children. This effectively prevented children who were suffering the effects of 'mind rape' from receiving help. In one case I saw a letter offering a grant of about £30,000 to Southampton Voluntary Services. I discovered that employees of Southampton Voluntary Services went to organisations where children and adults had mixed and thus shared communication. The organisations were told that adults and children should not mix or converse. This filled me with concern and I communicated my concerns to Jo Ash at Southampton Voluntary Services. I was subjected to having a highly disturbing letter sent to my local MP which was marked confidential. This is the treatment that whistleblowers receive when they present data that does not fit with what the executives want. I also discovered that under English civil law it is perfectly acceptable for an executive to lie in order to protect themselves. This was presented in a legal case by Master Fontaine at the Royal Courts of Justice in London. At this time circa 2005 I spoke to many people who had prepared their safeguarding children policy. All of the people I spoke to set their policies with the aim of safeguarding adults rather than safeguarding children. There was nowhere in the policy where a child who had suffered the type of abuse I had suffered as a child could get any help at all. There is a belief among many that parents with the right teaching will be good parents. It is often forgotten that in life things happen that can prevent a parent from being a good parent. Some things that happen can convert a parent from being a good parent to being a not so good parent.

It is my suspicion is that false data, which makes charities money, is being presented to the public. Dead children from suicide cannot be traced back to the safeguarding children policies and anti-grooming policies as in the Children Act requirements because the child is dead. I know from my own experience that children who do not fit in with the norms of groups of children for whatever reason need the help of adults. If adults are too scared to talk with children because it is not safe to talk to a child then the child cannot be helped to survive the nasty forms of bullying that children can engage in. When adults are too scared to talk with children then a child cannot be helped to survive the nasty forms of mental abuse that adults can engage in. Just as an adult wants to be able to have confidential conversation so does a child. Children being denied the ability to have confidential conversation is an abuse that can lead to the death of a child. The children's Acts in the UK deny the child the right to have confidential conversation.

I also discovered circa 2004 that the Charity Commission had no interest in dealing with any false information a charity could or did present to the public. The charity commission was only interested in dealing with false accounting and lack of proper financial accountability.

In the late 1980s and 1990s I became aware that various counsellors were telling their clients: "...your mental condition indicates that you suffered sexual abuse. This is the cause of your problem and you need further counselling to put the problem right." The concept that 'mind rape' could be the cause of their problems was not presented and so could not be explored. There were a number of court cases that showed that some counsellors were using their skills to get their clients to believe false memories which had been provided by the counsellors. Going on into the 2000s a number of counselling groups pushed the idea that they needed grants to rectify the damage sexual abuse caused and that this damage was serious. Again the concept that 'mind rape' was the cause for the damage suffered was not put forward as an alternative. The damage done by 'mind rape' and even that such a thing existed was an inconvenience that was problematic.

When I was involved in youth work and counselling activities I found that there were many people who considered that all forms of touching were sexual in nature. For many people, touch can be a highly threatening activity. It is relatively easy for a person who finds touch highly threatening to say without any investigation that touch is highly threatening for everyone. It is also easy for a person who believes all touch is sexual to accuse someone of sexual assault if they are physically touched.

In my experience and in my discussions with others it appears that 'mind rape' is most often the weapon of choice by women. This is in contrast to men who act physically. 'Mind rape' is not something that many men do as they practice more physical type activities. I find that women have tended to engage in psychological type activities from an early age whereas boys/men tend towards physical activity. This statement may be contentious to some who believe in equality of genders, but I can only report on what I have observed and still observe. So in the process of blaming things on what men did as causing the problem, the issue of 'mind rape' was inconvenient and it needed to disappear and was something the lay public never needed to be aware of. Before 1986 there was a healthy communication of psychological issues concerning children among interested adults in the community. I cannot remember any lay person discussion about child psychology in the last few years.

After 2004 there was a paranoia about anything concerning children. The law demanded that you report to the authorities what you knew or you would be prosecuted. This has led to many people making sure that they did not know. Communities which once would offer help when asked became fearful that helping without informing the authorities could lead to legal repercussions. This also led to people needing help not asking for it when certain events took place. This has led to parents killing and severely injuring children because they were not able to get help of the right kind for skill deficits. I also know of people who lost their livelihoods because they helped a child with a problem post 2004. They lost their livelihood because they were accused of sexual misconduct by the child and they had no witnesses who could say no such thing took place.

This has in addition led to certain people and organisations claiming things which could not be checked as these people held the data it was based on. Any lay person holding data that could challenge them was liable to legal repercussions, for being in possession of that data could be held to be against the law. This situation needs further exploration.

It is of serious concern to me when there are: children committing suicide, children killing children, children killing adults, children committing suicide because of the activities of adults and other children, and adults killing and injuring children.

When I was involved in youth work (1976 to 1986) practically no child that I knew felt the need to carry a knife. It was relatively easy for a child who was being bullied and suffering intimidation to seek the help of an adult. Over the last 15 years there has been an increase in children carrying knives or some form of weapon. Conversations I have had indicated that children carried a knife or weapon to protect themselves from other children. One of the contributing factors is that there are no adults available to discuss emotional problems with. An open-door policy in schools where a door must be always open when alone with a child meant that sensitive subjects could be overheard. It is also well known that sensitive subjects would be reported to the authorities whether the child wanted that or not. This has meant that adults were not able to be trusted with sensitive information. I have been told that it is possible for a child to talk about sensitive subjects in a corner of a crowded room. I know from my own experience the impossibility of this. Discussing emotionally charged subjects changes my behaviour considerably. The change in behaviour is very obvious. The obvious change in body language automatically attracts interest from surrounding people.

I had training mid 1970s in youth work, bereavement counselling, child counselling and helping children with anti-bullying. I was instructed in various aspects of child abuse and the effects thereof. As part of my training I had to remember as much of my childhood as possible. I was taught that children need help to solve difficulties and do not necessarily want the law involved. They may want an unwelcome activity to stop. My job as I was taught was to give the child the tools to stop the unwelcome activity and the means for the child to report to the authorities if they wished. This meant report to the authorities if I was asked to by the child. I was also taught that if you reported without the child's permission you would not

be given confidential information by other children. This allowed free flow of information between children and adults on what was happening in the community.

The above is in contrast to the situation today (2016) where everything must be reported and given to the control of 'state registered experts'. This has led to lay people being lied to by experts and damage to children by experts being very effectively covered up. Based on years of discussions and research into this issue I have come to the view that this has led to many deaths from the types of actions being taken that would not have occurred before 1986. The policies have led to lay people, who cared about the welfare of children in the community, to no longer helping children with their problems. They have been replaced by criminal gangs and individuals whose purpose was to exploit children for as long as they could get away with it. With the removal of caring adults children lost the ability to distinguish between adults who had to be avoided and adults who could be trusted.

In the late 1980s and early 1990s, social services used to run courses for people engaged in youth work. One of the things that people were warned about by social services was that if a child has suffered sexual abuse then if an adult upset that child the child would claim that the adult had sexually abused them. The adult had not done such an action, however the child could provide details that they had experienced from the behaviour of another adult. The result was that the innocent adult would be assumed to have abused the child. The instruction given was that adults were never to be alone with that child because of this danger. This appears to have been forgotten by a number of people in social services and some charity groups involved with children.

Some may say that only 'state-recognised experts' have the knowledge and skill to give the correct advice. State-recognised experts whom you trust may be acting in a manner that gives them the best return for their own time spent rather than acting in a manner that gives the victims the best help. The effect of fraudulent trials and dishonest reporting of trials by medical experts concerning treatments has been detailed in:

1. Four books.

1. "Cracked" ISBN: 9781848315563. A book written by Dr James Davies Senior Lecturer Social Anthropology and Psychotherapy at The University of Roehampton (London UK) in 2013. It details some of the misleading and dishonest research results that have been presented in Professional Journals and conferences.
2. "The Sedated Society The Causes and harms of our Psychiatric Drug Epidemic" ISBN: 978-3-319-44910-4. A book of scholarly articles edited by Dr James Davies at The University of Roehampton (London UK) in 2017. They examine the misdiagnoses of the psychiatric profession and side effects of psychiatric prescribed drugs.
3. "Bad Pharma" ISBN 978-0-00-735074-2. A book written by Ben Goldacre in 2012. It details how drug companies mislead doctors and harm patients.
4. "Bad Science" ISBN: 978-0-00-724019-7. A book written by Ben Goldacre in 2008 criticising mainstream media reporting on health and science issues.
2. In the New Scientist 6th September 2014 there was an article which commented on Diederik Stapel who in 2011 admitted to inventing the data in dozens of psychology research papers. The New Scientist referred to 24 of Stapel's papers which are known to be fraudulent.
3. The Lancet, British Medical Journal, newspapers and many scientific journals have discussed the problems of false information provided by researchers who lie in their papers and presentations.
4. There is a growing problem where medical research has been found not to be repeatable. The results given on the original research trial were not fraudulent, but for some reason when the trial was repeated the results could not be repeated.
5. Nature 9th February 2017 Vol 542 article by Timothy Clark - Science, lies and video-taped experiments. This describes problems with not so truthful science investigations.
6. Nature 9th March 2017 Vol 543 article by Gautam Naik – Psychologists push for open data. This describes problems with a journal published by the American Psychological Association. There

is an issue where some psychologists refuse to provide the data of the experiments that they based their hypotheses on. There is passing reference to the years of research fraud by Dutch psychologist Diederik Stapel.

The above references, which are a few among the many which have appeared over the last few years, indicate that new approaches to mental health are needed. The one which I have been advocating is the need for each person to be given the tools to investigate their own health disability. How a person's health disability manifests itself can change over time and needs continuous review. Community interaction modifies a person's self worth and thus changes a person's mental health state. Mental health is often about developing management skills and tools to observe oneself and tools to modify how the body responds.

In sociology there are a number of social classes. Different books name these classes slightly differently and different cultures have slightly different nuances for these classes. The members of a particular social class may be poor due to a variety of reasons, but they can to a certain extent mix within their class because they have incorporated the manners and education of that class. Someone with the appropriate skill in etiquette and education puts a fellow class member at ease while someone without the appropriate skill in etiquette and education creates discomfort.

A recent UK government study has suggested that a 'glass floor' exists in British society which prevents those who are less able, but who come from wealthier backgrounds, from slipping down the social ladder. This is due to the fact that those from wealthier backgrounds have more opportunities available to them. In fact, the article states: "Less able, better-off kids are 35% more likely to become high earners than bright poor kids" (Social Mobility and Child Poverty Commission Press Release 26 July 2015. "New research exposes the 'glass floor' in British society". <https://www.gov.uk/government/news/new-research-exposes-the-glass-floor-in-british-society>)

What is often not realised is that it takes a long time to learn the appropriate social skills that are needed to belong to particular social peer groups. If you do not have the right social skills you are prevented from obtaining the benefits that belonging to a particular social group brings. This is one of the factors that prevents a child with living experience of a lower social group from moving to a higher social group. Before 1986 there were people who could help with the development of the appropriate social skills. Now (2017) many people would not dare to take the risk of trying to impart the appropriate skills to a child from a lower social group.

Before 1986 intelligent children could shift from the lower social groups with help of adults who enjoyed conversation with intelligent children. Now an intelligent child who has been born into a lower social group tends to remain in that social group with reduced hope of obtaining an education fitting to their intelligence. It is therefore possible that the intelligent child in the lower social group has all the ability and skill to eventually make a living as an accomplished criminal with the suffering and violence and even deaths that can result from that occupation. This is because this intelligent child has no opportunity to be able to do anything else.

The rise of knowledge that child abuse victims could receive large sums of money has led to the rise of people who claim that certain events have taken place when they in reality did not. The court process can simply be based on who the jury decide to believe when a trial occurs and how good a barrister is at persuading a jury. The attitude of a number of senior detectives I have spoken to is: I always believe the victim and might investigate the perpetrator if I have time. This meant that times and dates and locations where acts of an unsavoury kind were reported to have taken place were never checked to see if the perpetrator was or was not at the scene of the reported activity. Another thing that was not checked was whether the victim doing the reporting could have been describing a scene that they had downloaded from the internet or have made up as a result of listening to someone else's story, or simply imagined.

Something that appears to be forgotten by many is that children grow up. By removing the interaction of adults and children, growing children can learn that adults do not care about them. This can develop the view “no adult cared about me so why should I care about them”. This in turn leaves vulnerable older adults open to the effects of resentment felt towards older people by younger adults (the nobody cares about me “children grown up”). This leaves vulnerable patients of the health services being on the receiving end of the effects of “no one cares about me” developed by the child. Also it creates a vicious circle whereby a number of these adults will not be able to be good parents.

The overall effect of the processes as described above means that children who have suffered ‘mind rape’ receive no effective help from the community or from professionals.

Remedy and Conclusion

To follow in separate document: