

Miranda Galbreath

Okay, so welcome everyone today. I am so excited to have our guest. Her name is Miranda Galbreath. And before I introduce her, I just want to begin by giving you guys a little bit of a trigger warning. So the information we're going to discuss today is sensitive in nature. There is going to be some dialogue around sexual violence.

And so this is something you or anyone close to you has struggled with or is struggling with, then you may just want to be aware of that before you make the decision to continue watching today's episode or listening to today's episode. And if you do feel like you need to reach out to someone, you can always call the National Sexual Assault Hotline, which is 1-800-5, I'm sorry, 1-800-656-4673, or visit www.nsvrc.org. And I will link all of those resources in the description of today's episode as well. So if you are continuing to tune in, then thank you so much for joining us.

So today, again, I'm joined by Miranda Galbreath. Miranda is a licensed professional counselor who has worked in the forensic mental health field for 17 years, specializing in assessment and treatment of individuals who have committed sexual offenses. Miranda, I'm going to start that part over again.

And if you'll just excuse me, I just got Invisalign trays. It's giving me such a speech impediment. It's driving me crazy.

So excuse me while I take out my trays. And then I'm just going to start from the top with your introduction. Okay.

Oh, sure. A friend of mine has been going through that as well. And she has the worst things going on.

It's so awkward. Yeah. And I can't even see it because you're frozen.

Okay, well, all right, I'm back. So luckily, my people can edit all of that out. Yeah, I have this like, I guess it's like a palette expander in the back.

And it's so bulky in there. I'm like, I thought this was supposed to be invisible. Anyway, okay, we're going to take that intro from the top.

So as I mentioned, I'm joined here today by Miranda Galbreath. Galbreath, I'm sorry. Miranda Galbreath is a licensed professional counselor who has worked in the forensic mental health field for 17 years, specializing in the assessment and treatment of individuals who have committed sexual offenses.

She has worked for the last eight years as a psychological services specialist with the Pennsylvania Department of Corrections, and has provided forensic treatment in both inpatient and outpatient settings. She serves as the sex offender program coordinator

for the State Correctional Institute at Albion, and as a trainer and consultant in sex offender evaluation and treatment for the Pennsylvania Department of Corrections. She is also an active volunteer in her community supporting survivors of trauma and abuse.

And we will link all of her contact information in the show description, and I'll have her share more about how you can reach her at the end of the episode. So without further ado, welcome Miranda. Thank you for having me.

I'm so excited to be able to talk about this. Like we were talking about earlier, we just don't have enough information about sexual violence and sexually harmful behavior. It's just not something that people are comfortable talking about.

And so I'm excited to have any opportunity to get more information to more people. Yes. And I think this is an area that there is so much misinformation about.

And so I'm really looking forward to you hopefully shedding some light on this really important piece of the population, because this is something that so many people I think are affected by. There is still some taboo around it. And so part of the goal of this podcast is to give a voice to marginalized groups.

And I think people who have committed sexual offenses, what a lot of people don't realize is that they are victims oftentimes themselves. And so it's a really complicated cycle, I think, of abuse that we see. And so I'd like to begin just by hearing a little bit more about your story and how you got into this, because I think it's an area a lot of people stay away from.

Yes, yes, it definitely is. Gosh, well, when I was working on my bachelor's degree, I had a professor who was a sex therapist and a sex researcher, shout out to Dr. Eric Cordy at Penn State Barron's. And I got to work with him as a research assistant and learn about his work.

And so when I was working on my first master's degree in forensic psychology, and I had to do an internship, I was interested in working more with folks around areas of sex and sexuality. And I got an internship working at an outpatient agency that served folks on probation and parole who had committed sex offenses and also death penalty mitigation. There was some of that in there.

And I had the experience that you were just describing and realizing that so many of these folks had their own trauma experiences and were dealing with their own stuff that contributed to them moving closer to offending. And that they were folks that a lot of people didn't want to work with and didn't necessarily really see as human or worthy of support or care or treatment. And I wanted to make sure that they got what they needed in a way that was respectful and humane so that they could move forward with their life in a safe and healthy way.

And so I just continued down that road. And when I finished my master's degree, I took a job with the New Hampshire Department of Corrections. And it didn't take me long to realize that I actually did not know what I was doing at all.

My degree was in forensic psychology, but I didn't learn counseling skills. Okay. Yeah.

So and you need them. So I'm running these treatment groups with guys in state prison and my co-workers and my boss didn't seem to notice that I didn't know what I was doing. They didn't make it.

Yeah, they didn't. I don't know if the standards were really low or what, but no one. My colleagues seemed to notice that I was crap at my job, but the guys that I was serving definitely noticed.

Okay. Oh yeah. So they told me all about myself.

And I said, you know, Ms. Galbreath, you don't really know what you're talking about. You just sound like you're reading out of a book and just saying some fancy shit you learned in college. We really need actual help.

And they were right. And so that's why I went back to school and did the master's degree in clinical mental health counseling and pursued my LPC because these people need people who know what they're doing. And I wasn't that person.

And so I wanted to make sure I became that person. Definitely. How intimidating that must have felt to be in prison systems, being evaluated on your counseling skills as a brand new intern.

I can't imagine what that must've been like. Well, they gave me what I needed, which unfortunately I wasn't getting from my colleagues. And so I'm going to be grateful to them forever for that.

Totally. I actually had sort of a similar experience when I don't have a background in forensic psychology. You know, my training was always in sexology.

And when I was completing my internship, the woman I worked for had a sex therapy practice, but she also had contracts with the Texas department of pre-trial and probation services. So we would have people who we were working with who were about to go on trial or who were on probation. And I mean, I remember sitting in an office with these guys, just having, even though I had counseling skills, I didn't have any training specifically in working with people who had been convicted or who were on trial for any kind of mental offense.

And I just remember hoping to God that I was doing a good job to help them, but just feeling at a total loss and really how to work with this population. Because like, it's an

area that a lot of people don't want to work with necessarily, and that there really isn't a whole lot of specific training because it is a special population. Yeah.

So you went on to get your master's in counseling and then tell me about how things went from there. How did you, you know, progress in your career from that point? Cause you've been doing this for about 17 years. Yeah.

Well, I got a lot better. I never stopped doing the work. I continued to do it and just, it was so amazing.

Just reading my first book on group therapy, just starting to use those skills live and in person as I was learning them, it was making such a difference. And I just basically was seduced by the power of group treatment. It was amazing.

And I didn't realize how amazing it was going to be. And so I eventually left the New Hampshire department of corrections and came back to my home state of Pennsylvania. And so I have been working with the Pennsylvania department of corrections since then, but I also spend some time working with folks in the community as well, folks on probation and parole, working outpatient treatment.

And I'm just kind of continuing to learn as much as I can along the way, because I think the more that I learn, the more that I realize I don't know enough. And there's so much to learn. And so during COVID, one of the things that I did with all of my alone time, because we can't go anywhere, was to join ASECT, the American Association of Sexuality Educators and Counselors, because I'd long been wanting to expand my knowledge beyond just sexual violence and sexual safety into sexual wellness and sexual pleasure.

Because I think the guys that I'm supporting and just people in general who are in programming for people who've committed sex offenses, they often don't get treatment on how to enhance their sexual wellness and their pleasure. People don't even want to think about that, right? Like they don't want to think about the fact that these folks are going to go back to the community and want to be sexual and want to have relationships and need to learn how to do that in a healthy, safe way. And so I'm wanting to expand my ability to talk not just about how do you not commit more sex offenses, but how do you have a really healthy, pleasurable sexual life and healthy and pleasurable relationships? You're right.

And I think, like you said, so many people don't even want to go there with sexual offenders, but without that knowledge, I can see how a lot of them might go back. There would be a higher chance of a lot of them going back to unhealthy sexual behaviors. Give me a second, Miranda.

I'm just going to adjust the AC so it doesn't kick on again and have background noise. I promise I'm not usually this unprepared. Okay.

Actually, can we, I want to kind of follow up with something that you were saying there, if I could just jump in. So I'm really glad that you said that because a big part of what we are working on in treatment that research tells us reduces a person's risk of committing future sex offenses is helping people to develop healthy, intimate relationships and healthy support systems. Because like you're saying, if people feel lonely and they're desiring connection and they're wanting to be sexual and they don't have the skills to do it, they don't know how to initiate a relationship or ask someone out, they don't know how to maintain a relationship, they don't know how to negotiate a sexual relationship in a healthy way with a partner.

If they don't know how to develop and maintain a support system, they're more at risk. If we're not addressing those issues, we are not addressing people's risk. So we really want to be making sure that they know how to have healthy relationships and how to maintain them and that we're not engaging these people in a way that just isolates them further, which increases their risk.

Absolutely. I think you're, that makes a lot of sense to me and I can see how, you know, that'd be something a lot of people don't want to get into, but how it's a really, really key aspect of their treatment. So I wonder, this is an area I don't know a ton about and I'm curious because I've heard that, let's take pedophilia for example, that some people categorize that more as like a sexual orientation than as perhaps like a response to your own trauma or as just kind of sociopathic criminal behavior.

What does the latest research say on what is motivating that kind of behavior? Gosh, you know, I'm really glad you asked about this and I'm, I don't know that I'm going to answer the question that you're asking, but I'm going to tell you about what I'm experiencing, which is most of the folks who are coming into my treatment groups because they've committed sexual offenses against minors are not people who are primarily attracted to children. I do have some folks, usually in every group, there's usually at least one or two gentlemen who are identifying as primarily attracted to children. Most of the folks who have victimized children are not primarily attracted to children.

They're primarily attracted to adults, but they're struggling in their skill and their ability to connect with adults and maintain relationships with adults and still want those connections. They still want that sexual activity and children are vulnerable and they're easily accessible and they trust you and they're easily confused about what's okay and what's not okay and often adults don't believe them when they report something is generally the person who's victimizing them is someone who's known to them and someone who is trusted. And so when, when someone goes to their mom and says, grandpa touched me in a way that doesn't seem right, mom may not believe them because the person who's doing the harming is someone that they know and trust.

And so certainly we do, we do have folks coming in who are primarily attracted to

children, but I'm only seeing the ones who are harming people and getting caught. There are lots of folks out there who are primarily attracted to children, but who are not harming anybody and have developed the skills either on their own or with a support person or a treatment provider to manage the attraction that they have and to figure out a way to accept themselves and to stay safe, potentially be sexual in a way that's not harming anybody. So I really, what I see as a representative, because I'm only seeing the people who are doing the harm.

That makes a lot of sense. That answers your question? Yeah, no, it definitely does.

I think that, you know, what I hear you saying is that there's probably a small percentage of the population who feel that this is more like an orientation, that they're primarily attracted to children or adolescents, but the bulk majority of the people who you see are probably people who are trauma victims themselves, who because of their trauma struggle to form healthy attachments with other adults, channel their energy into these vulnerable populations. Yeah. And I think, can I just add something to that? Sure, sure.

And I think too, this is a really important thing to talk about because when we use language, like you didn't use this language, but when people use words like pedophile, it's so stigmatizing and so othering, and it gives us a false sense of who people are who are dealing with an attraction to children and also who people are who commit sexual offenses. And when we use that kind of language, it just, it makes it harder for people who are attracted to kids to feel safe asking for help or coming forward or talking about it. And so we just have people being more othered and more in the shadows and not getting support.

And it also gives us this idea that the people we need to be concerned about in terms of people who might sexually victimize are some scary, creepy dudes lurking in the shadows. When really the people who are going to harm us are more likely to be people that we know and trust. Yeah, you're right.

You're right. I did use the word pedophilia, but let me ask you. You did, but that was okay.

What is the right language to use? Because I'm curious and I'm sure people listening are too. What is more appropriate? You know, I think, gosh, I just, I love thinking about language around these things. And I think that, I think about it not so much in terms of like the right or the wrong language and more in terms of language that's going to better serve us versus language that's not going to serve us.

But I think, you know, pedophilia is useful as a diagnostic label in a clinical setting. It helps people to get the services they need in terms of being a treatment provider or just being a regular person who's talking about these things. I tend to use person first language so that we're making the attraction the only thing that there is that's important

about the person or the primary thing about the person, because aside from who they're attracted to, they're a whole person. When we distill them down to just this one thing and this thing that's very stigmatized, we lose sight of all of that. I might, if I was talking about a person I'm working with, I might describe them as a person who's attracted to children.

I know people also use language like minor attracted person. I've seen quite a bit of other kind of more respectful, more humanizing terms out there that, you know, they're not terms that are saying it's okay to act on this attraction, but they are terms that are saying this is a person and this is a component of this person that doesn't cause us to lose sight of a person's humanity. Yeah.

And I think that it is so important to remember that these are people too, as much as I think people want to see them as these monsters, they are whole people who are really struggling and no one would engage in these kinds of offenses, I think, unless they were in a lot of their own pain as well. I remember when I was doing some of those work with people who were on probation for violent crimes. I mean, there were people who had, you know, have been convicted of murder and we had this picture that we'd show them of a father holding a newborn baby and they're making like direct eye contact.

And we talk about the feelings that came up when they looked at that picture. And so many of these guys would just be weeping in my office. And I'm curious, as you build a rapport with some of these people in the prison systems and you're, you know, getting trust from them, what would you say is one of the most surprising elements of the narrative? What kinds of stories do you hear? Gosh, I think at this point, I'm not surprised by stuff anymore because there's so many of the same themes are coming up.

But I think people in general would be surprised to hear that these folks are so, so afraid of being judged and having people see them as monsters and seeing them in a way that they don't see themselves. They're terrified of losing connections and losing support and being isolated. And when they come in to do initial assessment and when they're just starting treatment, I really put a lot of focus on communicating to them that these are things that you did and these are choices that you made, but this is not everything that you are.

And this is not some permanent state that you can't move forward from. This is something that we can work on and you can change the way that you're thinking and the way that you're making choices so that you can move forward with your life in a healthy way. And I'm not thinking of you as a monster or judging you.

I see you as a regular person like we all are who is struggling and who made poor choices in how to manage the kinds of struggles that we all face. And I'm really just spending a lot of time humanizing and normalizing and helping them to understand that these are problems that we can solve because they come in thinking like, my life is over.

I'm a horrible monster.

Everyone will hate me for the rest of my life. No one will ever love me or want to be around me. I'm never going to be able to get a job.

Just focusing on common everyday life and connection. Things that are important to all of us because they are just regular people. Gosh. So what do they tell you in terms of how they got from point A to point B? Like what themes do you hear in their stories? I think it's often, it's almost always not what people think.

We're generally not looking at, at least for the most part, folks who are walking around having these really terrible deviant thoughts. I'm doing air quotes for people who can't see me right now. They're just regular people who are struggling with regular life problems.

And so a lot of the times what people are talking about is, I wanted to feel connected. I wanted to be in a healthy relationship or I wanted to feel connected to my existing partner, or I wanted to be sexual with my existing partner. And I just didn't have very good skills in terms of how to communicate and how to connect.

And a lot of times what's going on in the picture too is people are not committing sex offenses when their life is awesome. They are committing sexual offenses when shit is falling apart. You know, people who are in my groups are talking about how around the time of their offending, you know, maybe they lost their job or were having a lot of trouble with their job.

Their relationship with their partner was really going poorly or they lost their partner. They were dealing with maybe significant addiction issues or mental health issues. And people get kind of to a point where they, we call it the "fuck its" in group.

You're thinking like, well, everything's messed up anyway. My life is a mess. It's going nowhere.

There's nothing I can do to make it worse. Fuck it. You know, whatever this thing is I'm thinking about, it doesn't even matter how bad it is because my life is just a mess.

And part of that makes it easier for people to maybe think about moving forward with something that under healthier, better, more desirable circumstances with better supports, they wouldn't be considering moving forward with. And over time, you know, people don't generally go very quickly from no risk of offending to offending. Over time, people are starting to kind of gradually help themselves feel okay enough to move forward with a harmful behavior.

And in small steps, you know, they're starting to entertain some problematic thinking like, well, you know, my, my stepdaughter, you know, she looks just like my wife and,

you know, she's always wearing those short shorts around. And, you know, if she didn't dress like that, I wouldn't be looking at her like that. And if she wasn't flirting with me, I wouldn't be thinking these things, but you know what? No, she's too young.

But then eventually over time, people are starting to kind of gradually use problematic and unhealthy thinking, and also oftentimes fantasy, masturbation, sexually explicit material to gradually help themselves move forward with whatever problematic behavior they eventually engage in. And they're generally not in a place when they offend where they're totally convinced that what they're doing is okay, but they're convinced enough. They've convinced themselves enough, even if they feel ambivalent about it.

And there's this whole kind of pattern of problematic thoughts and behaviors and gradual forward steps. And I didn't even mention things like grooming, you know, the way that people are gradually maybe gaining the trust of someone that they're thinking about harming, or taking advantage of trust that already exists, and maybe helping the people in the environment around them to not suspect what's going on. So there's just all kinds of things happening.

Right. Can you talk a little bit more about some typical grooming behaviors that you see, just so people can educate themselves about what to look for maybe in their own environments? Sure. And I think too, I'll preface that by saying, again, what we're generally looking at is people are victimizing people who they already know.

And so what we're looking at is people who are kind of taking advantage of existing relationships and existing trust, and sometimes also taking advantage of existing maybe fears or power and control issues. And so when we talk in group about grooming, we talk about how sometimes it involves nice positive things, like helping people feel safe with you, helping people trust you, maybe complimenting them or spending more time with them or paying attention to them when no one else is paying attention to them. That's really common with people who victimize kids, and they're focusing on a child in the family who's maybe vulnerable or has behavior problems or doesn't get as much attention.

Spending maybe time alone with someone, sometimes it involves gifts or compliments or giving them access to things that they might not otherwise have access to, especially kids and teenagers. You know, if some cool adult is going to get you an awesome phone or clothes or whatever that you couldn't get on your own, or they're going to give you alcohol, those kinds of things help people feel safe and trust us. But it can also involve doing things that make you scary and intimidating or make it less likely that someone is going to resist or report you because they're frightened.

And a lot of times people will say, well, I didn't do any of that. I didn't groom anybody. But what they did do was take advantage of existing trust or an existing reputation they had that was frightening and intimidating.

And so they didn't have to do anything additional to make it easier for them to harm someone. They just had to take advantage of the existing relationship or reputation or trust. You spoke a moment ago about kind of the slippery slope of it.

You know, starts with some of this problematic thinking that leads to like masturbation and fantasy and that sort of thing. What does the literature say currently on porn, for example, being either like a safe outlet so that people don't actually engage in some of the behaviors that they're fantasizing about versus more of a slippery slope to then kind of normalize and then you've got the positive reinforcement. What does the data suggest at this point? Oh, I was really hoping you were going to ask about this.

I was going to ask about that. Okay, good. So, hey, things that we definitely know, there's definitely a robust body of research that tells us that there is an association between using sexually explicit material and engaging in sexually coercive or sexually violent behavior.

And that can be hard to hear because lots of people love porn. And so this is not the end of porn for you. It's only one risk factor of lots and lots of risk factors.

And because a person is engaging in something that's a risk factor, it doesn't mean there's a direct correlation to engaging in harmful behavior. Correlation, not causation, I think. Right. Right.

And there's a lot we don't know still about the relationship between consuming sexually explicit material and sexually coercive behavior. So there's research ongoing to try to help us better understand that connection. When I'm talking about this with the folks that I serve, I'm not saying to them, ooh, porn equals bad.

You can never look at porn again. We've just got to talk about what kind you're consuming and how you're consuming it and what you're thinking around it in terms of whether what you're consuming is something that you are thinking about moving toward in real life. And so, you know, people may, and coercive fantasy is another hot topic of discussion, I think.

Lots of people who have never sexually harmed anyone and are never going to enjoy the occasional fantasy that involves coercion or violence. And, you know, occasionally entertaining those fantasies is not a problem in and of itself, just like the pornographic materials are not necessarily a problem in and of themselves. It's more how you're using those materials and thinking about them.

And maybe for some folks, how often they're using them and how much time they're spending thinking about coercive or violent themes, or just in more kind of vanilla pornography, what kind of ideas they're getting about sex and relationships and people's bodies and what their sexual scripts kind of develop into. People will be watching totally

vanilla stuff and still get a lot of really problematic ideas about what sex should look like. Pardon me.

I'm just going to pause for a moment. No problem. People can get a lot of really problematic ideas about what their sexual life should look like.

And part of this picture too is that people don't get enough sex education. And so, they're getting their information from pornography. And so, if that's the only place you're getting your information and you think, okay, this is what my body is supposed to look like.

This is what my partner is supposed to look like. This is what we're supposed to do. This is how long it's supposed to take.

A lot of folks in my groups who are getting most of their information from that, in part, they're making the decisions they're making because they've got bad information. And so, part of what we're doing in treatment is providing sex ed and helping people understand what healthy bodies look like and how they work and what sex really looks like. And I'm trying to think if I'm even answering your question here.

Well, you are. What I'm hearing is that it's very contextual. And I imagine helping them identify, okay, if there is any porn use, to what extent is it maybe healthy porn use versus getting back on that slippery slope of problematic porn use? And I imagine also weighing that around what's happening in the general context of their life.

Are they looking at more porn or having more sexually coercive thoughts after getting fired from a new job or something like that? Or being shunned by a family member and you know, trying to help them develop the self-awareness so that they know when that behavior is problematic versus healthy. Yeah. And one of the things that you touched on in there is using sex as coping.

And so, that's definitely something that plenty of the folks I work with have been doing is that they're lacking in healthy coping skills. And so, when they're angry, when they're frustrated, when they're lonely, when they have a bad day at work, they're using masturbation or using pornography or using sexual behavior as a coping skill. And so then, when they're sexually offending, oftentimes it's them using sex as a coping skill.

And so, they're not looking for sex necessarily. They're looking to feel less shitty. And they're using sex to do that.

And so, that's another thing we can be focusing on. What are you seeing in terms of the recidivism rates of people who go through your kinds of treatment programs versus people who don't? I'm curious what the data is showing there. I think that something that maybe people would be surprised to hear is that recidivism rates, this is a fancy treatment word.

So, risk of committing future sex offenses is lower than people think that it is. The way that folks who commit sex offenses are portrayed in the media, it makes it sound like they're these scary, insatiable sexual monsters who really need to be locked up a long time and really need a lot of treatment to get them under control. And because we're so kind of frightened by these folks, we point a lot of unnecessary attention and treatment at them.

But research tells us that for many folks who are committing sexual offenses, their risk of committing future offenses is pretty low. And for some folks, it's as low as a person who hasn't committed any sexual offenses. Even the folks who are on the higher risk end, their risk of committing future offenses tends to be lower than we think.

And once people are released from an incarceration setting, if they've been incarcerated, if they haven't committed a new offense in the first five years after release, their risk of reoffending goes down by half. It continues to go down by half every five years after that. And so when someone does treatment, our goal, of course, is to reduce their risk of committing future offenses.

And so if we're providing effective treatment, we're reducing an already pretty low risk for most people, even lower. And frankly, I don't see a lot of folks coming back for new offenses. Most of the time when I see folks come back who have completed treatment, it's for something non-sexual.

It's for maybe a parole violation that is not even a crime, like failing to register or failing to check in with their agent, a non-sexual crime, like a drug crime. And something else I'm thinking about and wanting to put out there related to this is research also tells us that we can give people too much treatment. And if we give people too much, it can actually make them worse.

And so we have kind of all these tough on crime sort of initiatives and throw all this treatment at people and sometimes think that we need to keep them in treatment forever. And when we're doing that, oftentimes that doesn't match with their actual level of risk and their treatment need. We can increase their risk.

Yeah. I can definitely see how that would apply, especially to someone who has to like register as a sex offender because they were like peeing on the side of the street and now they've been arrested for indecent exposure and how they're probably treated the same as people who have committed more overt, violent sexual crimes and how that could be problematic. I am very surprised.

And if I can say relieved to hear those statistics, because I definitely like before we are moving to a new neighborhood, I'll get on like the sex offenders website to see, you know, how many people are living in proximity to wherever we're moving. And what I'm hearing is that those numbers might not really mean anything. Yeah.

And there are so many kind of statistics that are relevant to what we're talking about right now that I think are interesting and surprising. So earlier today, I was actually I was doing a training for the staff at our local crime victim center. So it's like our local rape crisis center.

And one of the younger staff, she just she asked such a good question. She said, you know, there are all these statistics that you're talking about about recidivism and you're telling us that it's relatively low compared to what we might think. But we also know from research that most sexual crimes go unreported.

The most recent statistic I've seen is that about 80 percent of sexual crimes go unreported. And she's she's bringing bringing this to the table and saying, like, I don't want to offend you because you just said all the stuff about recidivism. But can we really trust those statistics given that we know that most crimes go unreported? And I just thought that was such a smart question because it's always useful to question research and statistics because it's always changing.

And I think there we can do a lot of questioning around sexual violence, because not only do we know that so much of it goes unreported, but I think even those studies don't give us a full picture because a lot of people who have been sexually victimized don't even realize that what they experienced was sexual victimization. So if they're part of a survey asking if they've been sexually victimized and they've reported it, they may say no because they don't realize that what they've experienced was victimizing. And so.

There's a lot of kind of gray area out there. So can you give some examples of sexual victimization that people may not really, you know, consider to be victimization? Like what what are some things that people might not know fall into that category? Right. You know, when when I think about that, I think a lot about sexual victimization that men experience.

Yeah, because our culture and the way that we we see men and women and all of the toxic masculinity junk makes it really difficult for us to see sexual victimization of men and boys as sexual victimization. So we have this this idea that men and boys should want lots of sex and want it all the time and always be aroused and ready and be promiscuous. And so then if a man is pushed into engaging in sexual contact against his will, he's kind of brainwashed by our culture to think he should have wanted that and that that was OK.

And he's probably not going to tell anybody that someone did something sexual to him against his will because he doesn't want anyone to think that he's weak or a pussy or of course, but all of that homophobia that gets in the way to it doesn't want people thinking, oh, God, you're gay or you're a fag or whatever. And so that makes it hard for men to realize that what they've experienced is sexual harm and also hard for them to talk about it and then even harder for them to get taken seriously by law enforcement if

they're trying to report it. And, you know, in this neighborhood, an interesting theme that comes up a lot in my groups is that when guys are talking about their sexual history, so many guys in my group will report that when they were a minor, they were having a sexual relationship with an adult woman, you know, like 12 years old, and they're having a sexual relationship with their mom's friend who's 40.

And when they present that, they don't realize that what they're talking about is them being sexually victimized. And when they initially present it, they may present it as something just awesome, this great opportunity that they had, and really gets to talking about it. And generally, they need to hear the roles being reversed.

You know, how would this look at this 12 year old girl and a 40 year old man? And they're like, oh, no, that's terrible. Right? So they don't see it as harmful when it's done to boys. And so that's a, there's, I think, so much victimization of men and boys that goes unreported, and that people don't even see as a victimization.

So that's just kind of one of the most common things I see as an example. Yeah, I'm so glad you bring that up, because I have had so many male clients come through my office over the years, who, when they reach a certain age, let's say 12, 13, 14, will have an older male relative take them to an escort or a prostitute to lose their virginity at an age where they did not feel ready for that. And it's not until we start unpacking what that experience was like, that they realize how traumatic that was.

They didn't feel emotionally ready. Oftentimes, they didn't feel physically ready. And that, you know, I live in Houston, which has a large Latin American population.

I see that a lot from people who come from different Latin American countries. It's this whole kind of machismo attitude about what it means to be a man when these are all little kids. Still.

Yeah, I can definitely see how that could be a real gray area for people and an aspect of this that's really misunderstood. What advice would you, because you work with people on both ends of the spectrum, you work with people who've been convicted of sexual offenses, you work with victims of sexual offenses. What advice would you give to people, this is kind of a two-parter.

One, to come forward with their stories, because if this 80% statistic is true, that is really unsettling. What advice would you give to victims to come forward with their stories and to make reports? Oh, boy, that's a tough one. That's really tough because I think that, you know, if we're encouraging people to come forward, unfortunately, we're encouraging to come forward in a system that is often failing people who are coming forward and is often not supporting them and is, you know, going through the criminal justice system can often be very painful and re-traumatizing and often does not lead to the person being punished at the end.

More kind of unfortunate stuff from the research is that, you know, the number of people reporting is so low and then as you move forward through the legal system, the number of people who actually have their reports taken seriously by law enforcement and get all the way through to a conviction is much lower than that. And so, it's a discouraging system to make. Yeah, and so, I think if people are wanting to talk to someone about what they've experienced, they don't necessarily have to go the route of reporting to the criminal justice system if they don't want to put themselves through that and if they don't feel like it's going to be valuable.

They can come forward to someone that they know and trust and care about and talk about this stuff with a trusted loved one or friend or family member or a treatment provider. Pretty much every community somewhere or other has an agency, some kind of rape crisis center or an agency that supports survivors of crime. And I know, so, in my area, our crime victim center supports all survivors of crime and you don't have to have made a report to the criminal justice system.

If you come in and you say, I have experienced this, they are going to provide you with services. And so, for a lot of people, going the route of seeking support without getting involved in the criminal justice system might be the safest or the best choice. And I don't want people to put it on themselves to get this person, whoever harmed them.

It's not on you to protect other people from this person. What they're doing is on them and it's their problem to solve and none of us is responsible for stopping the person who harmed us or protecting other people from them. Our responsibility is to care for ourselves and what they're doing is their responsibility.

And you, as a person who's been victimized, are not responsible for what they've done to you. What would be your best piece of advice for parents in terms of what signs to look for? Because, of course, not every, the majority of uncles who are bringing gifts to their nieces and nephews that are not sexually violent people, but what are some other signs that parents should be aware of and how should they talk to their kids about what to look out for? Yeah, I think I really want to move us, all of us, and particularly parents, away from this stranger danger stuff. Okay.

Mostly it's not strangers. It's not the guy with the van and the candy and the puppies. Like you said, it's the neighbor, the babysitter.

And so I would like for parents to be thinking about all of the relationships that their children have and keeping an eye on all of those relationships and keeping an eye on whether there are adults in your children's lives who are potentially violating their boundaries in some way. I would love to see parents teach kids healthy boundaries for physical contact and help kids learn that it's okay for them to say no to touch. It's okay for them to say no to adults about certain things.

It's okay to not want a hug. It's okay to not want to hold someone's hand. You don't have to sit on grandma's lap if you don't want to.

I would really love for parents to help kids experience bodily autonomy and to support that bodily autonomy when kids are exercising it so that, you know, it's so common for us to make kids hug people or sit on people's laps or do things like that when they don't want to. And so we're teaching kids, do whatever adults say. And it works because when people are victimizing children, they know I should do what this adult says.

Right. So I'd love to see parents help kids learn that they're in charge of their bodies and they can say no and that if someone is trying to get them to do something that they don't want to do, they can tell an adult and that adult will believe them and will do something about it no matter who the person is. No matter if it's a close friend or family member or spiritual leader or teacher or coach, no matter who it is, adults are going to believe them and they're going to take action on it.

I think that's such an important point. You know, when I think of the clients I've worked with over the years who are victims of sexual abuse, there's the trauma of the abuse itself, but then there's so much trauma from the person they told who didn't believe them and the abandonment they felt. So I hear what you're saying.

Well, you've brought this up a few times during our discussion today that first of all, I think that people need to remember it's not necessarily a stranger danger that we need to be focusing on, that a lot of times these kinds of offenses happen within closer relationships and that one of the best things we can do for our children is create an environment where they know that they can always come to us with anything that they feel concerned about and really work with them constantly on that bodily autonomy and boundary setting. So anything else that you think is important for people to know? I mean, I could talk to you all day. I have so many questions, but we don't have all day.

Anything else that you think people might find surprising or misconceptions you want to address? Jeez, let me look at my little list here I made and see what things we didn't talk about. Did we talk about what factors lead people to commit sexually violent acts? Did we get into that very much? I don't know that we did, but I definitely thought of something that I want to make sure that I say. So maybe I'll start with that.

Yeah, so tell me what else comes to mind. What else would you like to share? Something that I think about all the time and that I wish people thought more about also is that our popular media is so full of stuff that is sexual violence, but that is portrayed as normal or desirable or sexy or romantic. I would love for people to look at TV and movies and books and entertainment with a more critical eye because there is so much stuff that is normalized in our entertainment that I just, oh, I don't even watch TV.

I don't have a TV because it's just, it's so cringey. There are many particularly romantic

storylines that involve, and this is all very heterocentric because that's most of our popular entertainment is, that involve a man violating a woman's boundaries and this being portrayed as normal and desirable and sexy and a man not hearing a woman's no, a man stalking a woman, a man continuing with sexual contact when the woman has set boundaries. And in these storylines, it's always portrayed that eventually she becomes attracted to this person and overcome with her desire for him, you know, even though she wasn't into the kiss in the first place, if he just keeps kissing, eventually she's going to be really turned on or he just keeps showing up at her house or place of employment.

Eventually she's going to go out with him and fall in love with him. So many of our, our popular shows and movies, and it just, it pains me to watch because people are watching this and thinking it's okay and desirable. And then they're engaging in this behavior, this boundary violating or sexually harmful behavior and thinking it's completely normal or romantic.

And it just, it pains me to watch it all. The first thing that comes to mind, and I'm a little embarrassed to admit is I participated on a panel discussing Fifty Shades of Grey when it first came out. Oh, yes.

And you know, there was one woman on the panel who was like, this is sexual violence, this is abuse. And I was coming more from the side of this is a fantasy, you know, even children can distinguish, you know, fantasy from reality when they're reading books and watching movies. And this should be kind of thought of as the same way.

What's your opinion? Oh, boy. Okay. I have so many thoughts.

And my own personal Fifty Shades of Grey experience was that my sister who really doesn't read was reading it and just loved it. And so I thought, okay, I'm going to read this book. And I got to page 169 before I just said, okay, no, we're done.

And it's been so many years now that I can't even speak to specific details. But as I was reading it, I was just thinking, this is sexual violence. There's this big power differential here between these two people, which is a problem in terms of consent.

And there's so many problematic elements there that were clearly being romanticized that I just couldn't do it anymore. And, you know, in terms of just thinking about Fifty Shades of Grey in particular, another thing that we didn't really get around to is that more and more I am seeing people try to use kink or BDSM as a way of disguising harmful behavior. Lots and lots of folks who are engaging in kink in a safe and sane and consensual way with consenting partners who are fully capable of consenting.

What I'm also seeing in my groups and in the media is more people who are engaging in sexually abusive behavior or domestic violence and then trying to say that it's BDSM when the person they're engaging with isn't consenting to being slapped or being called

a name or being tied up or what have you. But then after the fact, the person who's doing the harmful behavior is trying to say, oh, yeah, yeah, yeah, it was just BDSM. It was just kink.

You know, you just don't understand my culture. And when people are not kink aware, kink informed, it's easy to confuse or trick them. I'm just thinking of this book I read recently.

I think the author's name was Tanya Silverotnum. She'd written a book where she talked about her experiences with then New York Attorney General, Eric Schneiderman. And he had this long pattern that people just weren't aware of, of engaging in abuse of his partners.

And then when someone reported it, that is where he went to say, you know, this is just kink, this is just BDSM, when these women weren't consenting. Having to call him master and daddy and him calling them their brown slave and hitting them and tying them up and raping them. And then he's saying, look at me, I'm this great liberal hero.

I support women. And this is just kink and people just are misunderstanding. Yeah.

So yeah, I can definitely see how, yeah, on the one hand, there are a lot of people who participate in kink and BDSM who are doing it in a healthy way that's respectful and, you know, includes good communication skills and consent. And I also can hear what you're saying that there are people who are using the increase in popularity of kink and BDSM to disguise some of these sexually aggressive and coercive behaviors as well. So we have to be aware of that.

And, you know, I think it's been such a long time coming, obviously the dialogue around consent and what that means. I mean, what, what would you say is your definition of consent? How can people know? I love talking about consent so much. We could do a whole podcast just talking about consent because it's so important and it's not something that we're taught most of us.

And it's not something that most people are talking about and, or people aren't skilled in talking about in negotiating consent and they feel really awkward about it. So when we're talking about consent, what we're talking about is people agreeing to engage in a behavior and everyone who is agreeing is able to consent is legally able to consent is, is agreeing freely to the behavior without any kind of coercion, without any kind of power differential getting in the way, without a person's ability to make decisions being compromised by use of a substance or a medical or a mental health condition. And so people can say yes to something or just not resist something without it really being consent.

If a person is not legally able to consent or is compromised in some way, or is not in a

position where they can say no, or they feel like they can't say no, because maybe the person that is trying to be sexual with them might harm them if they don't go along with it, or maybe has power over them in some way. Like it's their boss, or maybe it's their partner who controls all the finances in the household, or maybe it is someone who is threatening them. Or there's another thing that comes up in my groups a lot is guys who are in same-sex relationships who threaten to out their partner when their partner's not out.

And so someone is going along with sexual contact they don't want to engage in because they don't want to be outed. And so there are just so many directions to go with this. You know, we talk in treatment about how you can't tell if someone's consenting just by looking at them, right? If they're at the bar, the party, or the club, they may just be there to have a good time.

They may not want you to touch them. They may not want to dance with you. They may not want to have sex with you.

Just because they're dressed sexy doesn't mean someone's consenting to any kind of contact. Just because they're agreeing to do one thing with you doesn't mean they're agreeing to anything else. Just because they consented to something in the past doesn't mean they're consenting to it right now.

They may have consented to it a few minutes ago, but they may have changed their mind. You know, you may be noticing some physiological signs of arousal, like lubrication or an erection, but that doesn't tell you if they're consenting. Only the words coming out of their mouth tells you they're consenting.

So there's so many pieces to this we could talk about. Totally, totally. And it's so interesting, I think, with gender socialization as well.

I have a son and a daughter, and of course, knowing what I know, I'm going to be so aware of teaching my son how to read nonverbal cues. Because I also think you say it's just the words, but I think there are probably also times when people feel pressured to say yes when what they really want to say is no. And so there's the verbal cues and there's the nonverbal cues, and we teach girls how to read nonverbal cues and body language a lot more than we teach boys.

And I think that's a huge piece of the puzzle, is teaching everybody everything, right? Yeah, yeah. And you reminded me, you know, I really like the idea of enthusiastic consent. You know, that it's not just the absence of a no.

It's not just maybe, all right, sure, do whatever you want. It's getting, making sure that your partner is into whatever it is. Hell yes, that sounds great.

That is so sexy, you know, if their body is saying like, I'm cringing, I'm pulling away, I'm

really, I'm not into this, but their words are, yeah, okay, whatever. That's a, this is a stoplight right there. We gotta, we gotta slow down and talk about what could make this better for you, or maybe whether we want to do this at all.

Yeah, yeah. Well, Miranda, I could talk to you forever. And I know when we first started, I said, I'm so excited about this show.

And you said, really, that's not a feeling most people have when it comes to talking about sexual violence. But I think, I mean, this is important information. People need to know this.

And so I really encourage anyone listening to share this with everybody they know, because I know that there are probably so many more people affected by this than we realize. And it's not something, I mean, this is a hard conversation to have. Like I said, I've got two young kids, it's hard to think about something like it's happening, but we need to be aware.

And, you know, we need to understand how the system works and what we can do to make a difference and make a change. And you're doing really, really tough, but great work. So thank you so much for helping these people lead normal lives.

Thank you. I've been, I was so excited for this opportunity because I feel like, like you said, not enough people know these sorts of things. And I want to share this kind of information with as many people as I can.

And, you know, I see that you seem to have a pretty good size platform. So I was really excited to leverage your popularity to learn more about sexual safety. Yeah.

Well, thank you so much, Miranda. This will have you on again, for sure. Okay.

I'm going to go ahead. Oh, before I sign off, tell people where they can find you and any information you'd like to share or promote. All right.

So if anybody's listening and they're thinking, gosh, I really would like to learn more about sexual violence and consent and what those things look like and what might get in the way of me noticing sexual violence and how to talk to people about sexual violence. I actually am recording a training next week through learnsextherapy.com on that topic. And so that'll be available live, but also on demand for folks who are interested in learning more about this topic.

Another place where folks can find me and lots of information about sexual safety and sexual wellness is on my, my Facebook and my webpage. My webpage is sexualsafetyspace.com. And I also have a Sexual Safety Space Facebook page. And the website is really a place where I just want to share a lot of great websites and resources and books.

And I do a blog. So that's a place where you can get information or you can follow me on Facebook. Awesome.

Thank you so much. And now people know where to find you and I will link everything in the show description as well. Awesome.

Okay. Miranda, I'm just going to record that trigger warning at the beginning again, because I still had my trays in at that time. Okay.

You don't mind? No, that's fine. Okay. So I am joined today by Miranda Galbreath.

And before we get into her introduction and today's episode, I do want to just warn you guys that this episode may feel triggering to some people. It contains discussions of sexual violence. And so if this is something you have struggled with, either in the past or currently, or if these issues are triggering for you, you may not want to tune into the rest of the episode.

If you feel you need to talk to anyone, you can call the National Sexual Assault Hotline at 1-800-656-4673, or visit www.nsvrc.org. And I will link all of these resources in the description. Thank you. Thanks for your patience with me being late and re-recording and all of that.

I really do appreciate it. I'll go ahead and end the recording now.