

Victim led therapy with intrafamilial sex offenders: a pathway to healing



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Part 1:

Context of the model (1)

- Bouverie Centre's sexual abuse team
 - 1989 : Arose out of working with victims and other family members who wanted help to heal family relationships
 - The relationship with offenders was identified as a resource for, and barrier to, healing
 - Developed a model of practice that ensured integration and accountability of offender treatment
- Private practice and current activities
 - Further development of the theoretical model and practice principles

Context of the model (2)

- Current directions in intra-familial sexual abuse treatment
 - Challenging the parallel universes of victim and offender treatment services
 - Dilemmas in the delineation of victim and offender
 - The impact of trauma treatment models: neurobiology and maltreatment
 - From 'one size fits all' to individually tailored assessment and intervention
 - The role of the family in treatment

In the adolescent field current best practice now includes :

- individualised assessment and treatment planning based on appropriate developmental frameworks
- treatment of underlying trauma impacts, including an understanding of the neurological consequences of maltreatment
- family treatment and context management
- offence specific assessment and treatment

(Dwyer, 2006)

Overcoming the victim-offender treatment divide?

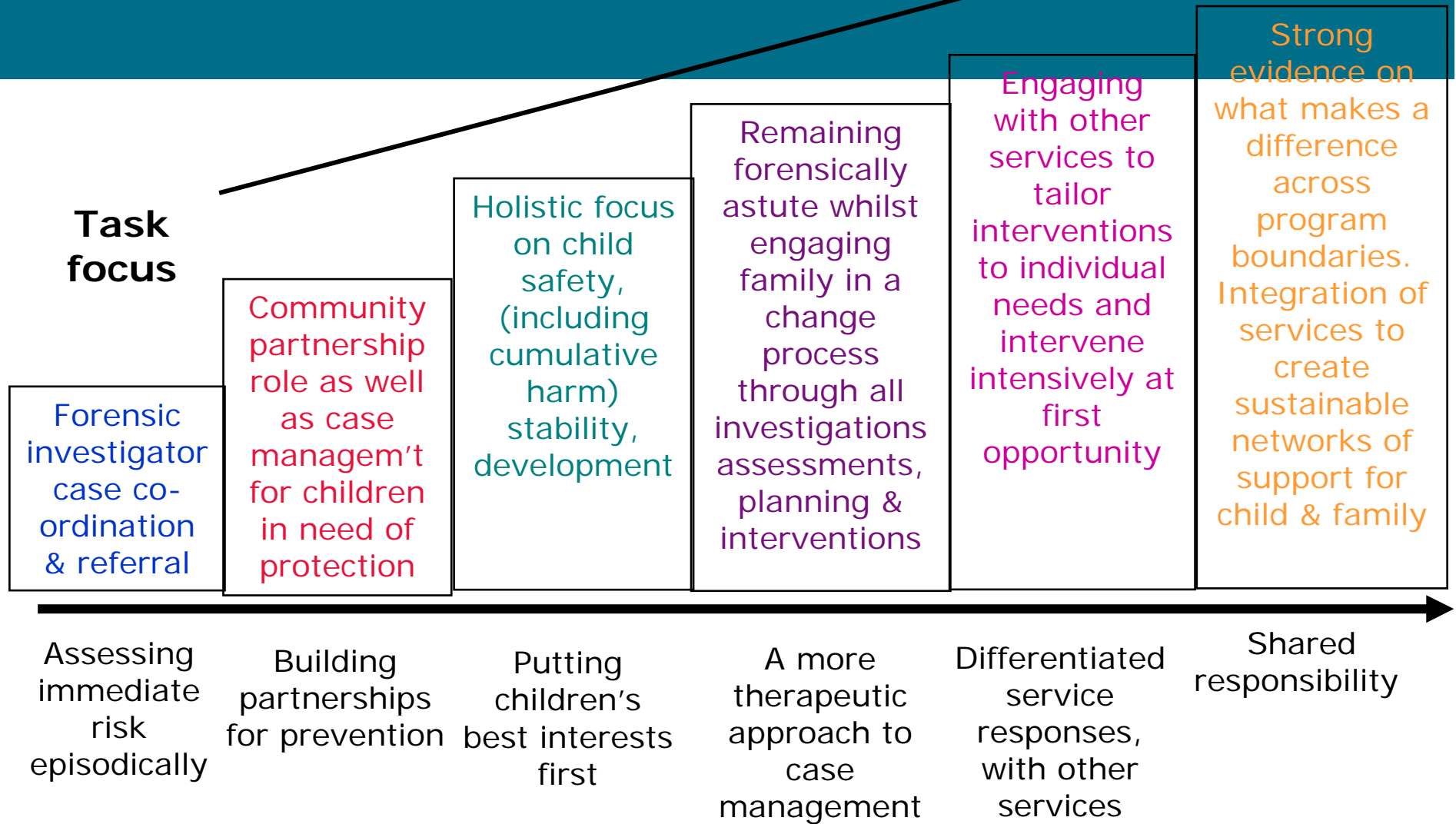
- As the rigid delineations between victim and offender treatment paradigms fade, offender therapists are needing to understand and master those skills and concepts more familiar to victim therapists and vice versa
- This includes greater interconnectedness of services and cross sector collaboration
- The model we are presenting helps bridge those paradigms

Context of the model (3)

Developments in the Child Protection and Family Services Sector

Evolution of child protection

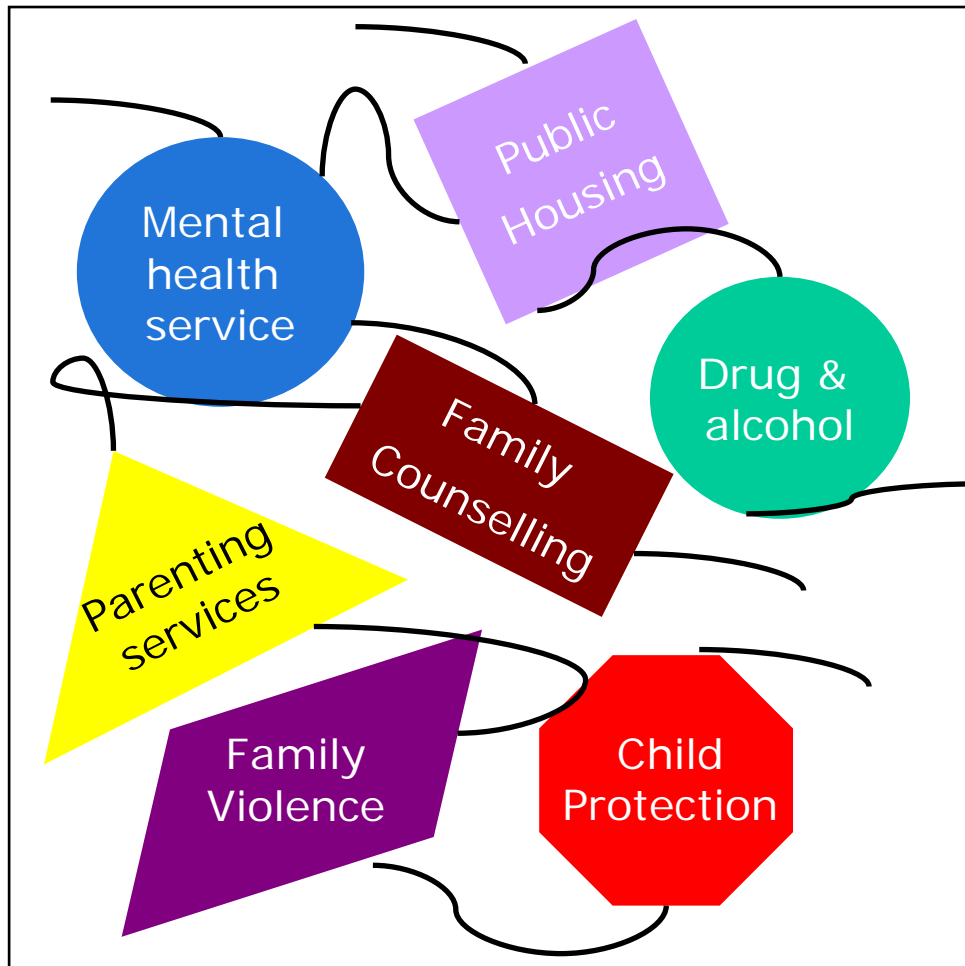
Outcomes focused



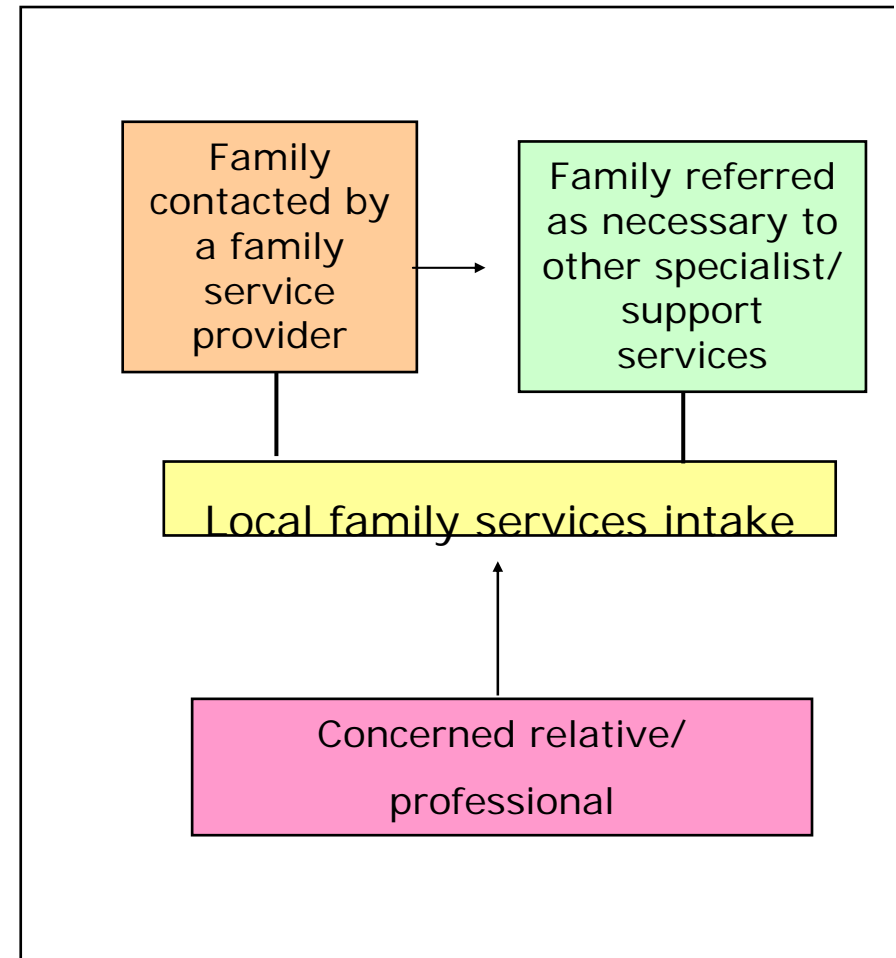
CYFA introduced – move to relationship based service model

New Directions developed through the Innovations approach and now Child FIRST

Access to services before...



...And with Innovations/Child FIRST



Part 2: Philosophical and theoretical underpinnings

- Recognises the interconnectedness of family life
- Explores the impact of sexual abuse on family relationships
- Has an emphasis on justice and healing

(1) The centrality and connectedness of family life

- Family is the primary site of connection and identity formation in many cultures
- Research is unequivocal that victim's healing depends on the extent to which they feel supported and understood in their families
- Offender wellbeing is also closely connected to support from family and intimate others

- In researching pathways to recovery for victims and offenders after sibling sexual abuse, Anne Welfare (2007) found:
“Family relationships and connectedness were central in recovery for all family members (when this was not available) the loss of relationship with the parent and the lack of validation for their trauma remained a raw pain and unresolved grief for most of these victims. A similar difficulty occurred for brother offenders who became disconnected from the family...”

The interconnectedness of healing


- The key to healing after sexual abuse is not primarily through an individual therapeutic relationship, but through family relationships
- However, when victims and offenders belong to the same family, processes of healing are complex and challenging. For example:
- “If parents did not hold their sons accountable, then it impacted upon their connectedness to their daughters as daughters needed clear validation of their experiences in order to accept support from a parent” (Welfare, 2007).

Integration, not just liaison...

- Requires family work to be a “central organising feature” not simply an intervention.
- Rather than an approach that says “add family session and stir” it requires seeing family relationships as the recipe itself
- One way of meeting the needs of victims and offenders is to make sure the offender’s **therapy** is held accountable to the needs of the victim

Holding offender treatment accountable to the needs of victims

- “When considering case management and intervention, hold the interests and safety of victims and potential victims, as always the priority” (ANZATSA Code of Conduct and Ethics)
- “(this) extends to ensuring that key messages are consistent, including: that the abuse was not the fault of the victim, that the offender is fully responsible for the abuse, and that the victim should not be made responsible for monitoring the risk of the offender in future” (Boyd and Bromfield, 2006, 9)

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- Offender treatment has been diligent about considering “risk”, “safety” and “responsibility”
 - However, the conditions for recovery include justice, connection, reparation and a healing of family relationships
 - In traditional practice frameworks the role of the offender in contributing to healing has been limited, beyond ensuring physical safety and apportioning of responsibility

(2) Accountability: the dialectics of healing and justice in intimate relationships

- Dialectical: utilising the tension that exists between two conflicting or interacting forces, elements or ideas
- Healing: (n) The process of becoming healthy and whole
- Justice (n) fairness or reasonableness especially in the way people are treated or decisions are made

A Dialectical Healing Model

- recognises the contradictions and tensions that exists between victims, perpetrators and other family members after intra-familial sexual abuse
- harnesses these dialectics in order to redress the pain caused
- aims to return all involved to a sense of health and wholeness
- recognises the need to hold accountable those who have caused hurt, to those who have been hurt

Why the dialectic?

- Human relationships are complex and many layered. We simplify complex emotions and processes to make them more manageable.
- This does not always serve the interests of our clients
- Understanding the dialectic provides a map for managing and utilizing the tensions and contradictions that exist in intra-familial sexual abuse.

Examples of the dialectic

- Victim
- Bastard
- Minimising
- Family as site of abuse
- Connection
- Tenderness
- Despair
- Shame
- Over entitlement

- Offender
- Beloved
- Escalating
- Family as site of healing
- Rejection
- Rage
- Hope
- Pride
- Under entitlement

Healing and Justice

- May or may not include *legal* justice, but must include justice in their *family* relationships
- Justice is represented in multiple ways, but always includes the offender being accountable for the impacts of his actions on his victim.
- He must demonstrate that he can hold her and her needs in mind, even when these may conflict with his own desires.
- He needs opportunities to know, in a deep and meaningful way, her experience of abuse, her shame and her loss.
- When she believes he “gets it”, he may begin to offer reparation for the hurt caused.

Shame and Accountability

- Victims and offenders are intricately connected through what intimate justice theory calls the “accountability axiom”.
- That is, “... to the degree an individual fails to embrace the anguish of accountability for his or her own actions and attitudes, the anguish of abuse will be shifted to others in the emotional system” (Jory and Anderson, 2000).
- Or to put it another way, “ It appeared that the greater the extent an offender could face shame, the more that a victim could give up her shame” (Welfare, 2007).
- It is not enough for him to know shame. The victim needs to know that he knows it, and see evidence of it in his actions

Responsible use of flexibility

- The process of healing follows some predictable pathways, but is also highly unique. Therapy must be responsive to these unique needs.
- Offender treatment approaches have often been 'one size fits all' for good reason. Risk management requires us to use evidence based practice.
- However we also need to allow sufficient flexibility to learn from practice based evidence. Remember, "the map is not the territory"

Benefits of integrated healing

- Ethically accountable to the victim
- Possibilities for healing of all family relationships
- Multiple opportunities for offenders to demonstrate sorrow and offer reparation
- Allows a therapeutic dialogue that builds possibilities for the future

Part 3: Pragmatics of Practice

- Asks what needs to happen in order for healing to occur? “what gets in the way”
- Engages non offending family members to believe and support the victims
- Engages offending family members to face up, become accountable and to engage in a process of reparation

Pragmatics of Practice

- Their healing is dependent on the victims healing.
- Contact, meet and build rapport with other therapists. COLLABORATE
- The younger the offender, the greater the parents need to be responsible for leading the process of accountability
- Engage the offender's partner in supporting him to stay accountable

Pragmatics of Practice: with survivors

- Include partners, parents and siblings in this process where possible. Compassion, empathy and practical support is healing.
- Reflect, reinforce, explore and celebrate her strength and competence
- Understand triggers and avoidant behaviours
- Create practical safety plans
- Increase support at transition and anniversary times
- Bare witness to her suffering and engage others to express their sorrow

Pragmatics of Practice: confidentiality

- Take a position on confidentiality.
Offender's therapist adopts a process of transparency and information sharing with the victim's therapist.
- Transfer of information is not reciprocal; ie. Information about the victim will only be given with her specific consent.

The Therapeutic Position

- Privilege the needs of the victims
- Boundary riding instead of boundary keeping
- Dynamic, responsive
- Attuned to the emotional state of each family member
- Concurrently engaged with various family members
- Goals of therapy clearly articulated, i.e. towards healing and respectful relationships
- Create a therapeutic arena

Collaboration



Collaborative practice



Pragmatics of Practice: with offenders

- Make yourself available to meet the victims and non offending family members.
- Inform them of your therapeutic experience, agency constraints and processes and the goals of any work with offenders. State out loud that their safety and healing is of primary importance.
- Listen to THEIR experience of the offender and any current concerns or dilemmas. *What would they like to happen?*
- Acknowledge THEIR 'EXPERT' knowledge of the offender and of his abusive pattern, current risk and evidence of any change or respectful behaviours.

Pragmatics of Practice: with offenders

Ask the victim and family members:

- What would tell them that the offender was genuinely facing up and changing?
- What behaviours would there be more of?
- What behaviours would there be less of?
- How would they know?
- Is there anything he could be doing now that would make them feel safer or that he was respectful of their situation?
- What could he be doing right now that would make a difference?
- How could he practically show them that he wanted to make amends?

Pragmatics of Practice: with offenders

- Be very specific about what the victim says is okay to discuss with the offender and what is not okay.
- Clarify what feedback they would like from you and negotiate a reasonable arrangement re time lines and frequency of contact.
- Construct a “displan” PPPPPP
- Do not assume that written letters etc from the offender are useful to the victim and family. Check it out! Timing is critical!

Pragmatics of Practice: with offenders

- Cooperate with reasonable requests from the victim and family re contact, meetings, using their written material or video material in his therapy or in direct meetings with him.
- Expect alignments and transference / parallel processes to occur, given the traumatic and emotionally volatile material.
- Reflect on personal responses. Explore them in supervision.

Pragmatics of Practice: with offenders

- “Overt the process” if issues are getting volatile or if the process between therapists is tense or difficult. Have the difficult conversations and contextualise the process in terms of your personal, agency constraints and the abuse dynamics.
- Mistakes and miscommunications are likely to happen. “Walk the talk”. Face up to them, take responsibility, apologise if you need to.
- Always ask: *What have we learnt?*
What is the right thing to do now?
How do we make it happen?

Pragmatics of Practice: with survivors

- Be creative in developing a “coherent narrative”
- Explore opportunities to write, video, draw.
- Create opportunities to use these where appropriate with her family or the partner and the offender.

A Confrontative Interview is:

- The survivor meeting her offender and confronting him with the emotional and factual information about the impact of his actions upon her.
- “Victim led.” Reversal of abuse dynamics
- Develops victim empathy
- Inclusive of other family
- Contrast to the traditional “apology session” (Miller, 1996; Welfare, 1996)

The Confrontative Interview

- Part of an integrated therapeutic process where the survivor is motivated by:
 - Wanting to know and see for themselves the offender's progress in therapy
 - To voice their own truth
 - To talk about the impact of the abuse where he has to listen
 - Wanting to “face their demons”
 - Needing to clarify practical arrangements

Confrontative Interview

- Should be approached **CAUTIOUSLY** and with utmost care for **SAFETY**
- Not necessary or viable for everyone
- High risk, can do harm
- Constructive and powerful intervention when requested and required by the survivors for their healing.

Confrontative Interview

- Should only be considered when offender is “ready enough”:
 - Engaged in therapy
 - Currently non abusive
 - The details of his offending patterns are known
 - Committing to respectful behaviour
 - Agreeing to “ground rules” about process

Ground Rules

- The survivor should have **CONTROL** over the process and actively **COLLABORATE** with therapists re Ground Rules
- Ground rules are individually developed
- Survivor will decide on therapy if process goes ahead (use one-way screen)
- Survivor has uninterrupted time. Offender will listen
- Therapists will actively direct and intervene
- Offender will sit where requested
- Respond when requested
- Leave when requested

Preparation for confrontation interview is critical

- Conducted over months: who, what, when, how?
- Involves in-depth exploration of risks and potential gains
- Safety plan developed inclusive of non-offending family
- Support post interview carefully planned

Preparation may involve:

- Written statement/letter
- Role play of various scenario's including "worst case"
- Rehearsals
- Several meetings with the offender's therapist
- Receiving written information from the offender

Follow up is critical

- Ensure the offender has exited the grounds
- Debriefing immediately after is most helpful
- Schedule a phone call for the next day
- Schedule a follow up session soon after
- Include the offender's therapist in these processes

Offender's experience of the Confrontative Interview: 'facing up'

- *'it wasn't until that particular interview, no matter how hard the people here at Bouverie worked, it was actually C's words that sort of was the turning point. It was that shaking up to listen to my daughter accuse me of what I had actually done in such a way that made me sort of re-examine the whole situation, and look at something through her eyes.'*
- *'I hadn't even realised some of the things that I had done, and it was only by coming out here and learning actually from them, do you realise that you had done that.'*
- *'and to have to ... go over some of the incidents and see them through their eyes instead of my eyes, was a frightening experience, because I can always dismiss it. I can always say well it was nothing, it was trivial, they're making it up ...'*
- *'I think it was a situation of realising that I couldn't pretend anymore.'*

Impact on 'victim empathy'

- *'(I thought) she was making a fuss about nothing ... that's when I saw her side ... she wasn't'*
- *'I didn't realise how important it was to her ... (crying) ... I didn't think that she was so preoccupied with it ... that it hadn't gone away ...'*

(Welfare, 1996)

Offender's experience of therapy

- *'because there is nothing else I can do ... to take away something that is done.'*
- *'I wanted to ... pay something back to the debt.'*

(Welfare, 1996)

Outcome

Informants who valued the experience indicated that they had achieved significant insights during the confrontative interview in the areas of victim empathy, ability to 'face up' to their abusive behaviour, and connection to their own victimisation experiences.

(Welfare, 1996)

The Impact Of The Confrontative Interview: the survivor

- Experiential nature of the intervention
- 'I couldn't turn back, because I'd experienced feeling responsible; I've experienced feeling in control'

(Miller, 1996)

Watershed experience: *Recovery enhanced for the survivor*

- *'Reclaiming myself'*
- *'Reaching the top of the mountain'*
- *'Feeling stronger and like I had triumphed.'*

Outcome for survivors

- Greater clarity regarding the issue of responsibility
- Less shame
- Increased connection in present life
- Increased likelihood of pursuing legal pathway *“he shouldn’t have messed with me”*
- Greater sense of competence *“I no longer felt like a victim”*
- Less troubled by flashbacks and desires to self mutilate

Finally.....

- “If I diminish you, I diminish myself...
All humanity is interlinked. Thus the humanity of the perpetrators of apartheid was inexorably bound to those of their victims. When they dehumanised another by inflicting suffering and harm, they dehumanised themselves.
The only way we can ever be human is together. The only way we can be free is together.”

Desmond Tutu, 2007