

Good Idea but how do I do it?

The Challenges and Possibilities of Family Work
after Sexual Abuse

VOTA Conference 2009

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Aims of today

- Invite a reflective conversation
- Consider reasons for including families in treatment
- Explore constraints to inclusion
- Provide ways of conceptualising family work
- Explore the role of families in your work context
- NOT presenting a practice model - but a way of thinking about what we do and why

Context: Where I come from

- Family therapist and social worker
- Bouverie Centre's sexual abuse team 1989-2007
- Private practice
- Development of a relational practice model
 - The relationship with perpetrators identified as a resource for, and barrier to healing
 - Means of enlisting family support toward recovery
 - Aim for integration and accountability of perpetrator treatment

The history of family work in sexual abuse treatment

- Influenced by the dominant discourses on families & sexual abuse

And Complicated by ...

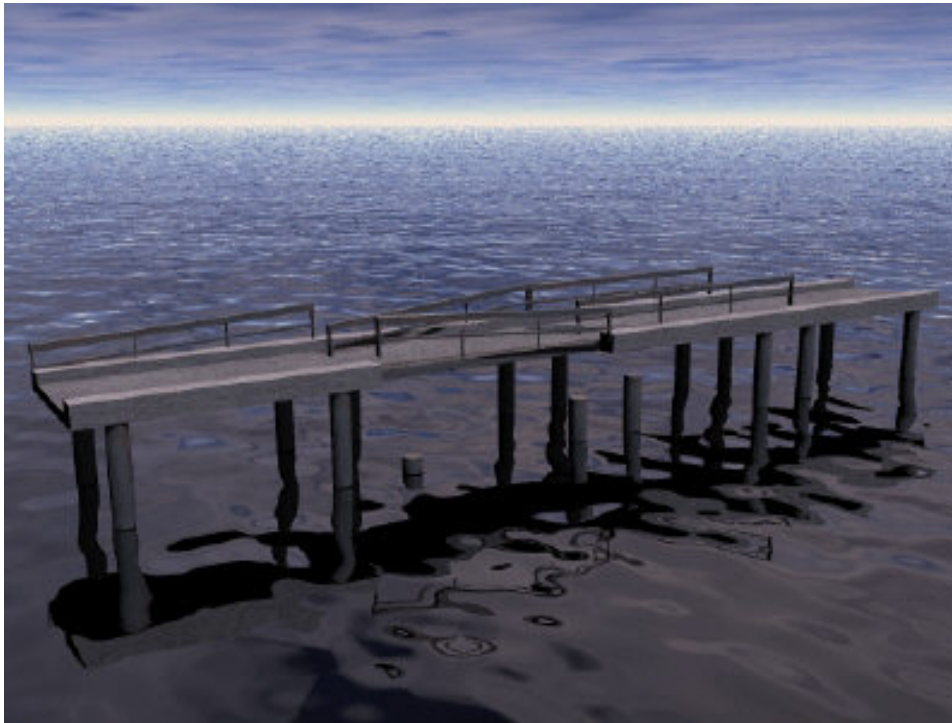
- Parallel universe of victim and offender treatment services
- Vexed history of family therapy's role in the sexual abuse field - Lack of guiding treatment models
- Systemic constraints associated with funding, roles, theoretical paradigms...

From this...



An unstable bridge between victim advocacy and perpetrator treatment

To this...



Isolated and disconnected - no longer a routine part of treatment with victims or perpetrators

Hopefully, to this...



Building new, strong and enduring ways to ensure best outcomes for victims, perpetrators and other family members

Current directions in intra-familial sexual abuse treatment

Rebuilding the bridge

- Complex solutions for complex problems
- From 'one size fits all' to individually tailored assessment and intervention
- Considering the role of the family in treatment
- What are the roles of justice, healing, reconciliation?
- What metaphors do we use to describe what we do and what implications do these have?
 - Treatment? Healing? Recovery?

Is family involvement as important for adults as it is for adolescents?

“...one of the defining differences between the adult and adolescent fields is the fact that adolescents are still in a formative stage of development in which parents/carers can still exercise a major influence in re-engaging the majority of children back to a normative developmental pathway. This stands in contrast to work with adults which is much more focused on self-control and long-term risk and relapse management strategies based on a view that their risk is over a lifetime not within a developmental stage” (Duane and Morrison, 2004, p.104)

Why include families in treatment?

Three primary reasons related to:

- The victim's needs
- The perpetrator's needs
- The family's needs

The Victim's needs:

- It may assist victim healing
- Arguably the most important reason for including family work
- Victim healing and recovery is strongly dependent on family support
- This may be compromised if family members are not assisted to manage dual loyalties and conflicting needs
- Provides opportunities to hold offender treatment accountable to the victim's needs
- Helps rebuild relationships between siblings
- Assists non-offending parents to support the victim
- Deals with past or current issues with the perpetrator

Perpetrator's needs:

- Families as an aid to treatment...
- Source of information, support, monitoring
- Assist in reconciling with those who have been hurt by the offending
 - Provide opportunities to express remorse and repair relationships
- Enhance possibilities for reunification; other residential options limited

In relation to young perpetrators

- Developmentally appropriate
 - Young people's wellbeing and resilience associated with connection to family
 - Chronological and developmental age often at variance
- Vulnerabilities to offending may be associated with the family; abuse, neglect, attachment disruption, loss, family dynamics or behaviours

It may be helpful to the family

- Families need assistance to overcome trauma, shock, guilt, anger, disbelief or myths...
- Family relationships - the need for reconciliation (making peace, and overcoming conflict) with or without reunification (returning to live together)
- Resources in the family may be more available if the impact of the abuse on family members is dealt with

If it is such a good idea, why don't we do it more often?

“For those who engage in such work, it is largely a lone journey through uncharted waters, without compass, maps or preparation, seeking by trial and error to avoid being sucked under by the sheer size and complexity of the task, or simply to lose direction and run aground in the fog of organizational paralysis and inter-agency confusion” (Duane and Morrison, 2004, p.105).

Constraints to including families in treatment (1)

- Resources and mandate
 - Whose role is it?
 - How do you fit it in around other tasks?
- Skills and confidence
 - What skills are required?
 - How do I manage the dynamics?

Constraints to including families in treatment (2)

- Delineation between services
 - Traditionally operated in parallel universes
 - Working with families requires a bridging of treatment paradigms
 - Offender therapists needing to master skills and concepts more familiar to victim therapists and vice versa
 - Requires greater interconnectedness of services and cross sector collaboration - mental health, child protection, residential, therapeutic

Constraints to including families in treatment (3)

- Lack of conceptual and practice models to guide treatment
- The dominant discourse on families as pathological, harmful, unchangeable.
- Leads to:
 - Family blame
 - Lack of meaningful engagement or compassion
 - Hopelessness or fear
 - Expertosis - telling them what they need to know, or failing to develop a collaborative relationship

What happens if we don't include families in treatment?

- Some perpetrators may not seek help - leverage in relationships
- Victims may retract, minimise, be rejected...
- Miss opportunities to engage families in therapeutic goals
 - they may “help” in unhelpful ways
 - Relationships may break down - impact on treatment possibilities
- Safety may be impacted
- Narrow focus of treatment aims

A Continuum of Possibilities for family work:

No contact Liaison Inclusion Integration



- *Integration* requires a paradigm shift
 - Family work is a “central organising feature” not simply an intervention
 - Recognises the multiple relationships between family members and the centrality of family life
- *Inclusion*
 - Increase family involvement in decision making and treatment
 - Most services can be more family inclusive
- *Liaison* may ensure needs of different family members do not compete
 - Can clarify treatment goals and outcomes
- *No contact*
 - At your peril!

Models of family involvement

Perpetrator focused family treatment	Victim focused family treatment	Family recovery	Victim-led healing
<ul style="list-style-type: none"> •Perpetrator's needs are the primary focus •Family is a resource in treatment •Family's own needs not focus of treatment 	<ul style="list-style-type: none"> •Victim's needs are the primary focus. •Family resource in supporting victim •Family's own needs not part of treatment 	<ul style="list-style-type: none"> •Family members' needs recognised and met •Collaborative relationship with parents/adults/extended family 	<ul style="list-style-type: none"> •Integration of individual and family work •Victim's needs consistent with perpetrator's treatment goals

Implications for therapeutic task

Perpetrator focused family treatment	Victim focused family treatment
<ul style="list-style-type: none">• Limited or no liaison with other family member's therapeutic work• Focus on risk, safety and relapse prevention• Determined by perpetrator's next treatment steps• Ranges from one-off liaison to ongoing inclusion• More likely to be non-offending parent or partner	<ul style="list-style-type: none">• Limited or no liaison with other family member's therapeutic work• Victim's safety and recovery are the primary focus• Family resource in supporting victim• Ranges from one-off liaison to ongoing inclusion• More likely to be non-offending parent or partner

Implications for therapeutic task

Family recovery	Victim-led healing
<ul style="list-style-type: none">• Liaison between all services• Attends to trauma, constraints & dilemmas for all family members• Flexible use of family sessions• Victim/Perpetrator services focus primarily on client's needs but family vital to treatment	<ul style="list-style-type: none">• Family healing dependent on victim recovery - victims needs remain central• Integration of work with victim, perpetrator and other family members• Victim's needs are consistent with perpetrator's treatment goals• Multiple opportunities for accountability and reconciliation• Harnesses family resources

Family inclusive practice - not a theory or model, but an *attitude*

- Open to opposing ideas/ multiple descriptions
- Willing to embrace the dialectic - the tension between those opposites that create new possibilities
- Be humble about our own firmly held truths
- And hold certain principles as true

Family Centered Practice Principles

- Commitment to working collaboratively with families
- Retaining compassion
- Valuing the experience of family members
- Avoiding blame
- Maximising family involvement in decision making
- Maintaining hope

(Furlong, Young, Perlesz, McLachlan and Riess, 1991)

Practice principles for working with families after sexual abuse 1

- Issues of safety are paramount
 - Includes physical, emotional and psychological safety
- Family or perpetrator healing is not possible without victim healing. This is the key to all work undertaken and is constantly reasserted

Reflective exercise

- Case example
 - Mother, Father (perpetrator), Daughter (15, victim), Brother (17)
 - Divide into groups representing members of the family
- Discuss:
 - What is it like being you in your family?
 - What are your major concerns and needs?
 - If you were able to talk to the therapist of other family members, what would you want them to know?
 - What would have to happen for you to hold the victim's healing as primary?
 - Victim - how would you know if your needs were primary?
- Debrief

Practice principles for working with families after sexual abuse 2

- The abuse is the problem, not the family
- The abuse will inevitably have been an organising feature of family life
- Family relationships that have been hurt by the abuse, may also be repaired
- Families need and deserve support and respect

Practice principles for working with families after sexual abuse 3

- Systemic issues:
 - Respectful collaboration with other services is a key feature of family work
 - Expect differences and negotiate disagreements
 - Negotiate a limited Confidentiality for perpetrators
 - Transparency & respect are the building blocks of the therapeutic relationship
- The therapeutic relationship
 - Is the vehicle for healing, it is not an end in itself

Family work

- Doesn't mean having to become a family therapist
- Ask - Are the victim's interests advanced by the work I am doing?
- How can I use the family as a source of healing and limit secondary wounding
- What is the impact on family members & relationships? Can I do anything to assist them?

Family work

- Understand healing is a process, not a single act - therefore families need to be involved in the process
- Include as soon as possible and continue involvement
- Strategies for healing
 - Psychoeducation - changing meaning
 - Negotiating and ensuring safety, including emotional safety
 - Looking for opportunities to connect
 - Systemic use of individual treatments eg EMDR

Case reflections

- Case 1:
- Mandy, aged 35 contacts because her 32 yo sister, Caroline, has disclosed that their brother abused her at age 10-12.
- Mandy is close to both her brother and her sister.
- The brother, Adrian, has admitted “something happened”. He has a supportive partner, Debbie, who he had told about the abuse some years ago. He is “relieved” it is out and they can all get on with their lives.
- Their mother, Paula, is minimizing the abuse and believes that Caroline is exaggerating. She sees Caroline as always drawing attention to herself. Paula regularly babysits Adrian’s children.

In small group, discuss:

- If you were going to design an inclusive treatment response for this family, what would you do?
- Who would be seen?
- How would the work be linked?
- What dilemmas would you experience?

Case Reflection 2

- Case 2
- Julian is aged 8 and disclosed that his 13 yo cousin, Mathew, sexually abused him on several occasions
- Both sets of parents are devastated. They have been close friends over the years.
- In 6 weeks the children's grandmother is celebrating her 70th birthday. A family celebration is planned that is important to everyone.

In small group, discuss:

- If you were going to design an inclusive treatment response for this family, what would you do?
- Who would be seen?
- How would the work be linked?

Common dilemmas

- Who do I see and when?
- Do I see people together or separately?
- How do I deal with confidentiality?
- How do I keep sessions safe?
- What if my client doesn't want me to talk to other family members?
- What if other family members won't talk to me?

What does this mean for your practice context?

- What do you take from today?
- What do you think would be the appropriate approach for your service or context?
- What would have to happen for this to be possible?