

#### PHENOMENOLOGY & CLASSIFICATION

- Sexual Offense- A sexual offense involves engaging in illegal sexual behavior which is defined by criminal statutes. It should also be noted that there is great discrepancy throughout the world as to what constitutes a sexual offense (Pallone, 1990).
- *Sexual Offender-* An individual who commits a sexual crime as legally defined in his or her own culture or legal jurisdiction is a sexual offender.
- *Paraphilia* Love beyond the usual (Money, 1984) Paraphilia is an erotosexual condition occurring in men and women who are responsive to, or dependent upon, an unusual or socially unacceptable stimulus in imagery or fantasy for initiation and maintenance of erotic-sexual arousal and the facilitation or attainment of orgasm (Coleman et. al., 2001).
- *Pedophile* characterized by a <u>primary or exclusive</u> sexual interest in prepubescent children (DSM IV).
- Pedophiles offend against children because they are prepubescent, whereas intrafamilial sex offenders typically offend despite the fact that the child is prepubescent (Hindman, 1989).

#### FAMILY DYNAMICS

## Family dysfunction may be seen as both a risk factor for abuse and a result of the disclosure of abuse.

- Disorganized Attachment Patterns
- Poor Boundaries
- Cohesiveness
- Multigenerational Patterns
- Relational Problems
- Marital Discord
- Substance Abuse
- Social Isolation
- Blurred Family Structure
- "The family climate was characterized by emptiness, lack of closeness, loneliness, power and control, unpredictability and chaos"

Svedin, C., Back, C., & Soderback, S. (2002).

# CHARACTERISTICS OF OFFENDERS & THE WOMEN WHOM THEY "CLICK"

#### Offenders

- Domineering
- Perfectionist
- Disrespectful of others' boundaries and Limits
- Secretive
- Poor communicator
- Reacts in extremes
- Manipulative
- Selfish
- Dependent on partner
- Sets up victim- ruins their credibility
- Thinking Errors

#### Non-Offending Parent

- Caretakers or 'Doormats'
- Difficulty saying 'No'
- Denies Instincts
- Lonely for Companionship
- Needs to be Needed
- Often feels guilty
- Personal boundaries- too thick or thin
- Avoid conflict at almost any cost
- Vulnerable; low self worth
- Fear based; shame filled
- Makes excuses for othersparticularly offender
- Unhealthy childhood relationships with Authority

#### DISCLOSURES

- Grooming- Constant preparation of victim and self. Can include games, or gifts.
- Threats- Of violence, of fault, of disbelief.
- Trauma Bond- Victim remaining connected to offender due to guilt, assumption of responsibility.
- Protection of the Family- Fear of DHS involvement, or loss of stability.

Hindman (1989)

#### HOW TO HANDLE A DISCLOSURE

- Attitude- Calm, Empathetic, Non-Judgmental, Supportive & Neutral
- Ask about and Validate Feelings
- Open-Ended and Non-Leading Questions
- Information Gathering- Take detailed notes on disclosure
- Let the child know that you will have to report (typically- there are exceptions)
- Ensure the child is safe

#### TREATMENT

- Stabilization
- Forensic Interview
- Individual Treatment for Victim, Siblings, Non-Offending Parent and Offender
- Group Treatment
- Clarification Process
- Family Therapy
- Family Relapse Prevention
- Structured Visitation
- Reunification (If Appropriate)

#### ASSESSMENT OF TRAUMA

### Old School of Thought

- Violence
- Penetration
- Age of Onset
- Frequency

#### **Traumatizing Factors**

- Sexual Responsiveness
- Terror/Anticipation
- Distorted Offender Identification
- Distorted Victim Identification
- Victim under the age of 12
- "Footprints" of response
- Withheld reporting
- Disastrous disclosure
- Trauma Bond-Internal/External

#### TREATMENT OF THE VICTIM

- **CBT and Dynamic Play Therapy-** For children with sexual behavior problems and their caregivers (3)
- Cognitive Processing Therapy (3)
- **EMDR** Facilitates blocked processing of traumatic memory (3)
- Cognitive Behavioral Therapy (3)
- Resilient Peer Training Intervention- School-based intervention (3)
- Trauma-focused Integrative-Elective Therapy- Psychosocial intervention that is designed to increase safety in the home, enhance relationships and increase coping skills (3)
- Trauma-focused Play Therapy- Play as a way to process potentially overwhelming material from a safe distance (4)

Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2003). Child Physical and Sexual Abuse: Guidelines for Treatment.

#### TF-CBT

#### Trauma-focused Cognitive Behavioral Therapy (1)

- Designed to reduce children's negative emotional and behavioral responses and correct maladaptive beliefs and attributions related to the abusive experiences. It also aims to provide support and skills to help non-offending parents cope effectively with their own emotional distress and optimally respond to their children.
- Components- Psycho-education, Gradual Exposure, Cognitive Reframing, Stress management techniques, Parental participation, Parental Instruction, Family Work

#### TF-CBT CONTINUED

- Stabilization
- Relationship
- Psychoeducation
  - <a href="http://depts.washington.edu/hcsats/PDF/TF-20CBT/pages/psychoeducation.html">http://depts.washington.edu/hcsats/PDF/TF-20CBT/pages/psychoeducation.html</a>
- Parenting Skills
  - Beyond Consequences
  - Positive Parenting
    - <a href="http://depts.washington.edu/hcsats/PDF/TF-y20CBT/pages/positive\_parenting.html">http://depts.washington.edu/hcsats/PDF/TF-y20CBT/pages/positive\_parenting.html</a>

#### TF-CBT CONTINUED

- Emotional Recognition
  - Feeling Identification
  - Scaling
- Emotional Regulation
  - Feelings Box
  - Tactile/Somato-sensory Activities
- Conjoint Child/Caregiver Sessions

#### TF-CBT CONTINUED

- Healthy Boundaries/Touching
  - "A Very Touching Book"
  - Assess Developmental Understanding of Abuse
- Cognitive Coping
  - Correct Youth's Misperceptions about the Abuse
- Sexualized Behaviors

#### TRAUMA NARRATIVE

- Any Medium that works for that Child
  - Scrapbook
  - Comic Book
  - Play
- May Include
  - Letter to Perpetrator
  - Letter to Caretaker
  - Tricks Used (Grooming)
  - Details of Abuse
  - Feelings about Abuse

#### TRAUMA NARRATIVE CONTINUED

- Can Include Continued
  - Healthy Relationship Information
  - Safety Plan
  - Youth's Strengths
- Developed & Processed
- Used for In-vivo Gradual Exposure
- Shared with Supports
  - Empowerment
  - Safety

# Non-offending Parent's Role in Recovery

- Providing Support
- Affirming child's decision to tell
- Reporting Abuse
- Dealing with denial, minimization and misconceptions
- Anger management work
- Understanding what creates trauma to victims
- Develop and maintain right attitudes and positive sexual values in the home
- See the offender clearly
- Prepare child for the future

Christensen (2002) & Hindman (1989)

#### OFFENDER TREATMENT

- Psycho-Sexual Evaluation
- Individual Sessions
- Offense-Specific Group Treatment
- Sexual History Polygraph
- Relapse Prevention Group
- Preparation for Clarification
- Couples Counseling
- Clarification
- Family Therapy
- Family Relapse Prevention
- Structured Visitation
- Reunification (when appropriate)

#### CLARIFICATION

- It is a privilege for the offender to provide restitution to his victims both primary and secondary.
- It is not an apology, there are no 'sorrys' allowed, forgiveness is not asked.
- Components- Greeting, Morning of, Description, What, Trauma Assessment, How, Why.
- Reviewed by Offender's provider then victim's provider.
- Victim given choice by their provider if they would like it presented to them in person, via video or written if at all.

#### REFERENCES

- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author.
- Bonner, B., Walker, C. E. & Berliner, L. (2000). Final report. Children with sexual behavior problems: Assessment and treatment. Grant No. 90-CA-1496. National Clearinghouse on Child Abuse and Neglect. Washington, DC.
- Christensen, G.E. & Cramer Reu, H.E. (2002). Assessment and treatment for the non offending parent for the benefit of the victim-a dynamic continuum of reaction and response. In B. Schwartz (ed.), The Sex Offender: Current Treatment Modalities and Systems Issues, vol. IC (pp. 25.1-25.15). Kingston, NJ: Civic Research Institute.
- Coleman, E., Dwyer, S., Abel, G., Berner, W., Breiling, J., Eher, R., & ... Weiss, P. (2001). Standards of care for the treatment of adult sex offenders. Journal Of Psychology & Human Sexuality, 13(3-4), 115-121. doi:10.1300/J056v13n03\_09
- Hindman, J. (1989). Just before dawn: From the shadows of tradition to new reflections in trauma assessment and treatment of sexual victimization. Ontario, OR: AlexAndria Associates.

#### REFERENCES CONTINUED

- Oates K, Tebbutt J, Swanston H, Lynch DL, O'oole BI. Prior childhood sexual abuse in mothers of sexually abused children. Child Abuse Neglect 1998;22:11138.
- Pallone, J. J. (1990). Rehabilitating Criminal Sexual Psychopaths: Legislative Mandates. Clinical Quandaries. New Brunswick, NJ: Transaction Books.
- Money, J. (1984). Paraphilias: Phenomenology and Classification. American Journal Of Psychotherapy, 38(2), 164.
- Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2003). Child Physical and Sexual Abuse: Guidelines for Treatment (Final Report: January 15, 2003). Charleston, SC: National Crime Victims Research and Treatment Center.
- Svedin, C., Back, C., & Soderback, S. (2002). Family relations, family climate and sexual abuse. Nordic Journal Of Psychiatry, 56(5), 355-362. doi:10.1080/080394802760322123
- Tjersland, O., Mossige, S., Gulbrandsen, W., Jensen, T. K., & Reichelt, S. (2006). Helping families when child sexual abuse is suspected but not proven. Child & Family Social Work, 11(4), 297-306. doi:10.1111/j.1365-2206.2006.00409.