



209:

**Family Reunification and Case Closure
in Child Sexual Abuse Cases**

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Agenda for a Full-Day Curriculum on Family Reunification and Case Closure in Child Sexual Abuse

Section I 30 Minutes	INTRODUCTIONS/AGENDA:	8
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	B. Idea Catcher	
	C. Training Agenda	
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Section II 45 Minutes	ASSESSING RISK:	11
	A. Risk Assessment	
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	A. Multidisciplinary Cooperation and Coordination	
	B. Confidentiality	
	C. Mental Health Treatment	
	D. Stages of Treatment	
	E. Family Treatment Milestones	
	F. Assessing for Reunification	
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	H. Cultural, Religious and Other Personal Beliefs	
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Section IV 1 ½ Hours	TECHNIQUES IN REUNIFICATION AND CASE CLOSURE:	39
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	A. Female Offenders	
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Section VI 45 Minutes	CASEWORKER ISSUES:	54
	A. Discussion and Optional Exercise	
Section VII 30 Minutes	CLOSING AND EVALUATION:	57
	A. Idea Catcher	
	B. Action Plan	
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An Overview of Curriculum

Rationale:

Child Welfare Professionals require the attitudes, knowledge, and skills necessary to provide quality services to children and families. The process of reunification in child welfare cases in which sexual abuse has occurred requires the Child Welfare Professional to take special measures within the reunification process. This workshop explores the safety issues present during the reunification process; the key ingredients needed in a safety plan; the critical treatment milestones that the victim, perpetrator, and family must meet prior to reunification; and the process that should be used when reunifying a family and closing a case.

Competency:

209-8: The Child Welfare Professional knows the importance of post-placement supportive and treatment services, and knows strategies to assure that these services are provided to children, and their natural and foster families.

Learning Objectives:

Specific learning objectives are provided for each section throughout the curriculum. Comprehensive learning objectives for the curriculum include:

Participants will be able to:

- Identify factors that place a child at risk for sexual abuse;
- Identify and implement the key ingredients of a safety planning in a sexual abuse case;
- Determine critical treatment milestones in preparation for reunification or case closure;
- Carry out the process and ingredients of a reunification plan and case closure.

Length of Workshop:

- 6 Hours

Materials:

Specific materials needed to conduct the training are listed for each section of the curriculum. Handout and overhead sections follow the curriculum.

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An Overview of Curriculum (continued)

Target Audience:

Child Welfare caseworkers who work with sexual abuse cases in any capacity.

Expectations of Trainers:

The trainer of this curriculum should possess extensive knowledge and experience in the field of child sexual abuse. Specific knowledge of the dynamics and special issues involved in reunifying families that have been impacted by sexual abuse is critical. The trainer must understand the role of the child welfare professional and the operation of the child welfare system in Pennsylvania.

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Section I Introduction

Rationale:

Group trust and cohesiveness assist in creating a positive environment of learning. To this end, the trainer must establish his/her credibility, give an overview of the training, and begin to get participants to think about the topic at hand.

Learning Objectives:

Participants will be able to:

- Learn about the trainer and each other.
- Identify the other sexual abuse workshops in the Caseworker Child Sexual Abuse Workshop Series.
- Review the competency and learning objectives for the training.

Time: 30 Minutes

Methods: Large group discussion
Lecture

Materials: **Handout 1: Competencies and Learning Objectives**
Handout 2: Idea Catcher
Handout 3: Training Agenda

Overhead 1: Competencies and Learning Objectives
Overhead 2: Training Agenda

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A. Introductions, Competencies and Learning Objectives

The trainer should introduce him/herself, describing to participants your experience and background in the field of child welfare and the topic of child sexual abuse. Following your introduction, ask trainees to introduce themselves, the agency they are from, their position, and to state a personal learning objective for the day. The trainer should list these on newsprint and keep them posted in the room. The trainer should note which of the trainee's personal learning objectives fit into the existing agenda, which can be added, and which ones won't be covered in the training.

As the trainees describe their learning objectives, the trainer will be sure to inform the trainees about any other sexual abuse workshops offered through the Child Sexual Abuse Training Series which include:

- Overview of Child Sexual Abuse
- Sexuality of Children: Healthy Sexual Behaviors and Behaviors That Cause Concern
- Juvenile Sex Offenders: Characteristics, Assessment and Treatment
- Investigative Interviewing in Child Sexual Abuse Cases
- Supervisory Issues in Child Sexual Abuse Cases: A Training Institute (supervisors only)

The trainer should distribute **Handout 1: Competencies and Learning Objectives** and review with participants. **Overhead 1: Competencies and Learning Objectives** is available for use as well.

B. Idea Catcher

The trainer should distribute **Handout 2: Idea Catcher** and review the purpose and use of it with the trainees and explain that it will be used throughout the training.

C. Training Agenda

The trainer should display and distribute the **Training Agenda (Overhead 2 and Handout 3)**. Review the main topics to be covered and ask if there are any questions.

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D. Difficulty of Subject Matter

The trainer should explain to the trainees that talking about sexual abuse can be difficult; trainees should be sure to take care of themselves, leave the room if necessary, talk with co-workers or other trainees, etc.

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Section II Assessing Risk

Rationale:

In order to determine whether and/or when it is appropriate to close a case/terminate mental health services, and/or reunify a family, Child Welfare Professionals must be able to carefully assess the risks to the victim and other potential victims in the household.

Learning Objectives:

Participants will be able to:

- Assess risk in child sexual abuse cases.
- Identify what constitutes high and moderate risk in child sexual abuse cases.

Time: 45 minutes

Methods: Large group discussion
Lecture

Materials: **Handout 4: Elements of Risk: PA Model**
Overhead 3: Group Directions

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A. Risk Assessment

1. Purpose

The trainer will note that the decision to reunify a perpetrator with a child victim(s) or to close a case is a decision that is based on carefully assessing the current and future risk to the child or children. The caseworker must be aware that reunification and case closure put the child/children at risk for re-abuse. And, while reunification and/or case closure may be desired, the child's safety must remain paramount. If the child can not be protected from abuse, reunification or case closure should not be done.

In order to determine whether and/or when it is appropriate to close a case/terminate mental health services, and/or reunify a family, the caseworker must carefully assess the risks to the victim and other potential victims in the household. Every risk assessment model calls for on-going assessment of risk. In other words, a risk assessment is not something done once or twice during the life of the case; rather it is an on-going activity that is periodically updated and evaluated, particularly as decisions are being made.

2. Elements of Risk

The following exercise is designed to help trainees recognize and assess risk that is specific to sexual abuse. The process of assessing risks from many vantage points is crucial to the future safety of the child.

The trainer should also tell the trainees that sometimes caseworkers are frustrated with risk assessment models that are not sex abuse specific. Caseworkers have a difficult time applying the information in a sex abuse case to typical risk assessment instruments; however risk assessment instruments must be designed for all types of cases. Caseworkers have to adapt to finding ways to record what they learn about risk in sexual abuse cases to the instrument that documents that information.

The trainer should distribute **Handout 4: Elements of Risk: PA Model**. In this model, the caseworker must assess risk in 15 different categories (which are listed on the handout.)

3. Risk Assessment Exercise:

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The trainer should ask the trainees to count off by twos, so that half of the participants are number 1's and half are number 2's. The trainer will then ask the trainees to work as a group in the following way:

- #1's should form a group and pretend they are updating a risk assessment because they are contemplating reunifying a perpetrator with a family.
- #2's should form a group and pretend they are updating a risk assessment because they are contemplating closing a case where the perpetrator **will not** be reunified with the family.

The trainees should carefully read over the factors within the broad risk categories (Child Factors, Caretaker, Household Member, Perpetrator Factors and Family Environment Factors) on Handout 4. Then, based on the circumstance under which they are completing the risk assessment, trainees should identify risks in each category that represent the types of conditions you might see when it is a sexual abuse case. Display **Overhead 3: Group Directions** so that participants can be reminded of their group's assignment.

The trainees should be given 10 minutes to complete the task.

At the conclusion of the time, the trainer should lead a large group discussion that looks at what each group may have put down under both categories. The trainer should call on the two groups alternatively allowing the reunification group to provide responses first on one element, and then the case closure group to answer first on the next. The trainer should note that many of the risks in case closure are the same as in reunification. Some caseworkers may believe that risk at case closure, if reunification is not planned, is very low. But, in some cases, it can be high.

Listed in bold typeface are some sample responses:

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ELEMENTS OF RISK

CHILD FACTORS

1. Vulnerability (**Old enough to protect?**)
2. Severity, Frequency and/or Recentness of Abuse/Neglect
3. Prior Abuse/Neglect
4. Extent of Emotional Harm (**Has the child been emotionally abused as a result of his/her disclosure?**)

CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR

5. Age, Physical, Intellectual, or Emotional Status (**Represent risk? Any Change?**)
6. Cooperation (**Accepts help and monitoring? Makes and keeps appointments?**)
7. Parenting Skill/Knowledge (**Can deal with child's behavior?**)
8. Alcohol/Substance Abuse (**Contributing factor? Been dealt with?**)
9. Access to Children (**Was child protected from offender? Other potential offenders?**)
10. Prior Abuse/Neglect (**Issues dealt with?**)
11. Relationship with Children (**Believes child, able to protect? Appropriate parent/child roles?**)

FAMILY ENVIRONMENT

12. Family Violence
13. Conditions of the Home (**Doors on baths and bedrooms fixed? Peep holes fixed? Sexually explicit materials removed?**)
14. Family Support (**Continue to feel the need to keep the abuse a secret?**)
15. Stressors (**Dependent on offender?**)

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Section III Therapeutic Issues

Rationale:

Prior to successfully and safely reunifying families where child sexual abuse has occurred, the victim, family and perpetrator must receive appropriate therapy and achieve specific goals. Child Welfare professional must understand the nature, purpose and goals of therapy, and the critical treatment milestones that the perpetrator, victim and non-offending parent must reach prior to considering reunification.

Learning Objectives:

Participants will be able to:

- Identify the stages of therapy and the importance of these stages in sexual abuse cases.
- Describe the goals of therapy for the offender, victim, and non-offending parent (NOP) in sexual abuse cases and how these goals apply to reunification and case closure.
- Determine the special ingredients of a safety plan in a sexual abuse case.
- Define and assess the treatment milestones that must be met before reunification can be safely attempted.
- Explore cultural beliefs that can increase or decrease risk of abuse.

Time: 1 Hour, 30 Minutes

Methods: Lecture
Small group exercise with case scenario
Large group discussion

Materials: **Handout 5: Family Treatment Milestones**
Handout 6: Safety Plan Scenario
Handout 7: Perpetrator's Readiness To Reunify
Handout 8: Assessing Risk: The Victim
Handout 9: Assessing Risk: The NOP
Handout 10: Circumplex Model
Handout 11: Family Cohesion, Family Adaptability and Family Communication

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Overhead 4: Stages of Treatment

Overhead 5: Family Treatment Milestones

Overhead 6: The Deviant Cycle

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A. Multidisciplinary Cooperation and Coordination

For approximately the next hour and a half we are going to be discussing therapeutic issues. However, before focusing on the role and work of therapists and other mental health workers we need to briefly acknowledge that when trying to determine whether it is safe to reunify or close the case the worker needs to collect important information from a wide variety of sources.

The trainer should ask the following question of the group:

- If risk assessment is so critical in child sexual abuse cases, how does the caseworker know whether the risks addressed have been decreased to the point where the child can live with the offender again in relative safety (if this is the goal) or a case can be closed in other situations?
- What are their sources of data? (Responses might be therapists, home aids, relatives, teachers, etc. These are important sources to tap when making this kind of decision).

The caseworker should work with the treatment professionals, educators, medical personnel, homemakers, parent aides, and others who are working with family members as a team. In general, the same mental health therapist should not be providing treatment to the victim or NOP **and** the perpetrator. But, the therapists should be working together, sharing information, and assessing the readiness of all parties for case closure and/or reunification. Before proceeding with reunification or case closure the caseworker should collect data from all professionals involved in care of the family.

B. Confidentiality

The perpetrator enters treatment with the understanding that he/she does not have complete confidentiality. In other therapeutic relationships, the therapist must maintain the confidentiality of clients. But when working with perpetrators of sexual abuse, particularly when reunification is a planned goal, complete confidentiality may put the child or children at risk. The perpetrator's therapist must be free to discuss the progress of the perpetrator with the caseworker and the other therapists, in order to determine the true risks of re-abuse.

C. Mental Health Treatment

Fifty percent of families who have experienced incest will choose reunification as a goal (Dixon, 1990). Professionals differ on whether it is ever "safe" to attempt such a reunion. Some studies have shown a post-treatment recidivism rate of

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30% (Herron Khol, et al., 1979). The current standard for reunification appears to be: “the person who has the disorder, whether it is child abuse or child molesting, must be fully treated according to the most rigorous standards available, and the person must have responded to the treatment...” (Tim Smith, NTPETA curriculum on Child Sexual Abuse).

The attainment of treatment goals for the child victim and the NOP is just as important in reunification cases as in case closure of families where reunification is not a goal. Therefore, it is important that caseworkers have a basic understanding of treatment.

D. Stages of Treatment

Using **Overhead 4: Stages of Treatment**, the trainer will briefly review these four stages of treatment with the group. Different therapists define treatment stages in different ways, but these four stages incorporate the larger therapeutic outcomes about which caseworkers need to be aware.

1. **Crisis Intervention Stage:** The period immediately following a disclosure of child sexual abuse that tends to be marked by fear, confusion and chaos. During this period, many family members will need immediate therapeutic assistance if the disclosure is to be dealt with rather than denied or minimized. A goal during the crisis intervention stage is to make sure the abuse is stopped and to temporarily stabilize the family without the offender.
2. **Individuation:** This stage of treatment provides clients with an opportunity to sort out their individual issues, many of which may not be shared by other members of the family, and manage their emotional responses to or about the abuse. For instance, in the individuation stage, the NOP works on issues like: failure to protect his/her child; marital issues; concerns about his/her children; coming to terms with the fact that his/her spouse is a sex offender, etc. The victim on the other hand, may deal with feelings of culpability for the abuse and the family chaos that results (feeling ashamed and dirty; etc.) The perpetrator’s individual issues are also, obviously, distinct.
3. **Dyadic:** This is the work that happens between family members to repair broken bonds. In this stage of treatment, clients work through issues they may have with other family members. The victim and NOP will work on trust, and other issues that emerged; the NOP may also work with siblings. If reunification is being considered, the NOP and the victim will need to work with the offender.
4. **Family Resolution:** In this stage of treatment, the family works together as a unit, establishing new patterns of behavior that are safer and healthier for

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all members. The family also develops a safety plan regardless of reunification.

NOTE: Family Resolution is not the same as Family Reunification. This stage is important regardless of whether or not the offender is returning to the home.

There are several things about the stages of treatment that are important for the trainer to stress. First, working through these treatment stages takes time and commitment. Each stage has goals or milestones that must be accomplished before further work can be done. For instance, the perpetrator has many issues that must be dealt with in the individuation stage. He/she must accept full responsibility for the abuse and all the resulting consequences for the child and the family; he/she must face how he/she targeted, groomed, manipulated, abused, and maintained secrecy with the abuse, etc. The dyadic stage of treatment, wherein the offender begins to work on relationships with the NOP and the child can only take place when the offender has dealt with his/her individual issues. Obviously, the NOP and child victim must be ready and willing to work with the offender before this work can take place as well.

E. Family Treatment Milestones

The family as a unit needs to achieve certain treatment goals in order to enhance the safety of the child victim and other potential victims in the family.

The trainer should distribute **Handout 5: Family Treatment Milestones** and display **Overhead 5: Family Treatment Milestones**.

FAMILY TREATMENT MILESTONES

1. Attainment of individual therapeutic goals for the victim, NOP, siblings and perpetrator.
2. Restoration of relationship between victim and NOP and between victim and offender if reunification is the goal.
3. Understanding that the victim was not to blame for the abuse and that the offender is wholly responsible.
4. Development of a family safety plan.
5. Establishment of appropriate physical and psychological boundaries for all family members.

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6. Establishment of an appropriate relationship and communication pattern for the couple if reunification is planned.

The trainer will discuss each of these milestones, some in great detail. It is important for the trainer to keep the overhead handy, so it may be displayed in front of the group as each new milestone is discussed.

1. Attainment of individual therapeutic goals

The child victim's safety can be enhanced if the victim and other family members are provided with treatment and supportive services. By outlining additional therapeutic and casework goals for victims, NOP and siblings, it is not implied that other family members are responsible for preventing sexual abuse. No matter how vigilant the NOP, or how assertive the child, relapse depends on the offender. But family members who are aware, educated and healthy can enhance the protection of the victim. Therefore, all family members should participate in treatment and any risk assessment should look at the protective abilities of individual family members:

a. The Perpetrator

If the perpetrator is to have any future contact with the family he/she must have completed the individual goals of assuming responsibility, understanding consequences, identifying his/her offending cycle which includes thoughts, feelings and behaviors, and increasing victim empathy. The Trainer should display **Overhead 6: The Deviant Cycle** to remind trainees of how the cycle occurs. The trainees should already be familiar with Salter's **Deviant Cycle** from the *Overview in Child Sexual Abuse Cases* and the *Investigative Interviewing in Child Sexual Abuse Cases* Workshops.

The relapse prevention plan is an important tool that should be in place prior to any contact between the victim and the offender.

During treatment, the offender should have developed insight into the entire process of sexual abuse, and his/her particular abuse cycle. He/she should have learned which emotional, situational, and environmental factors were triggers for his/her abuse cycle and how thinking errors contributed to his/her offenses. He/she should further

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understand how she/he targeted and groomed children, set up sexually abusive situations and assured that the victim would not disclose. The relapse prevention plan should address each of these factors. It should include specific ways to adequately address the triggers and stop the thinking errors and abuse cycle. For example, if the offender sexually abused the victim after experiencing feelings of low self worth and inadequacy, she/he must develop ways to recognize these thoughts and feelings and handle them in an appropriate way.

The plan should also include general guides for his/her activities and behaviors which will prevent him/her from encountering potential victims and to resolve ongoing emotional problems which may have triggered the thoughts of sexual abuse. For example, if alcoholism was a factor in his abuse, in that he used it to lower his inhibitions about sexually abusing a child, he should attend AA meetings. If he targeted children by cruising children at malls, he must stay away from malls and any other locations where he might practice the same behaviors. The belief is that if an offender can recognize and interrupt behaviors that led him/her to abuse in the past, she/he can refrain from abusing in the future.

Caseworkers should have an opportunity to discuss the fact that there is no cure for sex offending and that offenders must be highly personally motivated in order to remain safely in the community. This is why prosecution and treatment together are so important. Prosecution and possible incarceration are the muscles behind the therapy, especially in the early stages of treatment.

If reunification is the goal, the relapse prevention plan is shared with all the family members in a therapeutic session. This helps in the later development of the safety plan and helps to make the family more capable of recognizing when a problem may be re-emerging.

b. The Victim

Treatment goals for victims vary greatly depending on several factors such as the age and developmental capacity of the child, whether the offender was known or unknown to the child, and particular facts about the abuse (multi-victim, multi-offender, use of physical force, support from NOP, etc.)

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However, there are some general goals that seem to apply to all cases and are of particular importance to caseworkers as they begin to assess for case closure and, in some cases, reunification. Attainment of these goals is not a one-time event. Often child victims will need to periodically process them again as they develop.

Have the large group brainstorm Victim Therapeutic Goals making sure the discussion has included:

- ✓ Victim understands that she/he is not responsible.
- ✓ Victim will have strengthened his/her self-protection skills.
- ✓ Victim has demonstrated ability to disclose future abuse.
- ✓ Victim has identified adults in his/her life who are supportive and can help to keep him/her safe.
- ✓ Victim has dealt with issues of feeling dirty or damaged.
- ✓ Victim has dealt with guilt over reporting abuse.

c. The NOP

The NOP may be the single most important person to the future welfare of the child. A number of studies have been done that suggest that a supportive relationship between the victim and the NOP is critical to future safety and health of the child.

It is important to remember that the responsibility for preventing re-offending cannot rest solely on the “protectiveness” of the NOP. No matter how vigilant the NOP, an offender can find an opportunity to re-offend. But, the NOP can assist in the protection of the child through understanding, vigilance and a host of other protective behaviors. It is, therefore, very important that some of the therapeutic goals completed by the NOP include a clear understanding of the offender cycle and grooming behaviors, ability to parent effectively and implement appropriate protective measures for children in the family, and correctly laying responsibility for the abuse and the results of the disclosure with the offender.

2. Restoration of the relationship between victim and NOP and between victim and offender if reunification is the goal.

The child and the NOP must be able to talk openly about the abuse, the resulting problems, the child’s safety, and other issues

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of concern. In addition, the victim and perpetrator need, in many cases, to establish a new relationship. We have learned over the years that, for many victims, this work is important even when there is no chance of reunification. Some survivors have completed this work through the use of "stand-ins" (offenders who are in treatment and "stand in" for the unavailable offender). A piece of this work can include what some refer to as offender/victim apology work.

Many feel that offender/victim apology is a key step in restoring relationships. This work, while on the surface, may seem important to the victim, is actually far more important to the offender. When a therapist asks an offender to draft a letter of apology to the victim, or discuss apologizing to the victim, a rich vein of material on how the offender really sees the abuse, his/her offense cycle, his/her responsibility for the abuse and his/her relationship with the victim, is opened. This vein of information is then used by the therapist in therapy.

The trainer should be careful to refer to this as "apology work" rather than an apology letter. An apology letter does not convey the depth of the work that can be accomplished with this tool. Caseworkers must understand this work in order to evaluate whether the therapist is using this tool appropriately.

The letter may be written over and over again, until all of the issues that come out in the letter are dealt with successfully. It may never be sent. If it is sent, it is sent by the offender's therapist to the victim's therapist who will determine whether to use it in the victim's work.

The trainer should now read the following examples from fictional apology letters and ask what work the therapist needs to do with the offender based on his letter to the victim.

a. Dear Suzanne:

"I am writing to apologize for the horrible things I did to you. Sometimes I can't stop crying from thinking about what I've done."

Discussion: The second sentence of this letter focuses on the perpetrator's feelings of guilt and implicitly asks the victim for forgiveness or sympathy. This is manipulative and inappropriate. The victim may decide to forgive the offender, but she must come to this on her own terms; the perpetrator

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should not ask for forgiveness. She/he should, however, sincerely apologize for the abuse, making it clear that she/he was entirely responsible. In addition, she/he is obviously more concerned about his/her own hurt feelings than she/he is about the feelings of the victim.

b. Dear Sally:

“I want to thank you for telling your teacher what I was doing. It was wrong. I love you and miss you so much and can’t wait until I can come home.”

Discussion: The second sentence is a thinly veiled appeal for sympathy and permission to return home. The perpetrator is attempting to capitalize on the victim’s guilt about the perpetrator’s removal from the family. This subtle manipulation is probably very similar to the kinds of manipulations the perpetrator used to engage the victim in sexual activity.

c. Dear Ben:

“I wanted to write to tell you how sorry I am. At first I was very angry with you but now I know you were just trying to protect yourself.”

Discussion: Telling a victim over whom you had power that you were very angry is inappropriate. This may frighten the victim and put invisible pressure on the victim to allow the perpetrator to come home lest he/she get angry again. It is appropriate for the perpetrator to apologize for the way he/she initially handled the child’s disclosure. But the letter should read, “I am sorry I got angry, and I promise I will not get angry anymore. Telling your mom about the abuse was the right thing to do; it helped me to stop it.”

d. Dear Beverly:

“I wanted to write to tell you that I love you and I never meant to hurt you. I would never try to hurt you, you mean too much to me. Not seeing you is so hard on me. I sit in my little apartment and miss you. I can’t wait until we can be together again.”

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Discussion: These issues are similar to the “Sally” letter. The picture he/she paints of being lonely in his/her “little apartment” is likely to evoke strong feelings of guilt and is highly manipulative. Furthermore, saying “I would never hurt you” is a lie and can cause great confusion for the victim. The perpetrator did hurt the victim and should acknowledge this hurt.

e. Dear Aaron:

“Don’t feel guilty for talking to your teacher, you did the right thing. When I was drinking I didn’t know what I was doing. I think you’ll be happy to know I haven’t had a drink in over six months.”

Discussion: This letter is inappropriate because it is telling the victim how to feel. This dynamic may have occurred during the sexual abuse (i.e. “This feels good doesn’t it?” or “Don’t feel bad, no one will find out.”) The offender should stop trying to control the thoughts and feelings of those around him/her, particularly the victim. In addition, blaming the behavior on alcohol is a “thinking error” and must be dealt with in therapy. And, telling the child that he/she hasn’t had a drink in six months may also feel like pressure to the victim to allow the perpetrator to come home. The offender can indicate that she/he isn’t drinking anymore, which in a different context, could feel reassuring to the child. A statement like: “I have been getting help with my drinking problem, which is another good thing that has happened since you told your teacher about the abuse. Without your help, I would still be drinking.”

The therapist can use draft copies of the letter to give the offender additional insight into the child’s feelings and experiences. The first drafts of the letter often reflect the offender’s continuing desire to control the child or reflect the belief that someone else was responsible for the abuse. Letters to victims that blame the abuse on alcohol use, or on the non-offending parent give therapists a window into the thinking of the offender and opportunities for therapeutic progress.

Sometimes letters are never sent. When they are sent, the therapist for the offender always talks in advance to the therapist for the victim. If the victim’s therapist feels that it would not be in the best interests of the child to receive such a letter, it is never sent. Letters that are sent often include:

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- ✓ An acceptance of responsibility for all aspects of the sexual abuse (grooming the victim, setting up the situation, initiating the sexual abuse, silencing the victim, etc.);
- ✓ An explanation that the victim is not to be blamed and that disclosing was appropriate and necessary;
- ✓ Acknowledgment of the social, emotional, and physical pain caused by the abuse;
- ✓ An explanation that the perpetrator should be reported if he/she should re-offend;
- ✓ A description of his/her own efforts to ensure victim safety in the future.

3. Understanding that the victim was not to blame for the abuse and that the offender is wholly responsible.

All family members need to be in agreement with this understanding. Up to this point siblings have often been left out of any treatment/educational processes. If this has been the case, they need to be brought in now. Siblings should receive treatment in order to work through their own special issues, receive the support they need, so they do not blame the victim for the abuse and the resulting family problems.

It is important to note that siblings may have been abused and never disclosed the abuse during the investigation. If this is discovered, immediate reassessment of the case is necessary. This sibling may not be ready for case closure. If reunification is a goal, it should not be attempted until all victims are ready.

The trainer should ask the group to brainstorm the issues that siblings might be dealing with that could affect reunification of the offender or of the child back into the family. The following content should be included in the discussion:

- Siblings may be angry at the victim or blame the victim;
- Siblings may be fearful that they will be abused;
- Siblings may be angry that the NOP failed to protect;
- Siblings may have felt ignored, jealous or unloved by the perpetrator, if they were not being abused because they did not receive the special attention that incest victims sometimes receive.

4. The development of a family safety plan.

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Caseworkers are all familiar with safety plans. Safety plans are especially important in sexual abuse cases when case closure or reunification are being contemplated. All family members and their therapists should be involved in the development of the safety plan and it should address many issues.

First and foremost, all family members must become aware, in therapy, of the offender's cycle. Everyone in the family learns about how the offender groomed the child and his methods for obtaining compliance. The family members should be able to recognize when the cycle may be beginning. Armed with the knowledge of the offender's methods, the NOP, child and siblings, are better able to maintain a safe environment. In cases where reunification is planned, the offender, in addition to all other members of the family, needs to know his/her own cycle in order to monitor his/her commitment to not abusing children. For instance, if the offender always encouraged the NOP to go out because this is when he would abuse the victim, a sudden encouragement for the NOP to go shopping would be seen as a red flag by all family members.

Secrecy is very important to the continuation of sexual abuse and each member should be clear about its significance. Younger children should be taught the difference between secrets and surprises (i.e. birthday presents) and private issues (i.e. family finances). It is vital that the safety plan include a prohibition against secrets that frighten or cause concern.

The safety plan also addresses what each member of the family should do if they feel as though the offender might re-offend or if a family member may be at risk of being abused. Who they tell, how they tell, and what actions will be taken as a result of a family member becoming concerned are all discussed and agreed upon. Each family member should have a list of specific actions to perform if one of the safety rules is broken. Examples might include calling a relative or family friend (number posted by phone), talking to a teacher, etc. In cases involving reunification, the perpetrator should take a lead in letting the child know that it is important for the child to report any deviation from the plan and should frame these actions as helpful. All family members, including siblings should be part of the plan.

The plan should include specific rules regarding discipline, bathing, privacy, bedtime routines etc. that protect the child from unchaperoned contact with the offender or potential offenders. Everyone in the family should be aware of these rules and should

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report any deviation from following the rules. However, children should never be held responsible for stopping the sexual abuse; that is the responsibility of the offender and the NOP is responsible for protecting the child.

Development of a safety plan generally takes place in later stages of treatment and cannot be reliably accomplished without earlier treatment goals having been met.

The trainer should instruct trainees to break into small groups, or if the group is very small conduct this exercise with the whole group. The trainer should disseminate the **Handout 6: Safety Plan Scenario** and ask the groups to write down the ingredients that should be in the safety plan for that offender. The trainer should conduct a large group discussion on these ingredients by asking each group to share two or three rules they came up with. This gives each group a chance to reply. Then, the trainer can ask, "What else did you write down?" in order to obtain everyone's responses.

Sample ingredients the group will come up with should include:

- The perpetrator should have no physical contact with the two children who live at home: no hugging, kissing, wrestling or touching of any kind.
- The perpetrator should not supervise or discipline any children. He should never be left in charge for any reason.
- The perpetrator should attend on-going counseling. Any other member of the family who wants on-going counseling should have it. Counseling should not be prohibited.
- Mom is the final decision-maker in the family on all issues having to do with the children and their needs.
- Strict bedtime rules should be in place for the perpetrator. He must retire the same time as his wife and he can not leave the bedroom at night without waking his wife.
- Locks or alarms should be placed on doors if possible, especially the bath and the perpetrator's bedroom door.

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- The perpetrator must agree not to enter any bedroom, except his own, and never with a child.
- The family, especially the perpetrator can have no secrets.
- The family must have a back-up plan in case mom is delayed, becomes ill or, for whatever reason, cannot fulfill any or all of her responsibilities.
- The perpetrator should agree to leave if he fails to follow the rules for any reason.

5. Family members must have established appropriate physical and psychological boundaries.

For example: locks on bathroom, bedroom doors, curtailing physical expressions of affection. Children should be sleeping in their own beds, family members all agree to dress appropriately; and children are not asked to make adult decisions or to support adults emotionally.

6. If reunification is a goal, the couple must have established an appropriate relationship and communication pattern.

Patriarchal beliefs or habits, that call for the offender to be the boss of the household and other issues in the relationship that increase the risk to the child, must be addressed and resolved in order to protect the child.

The issue of intimacy, both physical and emotional, must also be addressed. This does not mean that the couple must be having an intimate physical relationship before reunification can take place, but the issue must be addressed and the couple must have agreed on how they are to interact. It should be noted that many offenders report that they sexually abused a child or children because they were unable to have sex with their wives or adult partner. But, many sex offenders have a current consensual relationship with an adult partner and sexually offend against children at the same time. Research has also consistently revealed that most sex offenders began offending during or before their adolescence. This "excuse" is an example of a thinking error. Others include "alcohol made me do it;" "I was teaching her about sex;" "she seduced me" etc. It should also be noted that offenders whose primary sexual preference is for children, and who have practiced this preference over time, are poor candidates for reunification.

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F. Assessing for Reunification

1. Assessing the Perpetrator:

The trainer will distribute **Handout 7: Perpetrator's Readiness To Reunify** and discuss the following:

The following questions must be considered in assessing the perpetrator's readiness to reunify (Salter, 1995, O'Connell, 1986, Petrusek, 1994).

- Does the perpetrator understand and accept his/her on-going possibility of re-offending?
- Does the perpetrator fully understand his/her own abusive cycle including his thinking errors, grooming behaviors, offense planning, victim targeting, deviant sexual fantasies and masturbation, and maintaining the secrecy?
- Does the perpetrator accept that to control his/her deviant thoughts and abusive behaviors, other people must monitor and help the perpetrator control his or her abuse cycle.
- Does the perpetrator believe the consequences of his/her offending, including prosecution and incarceration were fair?
- Does the offender accept full responsibility for the abuse?
- Does the perpetrator understand that he/she can not have equal parenting rights with the NOP?
- Has the perpetrator developed a strong support system?

2. Assessing the victim

Reunification is dependent upon the willingness and readiness of the victim. Reunification should never be attempted if the victim does not want the reunification to happen and, the victim should be willing to reunify with the perpetrator, not as a result of family pressure to do so but from general feelings of strength and safety.

Families often put pressure on victims to "hurry up and be ready" to reunify. It is important to emphasize that it is the responsibility of the perpetrator to meet treatment milestones for safety, not the victim's.

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Positive feelings toward the perpetrator or lack of fear are not an indication that the victim is ready for case closing or reunification. Such feelings are more often the result of the complex feelings and trauma bonds victims may have with perpetrators.

The Trainer should distribute **Handout 8: Assessing Risk: The Victim**.

Some issues to consider when assessing future risk to the victim when reunification is being considered include:

- a. Does the child understand that he/she is not responsible for the abuse, for the emotional well-being of the perpetrator, for the sequelae of disclosures, etc.?
- b. Has the child expressed emotions about the abuse, the non-protection, etc. directly to both the NOP and the perpetrator?
- c. Has the child demonstrated the ability to disclose future abuse by communicating the details of the abuse to the therapist and the NOP?
- d. Does the child trust the NOP to the extent that he/she would disclose future abuse? Is that trust appropriate?
- e. Does the child genuinely want reunification?
- f. Has the child strengthened his/her self-protection skills? Does he/she understand that abuse is wrong and that asking for help is appropriate and good for the whole family?

3. Assessing the NOP

The trainer should distribute **Handout 9: Assessing Risk: The NOP** and discuss the following:

- a. Does the NOP correctly attribute responsibility for the abuse and for the sequelae of disclosure to the offender or does she continue to project anger onto “the system” and/or the victim? Does the NOP minimize or rationalize the perpetrator’s behavior and its effect on the child and family?
- b. Has the NOP demonstrated an understanding of the ways in which incest distorted the structure and function of their family or do they continue to see the incest as an isolated series of events?

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- c. Has the NOP demonstrated assertive parenting skills independently of the perpetrator?
- d. Has the NOP restored the parent-child bond with the victim or is her primary alliance with the perpetrator? Is she capable of offering consistent support to the child?
- e. Have the NOP and the perpetrator addressed the issues in their relationship that may constitute risk for the family?
- f. Does the NOP see the offender as a continuing risk to her children or does she see him as cured?
- g. Has the NOP demonstrated an understanding of the offender's cycle, with particular attention to grooming behavior and high-risk situations?
- h. Has the NOP dealt with issues of alcoholism, substance abuse, domestic abuse, etc.?
- i. Is the NOP prepared to take responsibility for parenting including disciplining, supervision, and physical care of the child/children? Can she implement appropriate protective measures for the children?
- j. Has the NOP demonstrated that she can manage children's problematic behavior?
- k. Does the NOP understand and has she demonstrated her role in the prevention of future abuse?

4. Assessing Siblings

As stated earlier, sometimes siblings will not disclose during the investigation, but may so at any point following the investigation. Immediate reassessment of the case must happen and reunification should not occur until all victims are ready.

Referring back to the list brainstormed by trainees earlier, when discussing siblings, point out that the feelings siblings sometimes have can make reunification more difficult if not more risky. Before reunification can occur the caseworker needs to be assured that siblings do not blame the victim for the abuse and the resulting family problems.

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G. Options to Reunification

Caseworkers must be able to make alternative decisions to reunification. Caseworkers should be aware that planned permanent living arrangements, permanent custody options and independent living plans may be necessary because reunification cannot be achieved without substantial risk to the child. These are difficult decisions to make and should be done in conjunction with the caseworker's supervisor after all information has been gathered and carefully documented. The trainer should note that sexual abuse cases are different from physical abuse or neglect cases. For many perpetrators, the sexual abuse is compulsive and extremely difficult, if not impossible, to discontinue without treatment. Reuniting children with perpetrators when the risks have not been sufficiently reduced will often result in sexual abuse.

H. Cultural, Religious and Other Personal Beliefs

As we have seen, children can be at less risk for sexual abuse because of the beliefs they and their family members share. But, children can also be at greater risk for abuse when the family holds certain beliefs. The caseworker should be sure to evaluate these risks as well.

Trainees need to be aware that we all form our own beliefs about children, child rearing, safety, and marriage from a variety of sources. Our ethnicity, age, religion, sexual preference, race, cultural identifications and life experiences all play roles in our beliefs about parenting and partnering. These sources provide us with many diverse beliefs that both lower risk and increase risk for child abuse.

1. Beliefs that could increase a child's risk for future abuse:

- a. That adults are to be respected and obeyed at all costs;
- b. That it is better to be victimized than report the perpetrator to the police or children's services;
- c. That abuse isn't so bad;
- d. That divorce or separation is wrong or will be disastrous for the family;
- e. That children will "forget" abuse over time;
- f. That children lie about abuse to get attention;

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- g. That if the spouse had been “better”, the perpetrator would not have abused the children;
- h. That my children will be taken away if anything more happens to them and their removal would be terrible;
- i. Intimate topics that require sexual language should not be discussed;
- j. The child has been permanently damaged by the abuse, he/she is ruined, soiled, dirty, or of less value;
- k. Sexual abuse is a secret and should not be shared with all family and extended family members and others who need to know for the protection of children;
- l. Outsiders should not be involved in family matters; family business should be handled by the family.

2. Believes that Could Decrease Risk

The Trainer should then ask the group to identify beliefs that lower risk of sexual abuse. These should be written on the flip chart and could include:

- Children are precious and innocent and should never be sexually or physically abused;
- I will protect my children;
- Children who have been abused need help in order to recover from the abuse and to develop in healthy ways;
- My child should tell me if something frightening happens to them because I will take action to prevent it from happening again;
- I believe my children should respect adults but this belief is not without qualification. My child should not obey an adult who intends to hurt or frighten them;
- My children should have trusting relationships with adults other than their parents. Aunts and uncles, grandparents, clergy members, teachers can help my child;
- Children need lots of supervision and nurturing to grow up safely.

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I. Closing a Case at Intake

There is often considerable pressure to close a case at intake if the offender does not reside in the home or has moved out of the home. The caseworker should carefully evaluate closing a case at intake. Of particular concern are:

- NOP's who may expose their children to many "boyfriends" without appropriate supervision;
- Women who have been victims of domestic violence from the offender and/or may be pressured by the offender at a later date;
- NOP's who lack general protective/supervisory feelings and behaviors for their children because of substance abuse, depression, poor parenting skills or other problems. Important mental health issues may need to be addressed and closing the case prematurely may put the child at risk for re-abuse.

The following issues should be considered:

- What structural or functional elements of the family system may have created vulnerability for the child? Was a parent operating in a child role or vice versa? Were the family boundaries sufficient to protect the child or was there excessive movement of non-family members in and out of the family system? Where does this family fall in the Circumplex Model of functioning? (Olsen, 1985).

Trainer Note:

The Circumplex Model is taught in the *Juvenile Sex Offending Workshop* that is a part of the Sexual Abuse Training Series for Caseworkers. To re-familiarize participants with the model, distribute **Handout 10: Circumplex Model** and review. Using **Handout 11: Family Cohesion, Family Adaptability and Family Communication** review with participants the categories listed that can help a worker assess family cohesion, family adaptability and family communication. The appendix at the end of this curriculum is provided to familiarize you with the Circumplex Model if necessary.

- Have they maintained openness to help from providing agencies?
Have they persisted with previous treatment recommendations?
In assessing family structure and functioning it is important to discriminate between families who may be culturally different, families

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who we may wish would function in a more adaptive way, and those whose functioning clearly puts a child at risk.

Determining this risk is difficult. There are no perfect families and most families will not make as much progress in treatment as we would like. However, the caseworker should be cautious in reunifying a family where enough progress has not been made to protect the child.

- Is the NOP functioning well enough to prevent abuse by future perpetrators? For example, some children have been repeatedly victimized due to a NOP's inability to identify healthy partners. Does the NOP have problems that may have interfered with her ability to protect the child (e.g. alcoholism, preoccupation with alcohol, drugs, and sexual relationships)?
- Does the child have specific vulnerabilities that may place him/her at risk for future victimization (e.g. handicapping condition, impairment in communication, sexualized behavior, psychiatric impairment)?
- If the offender was initially in the home at the time of the abuse and has left the home following disclosure, consider the role the offender played in the family. Maternal belief or disbelief of victims is highly correlated with emotional closeness vs. distance with the offender. Even though a perpetrator is out of the home, failure of the NOP to believe and support the victim is associated with a poor prognosis.
- The caseworker may want to obtain protective orders if careful consideration of the above risk factors suggests that:
 - a. The child is at risk for further victimization; and/or
 - b. The family may not seek required treatment without legal mandates and failure to obtain that treatment would put the child at risk.

J. Differentiation Between Case Closing/Reunification and the Termination of Mental Health Treatment:

The description of the above milestones and individual treatment goals makes clear the need for close and cooperative interaction between caseworkers and mental health providers and others who may have insight into the family's current status. Yet the caseworker should be aware that case closing and the termination of treatment do not necessarily coincide.

Maintaining treatment after closing the child protective case means that the family will continue to have a support system that is aware of the history of

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sexual abuse and able to help as future issues arise. The therapist can contact the agency if further abuse occurs.

Treatment of sexual abuse is often considered open-ended treatment. Family members may at various future points in time need additional intervention. Damage from sexual abuse consists of both initial and long term effects (Finkelhor and Browne, 1984). Even though victims may receive good initial treatment and experience symptom remission, they may experience difficulties later. Parents should be advised that the child may need additional treatment at certain developmental stages and trigger points. For example, issues related to sexual abuse often re-surface when a child enters adolescence. Offenders should maintain a life long link to an offender's group or treatment provider to whom they can report any relapse in deviant sexual ideation.

Families who are past the initial stages of treatment and who do not plan to reunify with offenders may be good candidates for early case closing (keeping in mind the variables discussed above). Families who plan to reunify may need protective supervision for several months after reunification. In both cases, however, families may maintain their treatment relationship long after case closure.

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Section IV Techniques in Reunification and Case Closure

Rationale:

In conjunction with the victim and perpetrator's therapists, the Child Welfare Professional who is managing the reunification process of a family who has been impacted by child sexual abuse must be aware of special considerations and steps that should be taken throughout the reunification process. It is critical that the Child Welfare Professional understands how to involve the perpetrator, victim, non-offending parent and siblings in all aspects of the process.

Learning Objectives:

Participants will be able to:

- Describe the process and ingredients of a reunification plan.
- Identify the types of special rules that must be put in place during the reunification process.
- Determine the behaviors that a perpetrator might display that signify risk to the child or other family members.
- Describe the concept of "positive scripting" and provide examples of positive scripting that can be employed in child sexual abuse cases.

Time: 1 Hour, 15 Minutes

Methods: Lecture
Small group discussion
Large group discussion

Materials: **Handout 12: Techniques in Offender Reunification**
Overhead 7: Positive Scripting

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A. Offender Reunification

After individuals and the family have successfully achieved therapeutic milestones, the process of reuniting the offender with the family begins. It is a gradual process that usually occurs over a considerable period of time. The length of time is highly variable and may depend upon the length of time the court orders treatment and the degree to which the court supports treatment recommendations regarding separating the child and the offender.

The process should be managed by the caseworker, the victim's therapist, and the offender's therapist. Each new step should be gradually introduced after the previous steps have been successfully completed; and each step should be carefully planned.

1. Techniques in Reunification

The trainer should distribute **Handout 12: Techniques in Offender Reunification**, and discuss it in detail with the trainees. Michael A. O'Connell, (1994) recommends the following procedure for reuniting offenders with their families:

1. Initial visits between the child and the offender are held in the victim's therapist's office. For some of these visits the non-offending parent, siblings, or other relatives may be present as well. The victim and the offender discuss the sexual abuse, the patterns of abuse, the betrayal of trust, and other issues. Prior to these visits the victim prepares for these visits with his/her therapist. Visits do not take place outside of the therapist's office until the victim and the offender are ready. Individual therapy should continue between these visits so that the victim, in particular, has an opportunity to discuss his/her comfort and feelings of safety.
2. Visits outside the therapist's office are arranged with family members and a chaperone (possibly the non-offending parent), who can and will assure that the offender behaves appropriately. The visits should be structured to include interactive activities (such as going out to dinner, or shopping at the mall), conducted in a public place, include activities that interest everyone, and gradually increase in length, with the first visit being about two hours long. These visits should not occur until the offender agrees to rules he/she will observe during the visits. The offender should understand that his offending behavior, and nothing the child or family did, necessitated these rules. He should accept full responsibility for assuring that the rules are followed. The visit

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should be terminated if the victim becomes uncomfortable. No explanation is due to the offender; instead, the victim should tell the non-offending parent or chaperone that he/she wishes to leave, and the visit ends. Typical rules for these visits include:

- The offender will never be alone with the victim.
 - The visit will be chaperoned by an adult who is knowledgeable about the sexual abuse and who is comfortable with the "chaperone" role; often the non-offending parent acts as the chaperone.
 - The offender will not be responsible for disciplining the victim.
 - The offender will refrain from any physical affection towards the victim.
 - The offender will have no secrets with the victim.
 - The offender will not be involved in any physical hygiene (i.e. taking the child to the rest room).
 - The offender will not talk about the victim's dating, boyfriends, sexuality, etc. with the victim.
 - Discussions of the sexual abuse will occur only in the therapist's office.
 - Any other rules necessary to help the child feel safe and comfortable.
3. Semi-private visits in the homes of relatives or friends are the next step. These visits should be considered a laboratory for the family, as new methods of communication and interaction are practiced. It should be expected that some problems will arise when family members "relapse" into old behavior patterns. The family members should discuss these problems with the therapists who can direct the family to handle the problems and avoid "relapsing" into family dynamics which occurred prior to the abuse. The caseworker and therapist should communicate about these issues, as they both are responsible to manage the reunification process.
4. When several "semi-private" visits have been successfully completed, issues arising during the visits have been resolved, and

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all family members are comfortable with the idea, the offender may visit the home. He should enter the home as a visitor, not to take charge and "correct" problems that arose while he was out of the home. The first visit home should be brief, and should include a specific activity, such as a family meal. The visits can then increase in length and frequency, and the offender must adapt to family dynamics and routines that may have changed in his absence. In addition to the previously mentioned rules, the offender must agree to, and understand the necessity of the following rules:

- The offender should not enter the children's bedroom.
 - The offender should not be in any bedroom or bathroom with any child.
 - Family members should lock the bathroom door (except toddlers, who may require assistance).
 - A chaperone should always be in the home when the children are there.
 - The offender should be appropriately dressed at all times, and is responsible to insure that other family members are dressed at all times as well.
 - There will be no drug or alcohol use during visits.
5. Overnight visits occur after several extended visits have gone well. Individual therapy continues between these home visits so that any problems with the visits can be identified. Usually the first overnight visit is a natural extension of extended visits. The following rules should be followed to avoid potential problems and so everyone knows what to expect during the visit:
- Locks should be placed on bedroom and bathroom doors to assure privacy. Locks should not be put on the doors when quick entry needs to be assured for safety reasons.
 - The offender should be fully clothed at all times, except when he is in his bedroom or bathroom.
 - The offender should not be outside of his bedroom after his wife (girlfriend) has retired to the bedroom, or before she comes out of the bedroom in the morning.

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- If he needs to leave the bedroom during the night he should awaken his wife (girlfriend) and inform her of what he is doing.

The family members should discuss the visits, and issues that arise during the visits with their respective therapists. This is another period of testing family dynamics, routines, and interactions for family members.

6. Overnight visits should be gradually increased in frequency, until finally, a weekend visit is held. All rules stay in effect.

2. The Return Home

After the family has successfully completed the series of visits described above, and resolved issues that arose during those visits, the perpetrator returns home. It is widely believed that most offenders are not "cured", but can learn to control their sexual impulses towards children if motivated to do so.

The rules described earlier provide the offender and the family with external rules of conduct to help the offender control the abusive behavior. Without these external controls on behavior, offenders often re-offend when the opportunity arises, and there is access to the child. Therefore, these rules should remain in place after the perpetrator returns home. The decision to relax rules should be made carefully, and should only occur after the perpetrator has shown that he has internal control over his sexual impulses. One rule, however, should never be relaxed: the perpetrator should never be alone, in a supervisory role, with the victim or with other potential victims. This has profound meaning for the family and facing the lifelong consequences of sexual offending is very difficult. The family must come to terms with the fact that it will never be a "normal" family; that sexual offending has changed it in very dramatic ways.

B. Reuniting the Child Victim

Sometimes, unavoidably, the child victim has been removed from the home because it was impossible to assure his/her safety in the home. The trainer should inform caseworkers that the milestones for reunification and the individual treatment goals discussed previously are also applied in this type of case.

The techniques for reunification are also similar, in that a child should not be reunited too quickly and short visits are recommended over a period of time that will allow the child victim to become comfortable. The caseworker and therapist should collaborate to develop a schedule and time frames for the visits home. In

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general, the visits should increase in length and frequency over time. As in offender reunification, individual therapy with the victim should take place after each visit to determine if there were any problems with the visit, or the family dynamics. The therapist should also help the child with issues related to "re-entering" the family, such as helping the child adjust to changes in family dynamics. The therapist should also identify issues that need to be resolved prior to re-unification.

If at any time during the process of reunification, there is evidence to suggest that the perpetrator has not genuinely accomplished his/her treatment goals, or the family is not capable of providing a safe environment or of implementing the safety plan, reunification must be stopped and alternative decisions about placement must be made.

Reunification should not be attempted again unless there is some major change in the family's approach/behaviors such as the offender leaves the home permanently or the NOP asks for help in protecting the child or children. The family must recognize and actively seek change rather than capitulate to additional interventions.

C. Closing the Case and Positive Scripts

There are immense pressures within any child protection agency to close a case as soon as possible. This is because agencies are resource-scarce and case-abundant environments and few agencies can afford to have unnecessary open cases. But caseworkers must resist the pressure to close cases prematurely or risk future abuse to a child whose family may have learned how better to resist intervention from the "system."

Cases should be closed when children have no further need of protection because the risk of abuse is small. Then, and only then, should a caseworker recommend closing a case of child sexual abuse. And, when the case is closed, it should be done carefully, with the caseworker making every effort to leave his/her proverbial door open for additional assistance to the family if needed. This process, of closing a case while at the same time encouraging a family to get help in the future is sometimes called "leaving the family with a positive script" (LeSure, 1994).

1. Positive Scripting

Using **Overhead 7: Positive Scripting** as a guide, discuss the following methods for closing cases while at the same time leaving the family with a positive script.

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- a. Find ways to make successful changes within a family or individual a source of pride and accomplishment. Case closing may represent an important milestone for a family. The caseworker has often been a critical support person through the trauma of removal, foster care, court appearances, medical examinations, etc. The family may feel a mixture of relief and anxiety that "the system" is no longer supervising their functioning. A family's opinion of community intervention at the time of case closing may become a critical factor in whether they will report future offenses. If they feel a sense of pride in accomplishments and trust in community providers, they will be more likely to ask for help in the future.

- b. Describe protective interventions as the tool that stopped the abuse. The victim's understanding and the meaning he or she attributes to the caseworker and the agency are important. If the child can see the agency as having helped stop the abuse then positive feelings will result. And, this positive view aids in a better prognosis for the child victim. For example, a victim who correctly attributes blame to the offender and sees the community as offering a supportive intervention will have a better chance of recovery than a child who experienced only powerlessness.

The way the child interprets the experience, and the "story" he tells him/herself (and others) about the experience will have a tremendous impact on his/her self esteem, and his/her ability to heal.

The caseworker can help the child re-frame many of the aspects of the experience in a way that empowers the child, and preserves the child's hope in the future, and his/her self-esteem. For example, the caseworker can interpret the child's testifying in court as a brave act which assured his/her safety and which resulted in the perpetrator receiving treatment. The worker can interpret many aspects of the sexual abuse situation in this way. This helps the victim integrate the experience, and move on, in a healthy manner.

There are also specific techniques caseworkers use to accomplish adaptive scripting of the experience. A file or "book" can be made where the child records his or her experiences in drawings, narratives or with newspaper clippings. Victim's Assistance representatives can provide letters of commendation for bravery during court procedures. Some family members and victims are empowered by the opportunity to make a contribution to the recovery of other families. They may appreciate the opportunity to anonymously "donate" pictures, collages, poetry, etc. to a file which

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can be used to teach or help others. Sometimes planning a simple "occasion" for the last contact can help a family terminate with a feeling of having "graduated".

- c. The positive emphasis given to case closing activities must be tempered by an understanding that a return to care will not represent a "failure". Families need to know that the ability to ask for help again will be seen as a strength rather than a failure. Caseworkers can conduct a "fire drill" with the family in which they review basic elements of the safety plan discussed above and identify points at which the alarm can be sounded by family members.

2. Exercise

Break participants into small groups, or if the group is very small do as a whole group. Have one member describe a victim they have worked with giving particular attention to the child's developmental level and the misbeliefs they may have developed as a result of the abuse. Instruct the small groups to discuss a "script" that would be helpful to the victim, at time of termination. During the report out, the trainer should review elements of several of the scripts, and point out similarities and differences between them.

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Section V Special Populations and Issues

Rationale:

Juvenile, female, and incarcerated persons make up the special populations of offenders that Child Welfare Professionals increasingly encounter in casework practice. Specific considerations must be made in the casework process when working with these special populations.

Learning Objectives:

Participants will be able to:

- Explore the recent research on female offenders.
- Identify the special considerations when working with female offenders or victims of female offenders.
- Identify the special considerations when working with juvenile offenders.
- Determine some case management and treatment techniques in child sexual abuse cases when the offender is incarcerated or unavailable for treatment.

Time: 30 minutes

Methods: Lecture
Large group discussion

Materials: **Overhead 8: Female Offenders**

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A. Female Offenders

Most of the time when we think of offenders, we think of male offenders. This is for a variety of reasons, including the fact that most sexual abuse against children is perpetrated by men; research into abuse has focused largely on men; as a society we have not yet accepted the fact that women and children can be sex offenders.

But, caseworkers are seeing more and more cases involving women, teens, and children as sex offenders. Therefore, the trainer will present information with a strong caveat that this material represents the earliest research into these types of offenders and should be viewed somewhat suspiciously.

The trainer should present the following information about female sex offenders:

- Societal response to female perpetrators appears to be different than the response to males. There is a tremendous amount of denial, particularly when the offender is the child's mother. There is often a minimization of risk.
- As a result of our societal denial about female offenders, research in this field has been minimal. Early research indicates that there may be significant differences between adult female offenders and adult male offenders. But this research is only preliminary data and has not been empirically tested.
- Present estimates indicate that, of those offenders who come to the attention of authorities, women comprise not more than 20% (Hislop, 1999). However, female offending is under reported and not taken as seriously.
- Allen (1991), states that although the rates of female offending are low compared to the rate of male offending, the actual number of children affected by these crimes are substantial.
- Lack of awareness of female offending leads people to report only the most traumatizing abuse. This, on top of the fact that caseworkers are often not trained to anticipate women who abuse, leads to bias in reporting and higher false substantiations (Dunbar, 1999).
- So far, studies in this field differentiate female offenders by:
 1. Offender's relationship to the victim
 2. Dynamics of the assault, and
 3. Psycho/social history of the female offender

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Display the **Overhead 8: Female Offenders** and discuss the various typologies presented. These models are presented here because they illustrate some differences that may be present in female offending. However, the caseworker should use these typologies only as a framework for thinking about female offending and recognizing it. These models are helpful in understanding the possible dynamics, motivations, and behavior present among some female offenders. Again, the trainer should caution the group that this work is preliminary.

Faller 1987: Case types/nature of the abuse

- polyincestuous
- single parent
- psychotic
- adolescent
- non-custodial

Mathews et al . , 1989 : Contained mixed types

- predisposed
- teacher/lover
- male-coerced

McCarty 1986 : Relationship to other offender

- independent
- co-offender
- accomplice

Mathews typologies are defined as:

- Predisposed/intergenerational offenders have extensive histories of sexual trauma and many come from families with intergenerational history of abuse.
- Male coerced offenders initially perpetrated in conjunction with a male sexual offender and tended to exhibit dependency, non-assertive behavior and low self esteem.
- Teacher/lover offenders generally offend a male adolescent outside the family and view the relationship as a “love” relationship between equals.

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McCarty's typologies are defined as:

- Independent offenders were sexually abused as children and generally abused their own daughters.
- Co-offending mothers were also sexually abused as children, married young and were dependent on their partners.
- Accomplices' roles in enabling the abuse were extensive enough to warrant prosecution. Tended to marry young and be highly dependent on their partner.

Additional concerns when working with female offenders:

- It appears that some females offend in the course of care taking, which involves intimate contact with the child e.g. bathing, dressing.
- It should never be assumed that because a woman was coerced into offending, and is now separated from the male, she will not re-offend. These women may find a new male partner with similar characteristics and begin the pattern of abuse all over again. And, early research suggests that females who are initially coerced to offend can become eroticized both to coercion and to child sexual contact.
- Mathews' research suggests that female offenders may be more isolated.
- Female offending may be more strongly associated with a history of chronic sexual victimization.
- Female offenders may feel greater shame in sex offending than their male counterparts. Their guilt from committing the crime is compounded by the shame of the perversion of their societal role as nurturing mother figures.

B. Juvenile and Sibling Sex Offenders

The trainer should make participants aware of "Juvenile Sex Offender" training that is part of the Caseworker Child Sexual Abuse Workshop Series. This training is absolutely crucial for any caseworkers who are dealing with juvenile sex offenders. This brief overview looks at this issue only from the standpoint of

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reunification and case closure -- and does not offer the background information necessary to successfully manage these cases.

It is often difficult for the court and parents to recognize the need to act decisively in cases involving adolescent or child offenders. The continuum of sexually reactive behaviors described by Toni Cavanaugh Johnson (1991) offers a framework for evaluating risk. Caseworkers should be made aware that juvenile sex offenders are a diverse group and that these considerations must be evaluated along with the type, length and seriousness of the offending behavior. Eliana Gil (1994) offers five considerations:

1. Is there an age discrepancy greater than three years?
2. Is there a significant difference in size or physical strength?
3. Is there a significant difference in social status?
4. Is the type of activity age appropriate?
5. Are the dynamics of the sexual activity playful or coercive and problematic?

Although courts and families are often reluctant to place a child offender in out of home care, it is extremely important to evaluate risk both at intake and during reunification and case closure. A protective non-offending parent is not a guarantee that leaving a child offender in the home is safe, nor that reunification is safe. The amount of parental supervision that can protect a victim, whose offender sibling has been prematurely reunited with the family, is extreme. Parents are often very torn about extra-familial placement and wish to believe they can protect. They will often exert strong pressure for reunification. Juvenile sex offenders should, however, meet the same criteria as adult offenders and should engage in a similar treatment sequence before reunification and/or case closing.

Very young offenders (i.e. children under 8) should not be removed from home unless absolutely necessary. The caseworker should work hard to ensure the safety of the child victim without removing the offender. This is because removal of a young child can cause many additional problems for the young child developmentally. Remaining at home, with close supervision, is sometimes possible because the young child is not as capable of manipulating and coercing protective adults, as for instance is the older or adult offender. But, unless the parents are clear about the seriousness of the offender's problem and the need to protect the child victim, even the young offender can not stay in the home.

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The caseworker should assess parental attitudes and beliefs about the juvenile offender's removal from their home. If the parent is helped to understand the necessity of a comprehensive treatment milieu to change the offender's behavior and perceives the intervention as positive and necessary, he/she is more likely to cooperate with any future need for treatment. If, on the other hand, the parents feel the treatment is being forced by the court or children services they may feel guilty about sending the offender away, which may decrease their ability to cooperate or report future allegations of abuse. This lack of willingness to report future allegations may put the child at risk.

C. Incarcerated Offenders

After discussing juvenile and female sex offenders the trainer turns the discussion to other issues. The first issue to discuss is what should take place when the offender is not available for treatment due to incarceration. While it may seem that the child victim is safe and that the case may be closed, it is critical to evaluate remaining risk factors:

1. Does the NOP consistently believe the child or is there minimization?
2. Does the NOP accept the child's range of emotions regarding the offender or is there pressure to "forgive"? Example: Pressuring a child to write a victim impact statement that can be used to justify early parole.
3. Are there siblings who do not believe the victim or are angry that the offending parent has been incarcerated?
4. Will the family remain in treatment?
5. Does the family attribute hardship due to disclosure to the victim, system or the offender?
6. Is the NOP's primary loyalty to the child or to the perpetrator?
7. Are the boundaries in the family such that the child is likely to be exposed to additional risk because of the NOP's dating history, i.e. numerous boyfriends in the home without proper supervision of the child?

In addition, families may need case management support in financial, practical, social and emotional adjustment to the incarceration of a parent. Documentation of need for treatment may need to be filed with the correctional facility in which the offender is incarcerated, in order to ensure his/her access to treatment.

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Some community outpatient programs will coordinate work with prison psychologists to complete important therapeutic milestones, e.g. apology sessions. Letters and videotapes can also be treatment adjuncts. While the caseworker cannot maintain an open case throughout the period of incarceration, it is important that the family be actively committed to the treatment process before case closing.

D. When the Offender Denies the Abuse

Offenders are often not available for treatment because they have not been convicted and continue to deny the abuse. Such an offender represents a serious risk to a child and should never be a candidate for reunification. If the NOP is committed to distancing from the offender and not planning reunification, the caseworker may wish to consider the variables described in the earlier section on "When the offender is not available for treatment due to incarceration." Family treatment should follow the same basic format with specific adaptations for the unavailability of the offender. For example, in one case an offender who had made excellent progress in treatment volunteered to "stand-in" for a child who was unable to confront her own father. The child asked the "stand in" questions about why he had offended, etc.

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Section VI Caseworker Issues

Rationale:

Working on sexual abuse with children and families is a very difficult endeavor. Caseworkers need to think about and monitor their thoughts and feelings about these cases in order to assure appropriate risk assessment and decision making.

Learning Objectives:

Participants will be able to:

- Evaluate their own responses to situations and clients when working on child sexual abuse cases.

Time: 30 Minutes

Methods: Discussion
Small group exercise

Materials: **Overhead 9: What do I Think?**

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A. Discussion and Optional Exercise

Working on sexual abuse with children and families is a very difficult endeavor. Caseworkers need to think about and monitor their thoughts and feelings about these cases in order to assure appropriate risk assessment and decision making.

Optional Exercise:

The trainer should divide the trainees into groups of 4 or 5. Display **Overhead 9: What Do I Think?** and instruct participants to discuss the following questions:

1. For me, I find it very hard to terminate a case because...?
2. My personal belief about termination in most cases is...?
3. My personal belief about reunification in most cases is...?
4. My personal attitudes about these issues are reflected in my casework when...?

The trainer should then instruct the trainees to report their ideas to the whole group. The trainer should guide the discussion to include the following:

- The nature of practice with abusive families is such that there is likely to be long-term contact with families. The sexual content of the material discussed reveals very personal and intimate details of family life that can engender strong emotional responses in the caseworker. Because criminal proceedings may have been part of the community intervention, the caseworker may have been with the family through many critical events. If the offender is a parent who has been out of the home, the worker may have joined with the NOP to strengthen their parenting role. All of these factors combine to produce a level of intimacy and investment with the caseworker that may make termination more difficult. Consider the importance of:
 1. Developing and maintaining healthy boundaries with families from the beginning of the case.
 2. Honoring your own needs to say good-bye to families in healthy ways.
- Sexual abuse is the abuse of power. One of the main goals in working with families is to decrease coercive use of power and increase healthy and fair use of power. The caseworker has had a chance during intervention to model this healthy use of power in his/her interactions

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with the family. Chances are that the family initially responded to the caseworker's power in unhealthy ways that may have come from previous learning. This "transference" of old patterns into the relationship with the caseworker has great potential for helping families. When the caseworker responds to the old patterns of coercion, manipulation or passive aggressive behavior in a firm, fair, non-coercive way, the family develops new understanding about appropriate use of power. Case closing represents the family's readiness to resume the responsibility for managing power in the family. This transfer can have great meaning for both the family and the caseworker.

- "Counter transference" refers to the impact the personal history of the professional has on his/her perception of the family. The degree to which caseworkers have experienced power abuse, both in their personal and professional lives, may influence their personal reactions. Personal experience with power abuse, failure to be protected or disrespected for personal boundaries, can cause professionals to respond to particular family members or particular issues with intensity. This is an aspect of practice that needs to be carefully monitored through personal reflection and supervision throughout intervention. Reasons for and reactions to case closing are only one area that is influenced by personal history.

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Section VII Closing and Evaluations

Rationale:

An important part of training is to assist in the transfer of learning to the work setting. This section is designed to assist participants to consider what they have learned and how they will apply it to the work setting.

Learning Objectives:

Participants will be able to:

- Create an action plan that will assist in transfer of learning.
- Share their personal action plan with other participants.
- Evaluate the training.

Time: 30 Minutes

Methods: Individual work on action plan
Large group discussion on action plan

Materials: **Handout 13: My Action Plan**
Handout 14: Bibliography

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A. Idea Catcher

The trainer will ask the trainees to fill-out their **Idea Catchers** one final time, asking them to think about how each of their new awarenesses might "change" the way they approach their work and what they might want to add to their existing work or change about their work. The trainer should remind the trainees that they can review their notes, handouts, and flip charts as they record information on the **Idea Catcher**. (5 minutes)

B. Action Plan

The Trainer will then distribute the **Handout 13: My Action Plan** and ask trainees to partner with another trainee at their table to discuss and record their plans for the use of the information they recorded on their Idea Catchers. The trainer should remind the trainees that it is difficult to use new information, as everyone tends to revert back to their "old" ways of doing things. Using new information takes planning. The trainer should instruct the trainees to discuss with their partner how they plan to use the information. Each person has five minutes to do so and the trainer should tell the group when five minute is over so that the other person can do their action plan. Therefore, the group will take 10 minutes to do their Action Plans.

C. Group Discussion

The trainer will then ask 4 or 5 people to share an item from their action plan with the group.

D. Closing and Evaluations

Thank group for their participation. Distribute **Handout 14: Bibliography** for this workshop and inform participants that the information on the bibliography provides resources that may be of interest to them.

The trainer will then distribute the training evaluations provided by the Regional Training Center Director. The trainer should thank the group and inform trainees that they can leave when they have completed the evaluations.

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APPENDIX: CIRCUMPLEX MODEL

The **Circumplex Model**, adapted by David H. Olson, Candyce Russell, and Douglas Sprinkle, provides a tool for looking at family patterns. There is no single type family in which sexual abuse occurs. Sex offenders, however, are likely to be in families at the extreme ranges of this model.

The clustering of concepts from family theory and family therapy literature revealed three central dimensions of family behavior: cohesion, adaptability (change), and communications.

Family cohesion refers to the degree to which family members are separated from or connected to their family. It is the emotional bonding that family members have toward one another. Within the Circumplex Model, specific concepts used to diagnose and measure the cohesion dimension are: emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interests and recreation.

Family adaptability (change) is the extent to which the family system is flexible and able to change. Family adaptability is defined as the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. Specific concepts used to diagnose and measure the adaptability dimension are: family power (assertiveness, control, discipline); negotiation style; role relationships; and relationship rules.

Family communication is the third dimension. It facilitates movement on the other two dimensions.

Within the **Circumplex Model**, there are four levels of family cohesion ranging from extreme low cohesion to extreme high cohesion: disengaged; separated; connected; and enmeshed. The two moderate or balanced levels of cohesion are labeled: separated and connected.

There are also four levels of family adaptability ranging from extreme low adaptability (change) to extreme high adaptability (change): rigid, structured, flexible, and chaotic. The two moderate or balanced levels of adaptability are labeled flexible and structured.

For each dimension, the balanced levels (or the two moderate levels) are hypothesized to be most viable for healthy family functioning; the extreme areas are generally seen as more problematic for couples and families over time.

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Sixteen distinct types of marital and family systems are identified by combining the four levels of the cohesion and four levels of the adaptability dimensions.

The trainer should refer to **Handout 11: Family Cohesion, Family Adaptability (change), and Family Communication**. Explain that Cohesion is the horizontal axis of the Circumplex Model and is measured by emotional bonding, family involvement, marital relationship, parent-child coalitions, internal boundaries, and external boundaries. The handout describes how each of these categories can be measured in evaluating family cohesion.

Turn to the next page, Family Change (adaptability). Change or adaptability is the vertical axis of the Circumplex Model and is measured by leadership, discipline, negotiation, roles and rules. The handout describes how each of these categories can be measured in evaluating family change (adaptability).

The final page, Family Communication looks at patterns of communication that either facilitate or hamper a family's interaction. This page describes how to measure this dimension of family life.

Summary: There is no single type family in which sexual abuse occurs. However, sex offenders are likely to be in families at the extreme ranges of this model.