California Coalition on Sexual Offending

Position Paper for Family Resolution

Approved By the CCOSO Board of Directors
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All child sexual abusers belong to families, have offended against families, will return to families, and/or at some time in the future, may create new families. Therefore, an important component of sex offender treatment is the sex offender's consideration of the impact he/she had not only on the victim(s), but also on the families that were hurt by his/her abusive behavior.

There is no body of empirical evidence that demonstrates whether reunifying sexually abusive individuals with their families is generally beneficial, harmful or neutral to the welfare of either the family or the child victim.[1] It is clear, however, that many sex offenders do reunify with their families, join other families, or form new ones. This raises safety issues that are best managed by requiring each sex offender to:

- Complete sex offender treatment
- Make meaningful restitution for harm already inflicted
- Develop and implement a situation-specific safety plan to be continually monitored by competent and responsible family members

Such an approach is clearly consistent with legislative intent. The California Penal Code describes a Recognized Sex Offender Treatment Program as one:

- With substantial expertise in the treatment of children who are victims of sexual abuse, their families, and offenders
- That demonstrates to the court:
    - An integrated program of treatment and assistance to victims and their families

[1] Chafin, Mark. *Reunifying sexually abusive parents with their families.* Center on Child Abuse and Neglect

- A treatment regimen designed to specifically address the offense. [2]

CCOSO and California law agree that family issues are important and that sex offender treatment should address family needs and issues. This position paper calls that process "Family Resolution."

Family Resolution may take many paths. Family disruption, dissolution, and reunification are among the many possible outcomes. The specific course of treatment depends on the resolution pathway chosen by the family and the offender and permitted by the community.

Family resolution begins with dismantling denial. Accountability is possible only when the sex offender understands and accepts that molesting a child has ramifications beyond the physical act. Grooming behaviors, force, threats, bribery, and all fear-building activities shape the victim's world-view. The sex offender is accountable when he/she fully understands how his/her behavior affected the lives of others: the victim, the victim's family, the offender's family, anyone he/she deceived, and the community. Sex offender accountability rests on accepting responsibility for the short and long-term impact of his/her sexually abusive behavior(s). Genuine remorse can in part, be demonstrated through accountability. This may include:

- Accepting limits of Probation conditions and complying with the requirements of sex offender registration.

[2] California Penal Code section1203.066 (e)

- Actively clarifying her/his role in the sexual abuse to appropriate family members
- Following treatment program rules
- Paying fines/restitution
- Keeping current with child support payments

California law holds that all sex offenders registered pursuant to section 290 of the Penal Code present significant prima fascia risk to the children with whom they reside.[3] When family reunification is considered, Sex Offender Treatment Programs (SOTP's) should help all involved family members understand that risk can never be entirely eliminated and should therefore, be perpetually managed. While SOTP's do not have technology to eliminate sexual risk, they do have technology to enhance safety by training the sex offender and significant others to adhere to structured, case-specific, guidelines and to monitor said adherence. When reconciliation with the victim's family is the chosen path, a treatment team should direct and oversee the process.

Treatment teams should include therapists, who are working with various family members and all supervision staff (Probation Officers, Parole Agents and CPS Social Workers). Others, such as Regional Center Case managers, ministers and volunteers can be included as appropriate. Basic treatment team-member roles are as follows:

[3] Online May 3, 2002, WIC 355.1 at http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=00001-01000&file=345-359

Sex Offender therapist: Takes responsibility for providing a therapeutic milieu, in which the offender has successfully completed the essential components of his/her treatment program as outlined in CCOSO "Guidelines for Outpatient Treatment of Adult Sexual Offenders." At a minimum, sex offenders desiring to (re)-unify with families should have:

1. Completed a psycho-sexual autobiography verified by clinical polygraph
2. One year (sexual and other) offense-free life in the community as verified by maintenance and monitoring (clinical polygraph) examinations
3. Demonstrated ability to control deviant arousal for at least six continuous months
4. Demonstrated adherence to a treatment team approved relapse prevention plan for at least 6 months
5. Demonstrated twelve months of alcohol and drug sobriety in cases where alcohol or drugs use were related to the offending behaviors.
6. Met for at least six months, (and continues to meet), all financial obligations[4]
7. Redefined family roles (sex offender is no longer in position of management and control in the family or community)
8. Completed victim empathy component of treatment and clarified to family members an in-depth understanding of what his/her sexual offending as well as other self-gratifying behaviors have

[4] I.e., While family (re)unification may help alleviate economic difficulties, (re)unification should not be pursued or rushed primarily for that reason.

cost each family member. (Includes but is not limited to domestic, emotional or physical abuse, neglect, financial irresponsibility, AOD abuse, etc.)

Non-Offending Partner (NOP) therapist: Some non-offending parents of sexually victimized children may be able to manage the multitude of family issues without therapeutic intervention. Nonetheless, supervising courts and agencies often require therapy when family reunification is the desired goal. Disclosure of sexual abuse is disruptive to the family. Non offending parents may experience physical losses which need immediate attention. (E.g. A parent can not be expected to address psychological issues when homeless.)[5]

When requested by the NOP for the purpose of family reunification, or when required by the court, the therapist may - when the client is ready- assist the NOP with:

1. Providing or referring for concrete and supportive services (finances, childcare, food and shelter, transportation, clothing, holiday assistance, etc.)
2. Grief and loss issues
3. Attribution of blame (shame and guilt)
4. Unambiguous victim support
5. Confronting minimization and denial

[5] Massat, C. R., & Lundy, M. (1998). "Reporting costs" to non-offending parents in cases of intrafamilial child sexual abuse. Child Welfare, 77(4), 371-388. Massat, C. R., & Lundy, M. (1999). Service and support needs of non-offending parents in cases of intrafamilial sexual abuse. Journal of Child Sexual Abuse, 8(2), 41-56

6. Family role realignment (responsibility for finances, children's behavior, schooling, etc. independently of sex offender)
7. Sex education and sexual relationship(s)
8. Communication skills and assertiveness training
9. Re-building relationship with child victim
10. Enhancing child protection skills
11. Learning about the long and short term consequences of child sexual abuse on the child's development

Few NOP's require assistance in all these areas; most will benefit from assistance in only a few and some have sufficient internal and environmental resources to cope without professional assistance. NOP therapists should take care to avoid "over-servicing" their patients because too much service may be disempowering and damaging, potentially replicating their relationship with the offender.

Child's therapist: No single symptom typifies a sexually abused child.[6] A significant percentage of children are asymptomatic at disclosure.[7] For many children, family disruption causes immediate distress, but for others it may provide relief. Many factors contribute to the long and short-term effects of child sexual abuse. These include the child's age and coping skills, their relationship to the sex offender, the length and duration of abuse, and family

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6 Finkelhor, D. and L. Berliner, *Research on the treatment of sexually abused children: A review and recommendations.* Journal of the American Academy of Child & Adolescent Psychiatry, 1995. **34**(11): p. 1408-1423.

7 Kendall-Tackett, K.A., L.M. Williams, and D. Finkelhor, *Impact of sexual abuse on children: A review and synthesis of recent empirical studies.* Psychological Bulletin, 1993. **113**(1): p. 164-180.

support available to them. *"There is now a substantial body of research affirming the increased risk that child abuse victims have for various mental health problems, and factors that tend to mediate these risks."* [8] The child's therapist should be familiar with "Guidelines for Psychosocial Treatment of Intrafamilial Child Physical and Sexual Abuse."[9] When family reunification is the goal, the child's therapist may work with the child on:

1. Grief and loss issues
2. Attribution of blame
3. Post traumatic stress symptom reduction
4. Anxiety and depression
5. Referral for medication
6. Sexual counseling (mitigating stigmatization and shame)
7. Rebuilding relationship(s) with non-offending parent and siblings
8. Self protection skills
9. Redefined family roles (non-offending parent seen as protector, offender no longer in position of control, all family members attribute responsibility for family break up on offender)

Like their non-offending parents, not all children require therapy. While there is some empirical evidence that asymptomatic children may become symptomatic later in life, there is no empirical evidence that therapy before symptom onset can forestall later symptomology. Nonetheless, at least limited child-therapy

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[8] July 30, 2001, http://www.musc.edu/cvc/guide1.htm

[9] ibid

sessions should always take place during the process of family resolution, to monitor the child's well being and inform the treatment team's decision making.

Sibling reaction to disclosure reflects family issues that will impact treatment. Siblings often are either supportive or non-supportive of the victim's disclosure. Siblings and or other children in the home should be assessed to understand how the sexual abuse impacted their lives.

Supervising Agency (Probation Officers and Parole Agents and CPS Social Workers) will verify that family members are in compliance with court orders and their treatment plan, and should assist family members in court proceedings, especially when order(s) require that the family make a change. Supervising agents work effectively only as a member of the treatment team. They are not clinicians by necessity. But their work as a team member reinforces and supports the therapy, thereby enhancing the total treatment. Making a decision that has not been discussed and agreed upon by the treatment team can isolate the supervising agent and leave them vulnerable to manipulation by the sex offender or the family. More serious errors such as colluding with denial, made apart from the treatment team can impact the treatment and increase risk to the family, the children and the community.

Parole Agents are required by California State law to report to Child Protective Services if a person paroled following a conviction of Section 273a, 273ab, or 273d, or any sex offense identified in statute as being perpetrated against a

minor, has violated the terms or conditions of parole related specifically to restrictions on contact with the victim or the victim's family.[10] Similarly, whenever, Parole Agents, Probation Officers and Child Protective Services Social Workers can work collaboratively, the result enhances community and child safety and creates multidisciplinary working relationships that are beneficial.

In families where there is supervision by multiple agencies, the Parole Agents, Probation Officers and Child Protective Services Social Workers from each supervising agency shall participate in treatment team meetings as team members, informing and participating in the decision-making process.

Contact with victim and family: Sex offender contact with family members shall be managed in ways that are primarily responsive to the needs of the victim and family, and should follow a step-by-step protocol. Within these parameters, sex offender visits with family members should be determined by the treatment team consistent with the offender's treatment progress and the NOP's ability to identify, report, and take appropriate action responsive to inappropriate offender behavior. Team members who supervise visits should be carefully trained to understand the ways in which a sex offender may misuse power to obtain victim access and compliance. They should be prepared to disrupt a visit if the sex offender acts inappropriately. The entire treatment team should be familiar with and utilize CAPSAC visitation guidelines.[11]

[10] Online June 4, 2002 at http://www.leginfo.ca.gov/cgiin/waisgate?WAISdocID=19594022743+31+0+0&WAISaction=retrieve

[11] Chafin, Mark, Reunifying sexually abusive parents with their families: Center on Child Abuse and

Family Reunification: In cases where reunification is the chosen form of resolution, group and individual counseling often helps prepare family members for the reunification process. Typically, family therapy is the modality in which the family best prepares for and accomplishes actual reunification. Family reunification work is a slow, deliberate, safety focused, collaborative, multi-phased process. Its timeline is grounded in treatment rather than legal mandates. Sex Offender treatment is not designed to coincide with, and may conflict with, CPS reunification timetables.

Family sessions should not begin until the sex offender accepts responsibility for all abusive behaviors, clarifies to the family his or her offense history, and delivers an account of all victims, as well as other abusive behaviors. This is a collaborative work, which includes the victim(s) and their therapists, the sex abuser and his or her therapist, & NOP and his or her therapist and siblings. Only when all family members and their therapists have accepted the account of the sex offender's statement of responsibility is the family ready to begin increased contact with the sex offender and the creation of a concrete reunification plan.

Neglect: Monitored Visitation Guidelines- California Professional Society on the Abuse of Children; http://www.tcavjohn.com/guidelines.htm