Rebuilding Shattered Families: Disclosure, Clarification and Reunification of Sexual Abusers, Victims, and Their Families

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The purpose of this article is to integrate concepts related to strategic, solution-focused, and narrative family therapies with the treatment of sexual abusers and their families; apply solution-focused and narrative theories to families of sexual abusers; offer a conceptualization of disclosure and victim clarification as preparation for family reunification; and present a model of family reunification that can be applied to family work with sexual abusers and their families.

“Our conceptual framework can highlight the similarities between clients and us and humanize our relationship with them or they can highlight our dissimilarities, objectify clients, and invite us to treat them as “Other.” These interactions have the potential to invite the enactment of particular life stories for clients. If we use pathologizing categories to understand families, we run the risk of bringing forth pathology. Conversely, if we use categories that highlight clients’ resourcefulness, we increase the chance of bringing forth competence. In short, what we see shapes what we get and where we stand shapes what we see.”

William Madsen from Collaborative Therapy with Multi-Stressed Families

The work with families of sexual abusers is often exhausting, frustrating and at times, disappointing. Providers often feel overwhelmed by the gravity of sexual abuse and often experience vicarious traumatization because of their work with these families. The very act of sexually acting out damages the closest relationships of the sexual addict. The damage is especially apparent when the sexual addict acts out towards a family member and engages in incestuous behavior, whether with a child, sibling, or extended family member. The loss of trust, intimacy, support, acceptance, and love is profound for the sexual abuser and all other family members. The sexual abuser's inclusion in the family is often jeopardized due to the high frequency of divorce and
physical separation that occurs after a sexual offense is disclosed to authorities. Not all, but some families do seek to recover. The strength of families is often seen as members seek to be reunited. A willingness to forgive and seek absolution reveals the power of compassion and grace that is a basic strength of a healthy family. A basic desire to love and be loved permeates the healing family as each member seeks to address the destruction and deterioration that has occurred due to the sexual assault. Through the painful but productive process of disclosure and victim clarification, all family members can seek to rebuild and start over. From this perspective of hope and optimism, family reunification can be the most rewarding aspect of sexual abuser treatment.

FAMILY THERAPY WITH SEX ABUSERS AND THEIR VICTIMS

Family therapy is often a major component of sex abuser work, especially when the sexual abuse involved incest and intimate family relationships. Many families seek to be reunited, and an effective and well thought out approach is necessary to provide high quality therapy to these families. In many ways, a family in which a sexual abuse has occurred is no different from any other family, especially when the abuser is an adolescent involved with a sibling. Anna Salter's classic book published in 1988, *Treating Child Sex Abusers and Victims*, offered an excellent overview of the many complex issues involved in working with these families (Salter, 1988). For many years, her book was the definitive work in this field and its outline of family work guided many practitioners in this field. The goal of this article is to offer an integration of theory and techniques from strategic, solution-focused, and narrative family therapy approaches. This integrated family approach is explored in terms of its application to work with families where sexual abuse and sexual addiction are present. The process of family reunification forms a unifying theme for this article, as this is the term most used when family therapy is used with sexual abusers and their families. A conceptualization of disclosure and victim clarification serves as a means for preparation for family reunification. Lastly, a detailed model of family reunification is described that can be applied to family work with sexual abusers, sex addicts, and their families. The family reunification model is divided into three parts: disclosure, victim clarification, and the family reunification meeting.

STRATEGIC FAMILY THERAPY

Family work with sexual abusers and their families is rigorous and demanding work. A sound theory of practice and application is needed to provide a framework from which to successfully operate. An integration of family
therapy concepts related to strategic family therapy and solution-focused and narrative family therapy offers such a framework. Jay Haley and Cloe Madanes at the Mental Research Institute developed strategic family therapy (Haley, 1987). According to Jay Haley, "Therapy is strategic if the therapist identifies solvable problems, sets goals, designs interventions to achieve those goals, and examines and takes responsibility for the effectiveness of outcome." (Haley, 1987). A major influence to the strategic approach was Milton Erickson's revolutionary perspective of the powerful effect other family members had on therapy (Haley, 1987). Erickson viewed the individual as a part of a wider system, not just as an isolated individual (Haley, 1987). A second major influence was Bateson's study of communication. A major tenet of Bateson's views was his view of change. According to Bateson, change must take into account both the organism's internal demands and the environment's external requirements if it is to withstand the system's pressures. System-level change can occur only if the system allows change to enter and allows for inner contradictions. A period of chaos occurs, which could result in a return to the prior state. Bateson believed that the entire system, in this case the family, must be addressed as a whole for internal change in the individual to occur (Bateson, 1979).

Strategic family therapy is a model that easily translates to family work with sexual abusers and their families. There is a focus on family interactions, rules, and boundaries. In incestuous families, the sexual abuser has used a position of power to coerce others, which distorts healthy family rules and boundaries. Another aspect of strategic family therapy, a hierarchical model of parental and child roles, supports the focus on returning a family disrupted by incest to proper roles and boundaries. Strategic family therapy focuses on strengthening the family's structure and communication, which have often been damaged in incestuous families. Healthy communication is defined as open, supportive, and non-coercive. Incestuous families have been severely damaged and a certain degree of direction and intervention by the family therapist is needed in order to restore the family to a healthy level of functioning. A strategic focus can allow this direction to occur within a non-judgmental and compassionate manner, while still exercising a higher level of direction of the family than is sought when working with families where incest has not occurred. A crucial aspect of this approach is the application of a non-judgmental attitude while focusing on correcting the problems that have developed in the family. Without this attitude, the therapist cannot form the intense rapport needed to gain the family's cooperation.

According to strategic family therapy, there are four categories of problems that result from the needs of family members either being met or not met. These four needs are: (1) the desire to control and dominate, (2) the desire to be loved, (3) the desire to love and protect others, and (4) the desire to repent and forgive. These four needs represent basic tasks in family therapy with incestuous families. The first need, the desire to control and
dominate, has been used by the sexual abuser to meet his or her own needs exclusively with no regard to the needs or rights of others. A healthy understanding of this need must be developed, which is the healthy exercise of parental authority in parenting rather than in meeting one's sexual needs with a child. The second need, the desire to be loved, is corrupted when incest occurs. The victim is often vulnerable because of this basic need, and a healthy approach to meeting this need must be developed. The third need, the desire to love and protect others, has to be strengthened, as both the sexual abuser and spouse have often allowed this need to go unmet. Though this is not always the case, the desire to be loved may have caused the spouse to overlook or ignore signs that abuse had occurred, thus thwarting protection of her children. The last need, the desire to repent and forgive, forms the impetus for families to move toward victim clarification and family reunification. This need is often the greatest need expressed by families and exerts a powerful role in the family work with them. For those who have witnessed the power of forgiveness in families, there is no greater force for renewal and reunification. The same is true for families in which sexual abuse has occurred.

SOLUTION-FOCUSED FAMILY THERAPY

"Love one another, but make not a bond of love:
Let it rather be a moving sea between the shores of your souls.
Fill each other's cup but drink not from one cup.
Give one another of your bread but eat not from the same loaf.
Sing and dance together and be joyous, but let each one of you be alone,
Even as the strings of a lute are alone though they quiver with the same music."

Kahlil Gibran (1926)

Solution-focused family therapy (SFFT) was developed as an alternative to a problem-oriented family approach. Steve de Shazer and Insoo Kim Berg have been credited with forming this innovative family therapy approach (de Shazer, 1985, 1988, 1991; Berg & Kelly, 2000; Berg & De Jong, 1996). Families were seen by these two family therapists at The Brief Family Therapy Center in Milwaukee and SFFT was developed as a model of family strengths and collaboration. SFFT is based on the idea that in order to help clients change, the focus of therapy needs to be related to how change happens rather than concentrating on how problems develop. An understanding of the details and causes of problems is often not necessary to finding a solution. The therapist's task is to create a vision or detailed picture of how the family will be when things are better, which creates hope and an expectation that a solution is possible. SFFT focuses on the future rather than
Rebuilding Shattered Families

the past and seeks to establish clear and attainable goals. The therapy process is led by these goals, which focuses on client strengths and resources, and seeks to help clients recognize how to use their resources to create change.

SFFT is a highly goal-focused, therapeutic, and collaborative approach. SFFT helps clients change by constructing solutions rather than dwelling on problems. Elements of the desired solution often are already present in the client's life, and they become the basis for ongoing change. SFFT is different in that it is highly pragmatic and seeks to employ constructs that "work" for families. Insoo Kim Berg (2000) states that "working with multiproblem families in any setting can easily overwhelm the worker, who then becomes less effective than he or she could be. By identifying specific, concrete, measurable goals to work toward, sometimes within a limited time, both the client and the worker can mobilize energy and resources, thus increasing the chances of success." Behavior is strongly influenced by one's family, friends, and community (and vice versa). The basic beliefs of SFFT are that families are the key to success, families can live successfully with minimal guidance and support, families are doing the best they can with the resources available, and that change can occur, sometimes quickly (Berg, 2000). SFFT future-focus seeks to focus on how better things will be when change occurs, establish and elaborate clear goals, keep the therapy process focused, and use the family's resources rather than limits as a way of assisting the family to use their own resources to bring about positive change.

SFFT is non-theoretical and seeks to work within family members' own beliefs and processes. The approach is also highly collaborative as it seeks to empower family members to discover their own strengths. Berg (2000) made this observation about her approach to families and states that, "by involving the family as a partner in the decision-making and goal-setting process and using the family's existing resources, family-based services (FSB) strive to enhance the family members' sense of control over their own lives." If the therapist can listen and observe carefully, the elements of the desired solution can be discovered already present in the client's life. This mutual discovery can then become the foundation for ongoing change. The therapist's main goal is articulating what change will be like and how it will occur rather then seeking to understand the issues that led to the problem.

The SFFT approach is also multi-systemic and is based on the belief that families exist within a broader context. Families are the key to success and are doing the best they can with what they have available (Berg, 1994). Social constructivism is another influence in the development of the SFFT approach. Social constructivism emphasizes the role of culture and the social context in understanding how people construct knowledge and develop personal meaning and understanding of their lives. The concept that individuals possess beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions was proposed by Bandura (1986).
Based on a social constructivist view, the therapist would hold that “reality” doesn’t exist but is merely a mental construction. The therapist should therefore be skeptical of his or her observations to be objectively real. Every person, including the therapist, needs to be uncertain about the validity of one’s observations and should examine assumptions about one’s experiences and encounters. A major emphasis in family therapy needs to be an exploration and reevaluation of the assumptions that family members have about problems. A social constructivism approach asserts that therapists should be less certain about their positions and avoid adopting an “expert stance.” In this manner, many theories are useful in conceptualizing and understanding families and their concerns. SFFT helps clients change by constructing solutions rather than dwelling on problems.

NARRATIVE FAMILY THERAPY

What we know of other people
Is only our memory of the moments
During which we knew them. And they have
   Changed since then . . .
We must
   Also remember
That at every meeting we are meeting a Stranger.

T. S. Eliot from the Cocktail Party

Narrative therapy is a counseling approach developed by Michael White at the Dulwich Centre in Adelaide, South Australia and David Epstein. They wrote “Narrative Means to Therapeutic Ends,” which was published in 1990 (White & Epstein, 1990). Their innovative approach takes the perspective that people are experts in their own lives and have many skills, talents, values, and abilities that they can utilize to address the influence of problems in their lives (White & Epstein, 1990). The word “narrative” was developed to emphasize the role that “stories” play in the construction of their perspectives of their lives. The quote by T. S. Eliot is a reflection on the basic reality that people are constantly changing and growing, and that our attempt to label or categorize them is an inadequate means to understand and grasp their true nature. People are never the same person twice, despite their history, their experiences, and their stories. Often, one experience will come to dramatically change who they are and create a new story of courage and triumph, or of defeat and tragedy.

Madsen (1999) wrote Collaborative Therapy with Multi-Stressed Families: From Old Problems to New Futures and elucidated the basic narrative themes in a collaborative approach. The first theme is that people who are suffering want to change, but they do not know how to change. The role
of therapy is not to increase their awareness of their suffering, but rather it is to increase their knowledge of how to change. The second theme is that people are already free and it is “constraints” that prevents them from living more freely. The term constraint is used to emphasize those external forces and not people themselves that keep them from living productive lives. This theme is similar to the use of externalizing in the solution-focused family therapy approach. The third theme is that language defines reality and either restricts or liberates. This theme is closely related to the overall use of narration in therapy, as this approach seeks to create meaning from language. Lastly, the fourth theme is that language can also create options and solutions. In this approach, language serves as a social constructivist vehicle to allow the family to redefine themselves.

Understanding constraints is a central task of the family therapist. The perspective of constraints allows the therapist and the family to focus on the pattern and not the person as the problem. This approach does not excuse family members from responsibility, especially if abuse has occurred. Rather, a focus on the pattern instead of the person allows for a shift in perspective to occur. As family members seek to identify and understand the pattern of their interactions, they can see the pattern as separate from the persons captured by it. They can then mobilize their responses to changing the pattern rather than trying to change the person. This approach reduces the shame often experienced by families in which abuse occurred and allows them to work together rather than adopting an unhealthy focus on any one family member.

Madsen (1999) identified five constraining patterns common in families. The five patterns he named were:

1) Overresponsible/Underresponsible
2) Minimize/Maximize
3) Pursue/Withdraw
4) Demand Disclosure/Secrecy & Withholding
5) Correction & Control/Protest & Rebellion.

Each pattern has an opposite or opposing interaction that is played out either by the same person or other family members. For example, a parent may either assume too much responsibility for the child and keep him or her from developing (Overresponsible) or may assume no responsibility and may blame the child for behavior that could have been managed with parental supervision (Underresponsible). The interactional pattern can also be played out like a dance as one party assumes one side of the pattern while the other assumes the other side. A common parental approach is to overuse Correction & Control when dealing with misbehavior in their child. The child then reacts in the Protest & Rebellion pattern and the interaction escalates as both sides do more of the same.
These constraining patterns create escalating behavioral cycles that can often erupt into abusive and dangerous behaviors. The family therapist assists the family by helping it to identify the constraining pattern and to mobilize the family's resources in the task of addressing the constraint. For example, a family may be caught up in a pattern of being addressed by a child protection worker who "maximizes" the severity of the abuse in the home and the parent may respond by minimizing the severity. The parents may say, "But you don't see that he is really a loving boy who just made an impulsive decision" when the severity of sibling sexual abuse is disclosed to authorities. This pattern can spiral as the child protective worker believes that the parent is incapable of properly supervising the children in the home, and the decision to remove all of the children may be the next step. The therapist in this situation may ask the family that is feeling attacked and judged, "What have you tried in this situation?" and listen with empathy as the parent shares the many steps he or she took to prevent the abuse from occurring. The therapist may empathize with the parent and say, "It must have been hard to supervise them around the clock—you must be exhausted." This simple validation can then elicit the parent's concerns about the sibling abuse that could not have otherwise emerged. The parent may then begin to ally with the therapist and child protective worker as they jointly face the constraining pattern of minimizing and maximizing rather than viewing each other as adversaries.

Helpers can also become embroiled in constraining patterns according to Madsen (1999). The five most common patterns identified are:

1) Correction & Control/Protest & Rebellion
2) Reduced Expectations/Reduced Performance
3) Withholding Information/Reactive Suspiciousness
4) Criticize/Defend
5) Attacking/Counterattacking

Helpers are often unaware of their own reactions and responses to difficult families. Helpers have the same weaknesses as family members and become part of the family process. Out of their own frustrations, they can often react in one of the abusive patterns with disastrous effect. The helper can then begin to characterize the family based on its reaction within this constraining pattern rather than seeing the family as it actually is. For example, helpers often seek to correct and control families out of the well-intentioned belief that these families need education and supervision. While the family could likely benefit from education, the interaction keeps any openness to new ideas from occurring and the family often reacts to protect or it rebels.

This pattern can become a "self-fulfilling prophecy" in which the helper's negative expectations become confirmed based on any negative interaction with the family. The power of self-fulfilling prophecies in altering helpers'
perceptions is well established (Rosenthal & Jacobson, 1968; Rosenthal, 1974). In this case, the family reacts negatively, thus convincing the helper that the family is resistant and in need of more intense supervision. Self-fulfilling prophecies are very difficult to alter and the helper needs to maintain a stance of self-skepticism to be effective with families. For example, the helper may ask, “Is the family really being uncooperative or could my interaction with them be causing this reaction?” This awareness will allow the helper to accurately determine which constraining pattern has determined the interaction with the family. Such a stance by helpers requires a great deal of objectivity, neutrality, and introspection, and supervision may be required to assist the helper to detach from his or her own entrenched constraining pattern.

The use of “externalizing conversations” is one way to assist the family in directly addressing a constraint. The concept of externalizing conversations has been developed by many writers in the area of narrative therapy (Freeman et al., 1997; Madsen, 1999). Externalizing allows the therapist to assist the family in creating alternate stories rather than the current story of its life. The family’s story may be a story of a problem such as substance use, failure, abuse, and losses. The story directs the family members by telling them how to behave. The alternate story focuses on the client’s strengths, survival skills, talents, and values. Narrative therapy emphasizes this alternate story as a means to assisting families to change the story of their life and create energy to move toward a new story.

Externalizing the problem allows the problem to be the problem, rather than the person being the problem. Talking about the problem as external allows the family to fight against an external enemy rather than fighting against a part of itself. The therapist can elicit questions that reveal how the family experiences the constraints that keep it from functioning the way it would like. The family can then talk about the effects these constraints have on the family and its development. As this conversations ensues, family members can discuss how they have coped with these effects. The therapist can ask how family members have coped and stayed connected to one another despite their problems. Such a conversation can assist the family to shift its focus from the past and the problem and begin to focus on the future and the solutions to the problem. The family begins to experience itself as separate from the problem rather than being the problem. The family is no longer a “family with sexual abuse,” but becomes a “family that has been attacked by sexual abuse.” The family can then mobilize together to address the problem of sexual abuse, rather than taking on an identity of failure and shame so often seen in families where sexual abuse has occurred.

Locating the problem within the social context is another way to externalize the family’s problems. Few, if any, individuals actually wanted to become sexual abusers. Viewed this way, sexual abuse came to have influence in a person’s life for a reason. Often, sexual abuse was the way the
sexual abuser survived his or her own history of abuse or neglect. The family that has experienced sexual abuse often developed its roles and interactions as a way to survive and cope as a family. Narrative therapy acknowledges this fact and respects the client’s past and present circumstances. The family is not removed from responsibility, but the responsibility is shared and broadened. This perspective allows the family members to detach from a sense of hopelessness and frees them to move toward defining a new reality for themselves (Madsen, 1999).

A major therapeutic intervention in narrative therapy is to assist the client to make a difference through the telling and retelling of his or her story. Narrative therapy places an emphasis on understanding the stories of people’s lives, and seeks to re-author these stories through a collaborative therapeutic approach (Morgan, 2000). Narrative therapy seeks to draw on clients’ strengths, approaches therapy as a collaboration, and views the clients as experts in their lives. Previously unseen solutions can emerge as the family shifts its perspective from a family with problems to a family with solutions. The family therapist seeks to draw upon the vast wisdom of the clients rather than imposing his or her own perspective of the problem.

A major theoretical tenet is the concept of “externalizing the problem” developed by Michael White (White & Epstein, 1990). White uses the term externalizing in a vastly different manner than has been the definition in traditional therapy. Here, the meaning of externalizing is not akin to denial, projection, or avoidance of responsibility but is actually a shift in the conceptualization of the problem. Once the problem is separated from the person, the therapist can look at the interaction of the people and the problem and assist them to face the problem directly. The view that clients have unique perspectives regarding their lives is not new. Rollo May (1991) integrated concepts of phenomenology and psychology and stated that people devise myths or stories that help them “make sense” of their lives. Myths serve as guiding narratives and create a sense of value and meaning. May emphasized the role of the therapist in assisting clients to create new myths that support their efforts to make the best of life rather then imposing defeatist myths that would undermine them (May, 1991).

An externalizing approach seeks to utilize the client’s own abilities to create a new story as a means to solve the problem. This approach can be used in initial sessions to allow the sexual abuser to tell his or her “story.” The therapist can ask how such a terrible thing happened that resulted in the current situation. While the sexual abuser may employ excuses and rationalizations, the therapist can also hear the complex and intricate story. From this story, the client can begin to re-write a personal history and future.

Narrative therapy can be an effective approach when working with families with trauma. These family members are often reactive, secretive, and coercive. They often have difficulty discussing the trauma openly. The victim is
often acting out the family’s pain. Families that have experienced trauma and abuse often have created a story of repeated failure, especially related to their encounters with legal and child protection authorities. Traumatized families can play out the Victim-Abuser-Rescuer pattern with the protective services worker and reinforce the perception by the worker that they are failures and incapable of change. These families often lack hope for the future.

A narrative approach allows the therapist to help families with trauma to write a new story of hope and change. In order for this new story to be created, the therapist must accept the family right where it is. The initial task of family therapy is to find a goal everyone can agree to work on. The next task is to reduce shame related to the trauma by renaming it. Families often need help at this stage as they may find this task difficult or unusual. For example, a family may call sexual abuse “the monster that overtook the family” as a way of renaming sexual abuse. This task can also be difficult for the therapist who may be accustomed to thinking that calling the problem “sexual abuse” is the only way to address denial and minimization. The therapist must grapple with his or her own preconceived notions about how change occurs as the family is assisted in forming a new story. Another view of abusive families is to view the current family structure as an expression of survival skills. For example, the sexual abuser had no other way to act based on his or her own abuse history. The victim kept the abuse a secret because he or she was afraid and wanted to protect the abuser. The parent who knew about the abuse failed to take protective action as he or she feared the family would be separated if others knew about the abuse. While these are not excuses, these explanations of survival skills emphasize the family’s strengths in the face of “the monster that overtook the family.” As the therapist and family move toward an externalizing perspective, they can then develop a new story based on strengths and hope. The family is now well on its way to recovery.

THE MULTI-SYSTEMS APPROACH

Both solution-focused and narrative therapy approaches adopt a multi-systems approach. One way to involve and mobilize the family system is with change questions (Berg & De Jong, 1996). The “exception question” asks about when the problem is not occurring and seeks to draw out the family members’ strengths. The “framing question” asks how the family is moving towards its goals and seeks to create the energy of change. The “goal question” asks how the family keeps the change going and seeks to increase the family’s maintenance of change. The most well-known question, the “miracle question,” targets the family’s ultimate goal for change and focuses the family’s attention on the outcome. The purpose of using change questions is to mobilize the family’s system for change. A multi-systems approach views
change as occurring in the past, present, and future. This approach also includes all of the supports and systems that intersect with the family, such as the extended family, the community, the church, the workplace, the legal system, and the social environment. Such a multi-systems approach applies to the implementation of sexual abuser treatment as the understanding of risk and recovery involves all systems that the client and his or her family members intersect. Change questions can elicit information related to these systems and mobilize the family within a systems framework to achieve its goals.

Another way to use questions to stimulate change is the “appreciative inquiry” approach developed by David Cooperrider and Suresh Srivastva (2000). Appreciative inquiry is an attitude toward life that asks “How do we master our life and create our future”? Cooperrider and Srivastva (2000) sought to understand how our curiosity and appreciation of our inner strengths could lead to productive and lasting change. Appreciative inquiry (AI) has been applied to numerous situations including families with serious problems, failing companies, and national conflict. The focus of appreciative inquiries or questions is on the learning experience and explores how we learn by our successes rather than our failures. Appreciative inquiries are highly solution-focused and adopt an open process of consistent orientation toward solutions. There are no impossibilities in an appreciative stance as one’s awareness of what is possible is expanded. A process of allowing the family to discover its strengths, dream of a positive future, design its new structure and reality, and claim its destiny allows the family to move beyond its current constraints and limits.

The AI approach can be applied by the therapist working with families that have experienced abuse and trauma. Developing an appreciation for our own work as therapists with families who have experienced abuse is vital to preventing burnout or a defeatist attitude. An AI approach can also be used in supervision in order to increase one’s awareness of the strengths and values the therapist possesses when working with these families. The following questions can be asked as the therapist works with families of sexual abusers (Cooperrider & Srivastva, 2000):

1) What were you most proud of?
2) What made this experience so outstanding?
3) Why was this important to you?
4) What did you find exciting about this experience?
5) What did you learn that you did not already know?
6) Why did you feel like that?
7) What was your contribution to the outcome?
8) What do you think has really made this outcome possible?
9) How has this experience changed you personally?
10) What was the best part of this experience for you?
FAMILY REUNIFICATION AND THE INITIAL STEP OF DISCLOSURE

"What type of future will come about to a large extent lies within your own hands in the present. It will be determined by the kinds of initiatives we take now."

Dalai Lama

Coercive family interactions were observed and discussed in detail by Patterson (1982). In the families he studied, the family members were caught up in an escalating cycle of coercive interactions that are based on escape conditioning. According to Patterson, escape conditioning during family interactions assists in the development of aggressive and antisocial behavior (Patterson, 1982; Patterson, Reid, & Dishion, 1992). His research showed that escape conditioning occurred during family conflict as the families used aversive behavior to terminate conflict. These same families that experienced high rates of conflict and coercion revealed sibling interactions in which children learned to use aggression and other forms of aversion. Families who seek treatment for childhood behavior problems show higher rates of coercive interactions between siblings and display "protracted coercive chains" or extended coercive exchanges (Patterson, 1984). Based on his research, Patterson claimed that families having coercive family interactions created a process characterized by family conflict and negative affect in family members. Secrecy, coercion, threats, and intimidation are all aspects of coercive family interactions, which are commonly seen in families in which incest occurs.

Families are not merely compositions of individuals, and the family process itself is representative of a system. Patterson (1982) used a behavioral model in analyzing families and described coercive family interactions. Systems family therapists viewed similar processes in the families they treated. The coercive interpersonal processes seen in siblings and other family members related to deviance suggest that problems within these families are systemic. In a family system, all family members affect one another's behavior. The family interactions serve to shape the nature and quality of family interactions (Minuchin, 1985). Therefore, the family therapy process is one of first understanding the pattern of interactions each family member exhibits toward others in the family. The next step in this process is seeking to understand the influence that one member has on another in shaping family interactions. Once these interactions are clear, the therapist can approach the family system and seek to alter the overall organization of the family process by changing how the system operates. The focus is on the system and not the individual family member.

Invitational interaction is a concept offered by Madsen (1999). He suggests that therapy seek to "work with" families rather than "working on" them. A process of mutuality and negotiation is used to create a "collaborative
partnership.” Madsen suggests that the family therapist adopt a “cultural curiosity” and avoid prescribing to the family what it needs to do to be more functional. In this collaborative family therapy stance, the therapist seeks to understand the family’s perceptions and understanding of itself and its problems. Such a stance does not mean that the therapist does not have knowledge about family processes that are useful. Rather, the therapist uses this knowledge to supplement rather than supplant the family’s own expert knowledge about itself. Such a stance allows the family to reveal its strengths rather than focus on its deficits.

The process of disclosure is a very powerful therapy process for families that have experienced sexual abuse by one family member against another. Disclosure is the most powerful way to counter the forces of secrecy, coercion, and intimidation. However, disclosure is only effective when it occurs within an environment of trust, safety, and acceptance. Therefore, a great deal of time and effort must occur to prepare the family for this stage. Disclosure serves as a foundation for further empathy and forgiveness to occur. A steady and unhurried pace is necessary at this stage in order to allow the family to grow toward healing and reunification. The therapist needs to look for signs that the family is ready for disclosure, as the revelation of secrets by the family member who engaged in sexually abusive behavior is very emotional and powerful. At this stage, the family is stable, involved, and supportive. Family members can discuss the abuse openly and acknowledge all of their feelings and reactions. The abuser has accepted responsibility for the abusive behavior and has understood its harm to the family. The abuser has thoroughly addressed his or her own abuse history. The family members and the abuser are aware of the possibility of a reoffense and can openly discuss triggers and risk situations. The family is ready to become an active part of relapse prevention and can watch for warning signs and problems.

Once the family is ready, the next step is preparation of the abuser for disclosure. The abuser is ready for this step when disclosure has occurred in individual and group therapy, when shame related to the abuse has been reduced, and when the abuser has accepted the need for restitution. A major task at this point is the writing of the apology letter to the victim. A major shift in approach to the sex abuser at this stage is adopting the view that he or she can actually assist the victim in healing. Such a stance is highly dialectic, as the abuser has caused the victim pain in the past and can re-offend if he or she does not remain in recovery. The perspective that the abuser can assist in the resolution of the past abuse and trauma is not easily adopted, but is the case made at this stage in treatment. The task of facing one’s victim and accepting responsibility for the harm that one has caused requires great courage and caring for the victim. This task could never be mandated and must emerge from the abuser’s own desire to heal and restore his victim and family to wholeness.
A major aspect of preparation of the abuser for disclosure is the writing of the apology letter to the victim. At this stage, careful preparation with the abuser will reveal the depth of empathy development made in prior treatment. Empathy is a central skill that forms the basis for the victim clarification and family reunification. Deficits of empathy have been found as a factor in recidivism of adult sexual offenders (Valliant, Sloss, & Raven-Brooks, 1997). The assessment of empathy is often subjective and occurs in individual and group therapy prior to the goal of family reunification. In addition, empathy has been recommended as one of the basic treatment factors in sex-offense specific treatment for juvenile sexual abusers (Brown & Kolko, 1998). The writing of the apology letter needs to be careful and deliberate. Burton and Rasmussen (1996) suggested that the apology letter contain six elements to sufficiently address the abuse. These six elements are a statement of apology, a clear statement acknowledging responsibility for the abuse, a clear statement alleviating the victim of any responsibility for the abuse, an expression of empathy for the feelings of the victim, a description of the manipulation and cover-up that allowed the abuser to set up the abuse, and a brief description of the insight the sexual abuser has gained from therapy regarding his or her abusive behavior. This last element is to be presented not as an excuse but as an explanation.

The components of the apology letter need to contain four elements that communicate true sorrow, empathy and restitution to the victim. These four components integrate Burton and colleagues' (1996) six elements and integrate victim empathy work with the abuser's own treatment gains and insight. This format has been used in many different settings with adolescent and adult abusers with very favorable results. The abuser may have great difficulty at this point as shame and issues of loss may be uncovered. The four components include:

1) Responsibility: Full detailed admission and acceptance of responsibility
2) Boundaries: Discussion of safety plan with rules and limits
3) Empathy: Explanation of abuse and understanding of harm caused to the victim
4) Commitment: Willingness to prevent future abuse

The abuser must take full responsibility for the abuse he or she caused. A full and detailed admission and acceptance of responsibility is required. The letter does not need to contain a detailed description of the sexual acts involved as such a description may serve to traumatize the victim again. However, there must be a sufficient description as to convey responsibility. For example, “I was wrong when I touched your sexual parts. A brother should not act this way to his younger sister and I betrayed you when I violated your trust in me.” The letter should convey the respect of boundaries. A discussion of the abuser's safety plan with the rules and limits that have been set to prevent a reoffense and to create safety for the victim needs to be included.
For example, "I will not be alone with you nor will I enter your bedroom or the bathroom when you are in it. I will not touch you other than to shake your hand and only with your permission." The letter also needs to contain some communication of empathy in the form of an explanation of abuse and understanding of harm caused to the victim. Though the abuser may not know the exact reactions of his or her victim, the letter should address the harm that likely occurred. For example, "I violated your trust and you may have had difficulty trusting others." Last, the apology letter needs to have a very clear statement of the abuser's commitment and willingness to prevent future abuse. The abuser may want to summarize the benefits of the treatment that has been received and a brief statement of the relapse prevention plan can be helpful. The apology letter precedes a more in-depth discussion of each of these four issues in family therapy.

The discussion of reading the apology letter with the abuser can also prepare him or her for the inclusion of the family as part of the "Relapse Prevention Team." The abuser also needs to develop a relapse prevention plan with adult family members who will participate in the family reunification sessions. Each component—responsibility, boundaries/safety plan, empathy, and commitment to preventing a reoffense—are essential aspects of preparation for the abuser to engage the family. Each one of these issues must be reviewed in detail with the abuser and in family session prior to including the victim in order to educate the family on its supervisory role and responsibilities. These four issues also guide the discussion and allow family members to discuss very sensitive and emotional topics. The therapist at this point must remain sensitive to the ability of the family members to engage in such an intense dialogue. Careful observation of emotional reactions allows the therapist to address unspoken feelings and reactions that may be difficult to express. Family members may have a residue of shame or disgust that they have not revealed. They may also have feelings of anger and fear related to including the abuser back into the family.

FAMILY CASE STUDY

This family illustrates the complexities of working with a sexual abuser and victims in the same family. Daniel (not his real name), a 17-year-old male, was referred to outpatient counseling after completing an intensive detention sexual-offender program. Daniel had sexually abused three siblings in a family of six children. Daniel was the oldest sibling and had been a favored child of his mother. He had four younger sisters and a younger brother, and had sexually abused the three older sisters. His youngest sister and brother were not abused and were not aware of the abuse in the family. The children's ages ranged from 4 to 17. Daniel's victims were 7, 8, and 11 at the time of the disclosure of the abuse and Daniel was age 13–15 when
he abused his siblings. The abuse was disclosed by the oldest sister when she entered counseling as an adolescent. Detail about the offenses is not necessary, though they were severe and forceful in type. Daniel's parents had remained a couple throughout their relationship and neither had been married prior to their current marriage. Daniel's parents had participated in the family program at the detention program and they agreed to attend family sessions during the outpatient therapy. His parents had also been attending ongoing family therapy with the therapist who was treating Daniel's victims.

Daniel worked on empathy development and relapse prevention for several months prior to including his parents. His parents then attended a session in which Daniel discussed his goals for family reunification and disclosed the details of his sexual abuse towards his siblings. The parents were open to this meeting but experienced strong emotions in the disclosure session. His mother expressed feelings of sadness and guilt, and processed how she could prevent such abuse from occurring again. Daniel had often engaged in babysitting when he lived with his family and the abuse occurred at these times. His parents were always out of the home and had no knowledge of the abuse until their daughters informed them that it had occurred. Daniel's father was angry and had many detailed questions. He was struggling to understand how his son could have treated his younger sisters in such a hurtful manner, but he was able to express these thoughts and feelings while also offering his son support. The preparation of the apology letter was very helpful as each issue was discussed. Daniel's parents were able to accept the challenge of continuing in the family therapy and were able to join as members of the Relapse Prevention Team. In these sessions, a solution-focused approach was very helpful to keep the family looking forward and believing that they could accept the situation and recreate their family. A statement of the resilience of the family and the hope that they will one day be reunited is an effective way to end such sessions.

PREPARATION OF THE FAMILY FOR DISCLOSURE

"Self-deception operates both at the level of the individual mind, and in the collective awareness of the group. To belong to a group of any sort, the tacit price of membership is to agree not to notice one’s own feelings of uneasiness and misgiving, and certainly not to question anything that challenges the group’s way of doing things."

Daniel Goleman, from Vital Lies, Simple Truths

Patterson's explanation of coercive family interactions is an accurate description of families with members who are sexually abusive (Patterson, 1982;
Similar dynamics are seen in families where sexual addiction in a family member is present. The abuse or addiction has often taken control of the family members' interactions. Coercive and control strategies are the norm as family members seek to "manage the unmanageable." Family members desperately try to adjust to the addicted family member and a tragedy play occurs as all members suffer. Family members often disengage from one another and become destructive to themselves and other family members. Crises can often serve the function of briefly reuniting the family around the shared threat or loss. Family members must find ways to support one another while also regaining control over their lives.

At this stage of preparation, much family work has already been done and the family has recognized the harm of its coercive processes and is seeking healthier ways to communicate and interact with one another. There is a spirit of forgiveness and a willingness to engage in deeper emotional involvement with one another in order to recreate the family union. The family therapist needs to assess whether family members have addressed members' lack of knowledge of sexual abuse and general sexual issues. For instance, same-sex incest needs to be differentiated from "normal" experimentation of sexual behavior. The family needs to have accepted responsibility for supervision of all children, not only the identified victim. The family must also display a willingness to provide counseling and support for victim and non-victim children. Any unresolved anger and hurt related to the abuse also needs to be discussed at this stage so that these issues do not emerge as the process of reunification progresses. This assessment does not need to be perfectionistic, as family members are continuously engaging in the healing process and increased contact between family members may cause deeper feelings to emerge. The assessment at this stage is an assessment of the family's readiness to engage in the deeper process of disclosure and clarification of the victim's issues.

The instillation of hope plays a crucial role at this stage of preparing the family for disclosure. A narrative and solution-focused approach at this stage can be paired with an exploration of the past abuse. For instance, the therapist may ask how family members felt when they discovered the abuse and the harm caused to their child. The therapist can also ask what they hope from the abuser in the future as a way of reentering the family. The family can explore the loss and sadness related to the abuse while also discussing their hopes and dreams for the future. Family members often have a great deal to say on this topic, as healing of the family is especially important to their own personal healing. In these families, everyone has been abused and every family member has felt victimized. The use of "local wisdom" in seeking to find how the family defines healing and wholeness at this stage of family therapy can be very helpful in allowing the family to begin to "chart their own course" (Madsen, 1999).
PREPARATION OF THE VICTIM FOR DISCLOSURE

At this stage, the family therapist and the victim's therapist serve a crucial role in allowing the family to progress. Communication between the two parties and any other interested parties (e.g., child protective services, legal professionals, lawyers, prior therapists, etc.) is important as the timing of victim clarification sessions are planned. Detailed assessment variables are listed in the checklist at the end of this article and only the major ones will be addressed in this section. In general, the therapist needs to determine if the victim has sufficiently addressed the abuse and related trauma in counseling, has accepted the full impact of the abuse without minimizing or excusing, and has freely expressed a desire to reunify with the abuser free from pressure or coercion from other family members. Based on the age of the victim, sex education about abuse and victimization issues will have occurred in order to allow the victim to challenge any misperceptions or myths about the abuse. The family members, especially the parents and guardians, will have also developed a safety plan with the victim and abuser separate from meetings with the victim. The victim will also need to have a chance to read preliminary apology letters, which may evolve by the time the family meets. An invitation for victim clarification can be made by the abuser but the victim is informed that all decisions are ultimately up to him or her. Family therapy is not a requirement for family members to heal and the victim may decide not to pursue the process beyond this point. All family members must be prepared to accept the victim's wishes in this regard.

FAMILY CASE STUDY

This stage of preparation lasted for nine months with Daniel. His oldest sister was in counseling and was ready to address victim clarification issues with Daniel, but the work she needed to complete in her own therapy took additional time. During the time of preparation, Daniel worked on several apology letters while his victim worked to resolve her past trauma. Discussions with the victim's therapist occurred several times during the period and all parties worked to be patient as the process unfolded. Daniel was able to be more open about his loss and grief as the months went on with no initial family session in sight.

Though this process can test the patience of all involved, it is also a time of "gentle waiting" and patience. Bensen (1996) has discussed the benefits of developing patience and relaxation during trying and stressful events. Relaxation techniques were used during this process to allow Daniel to focus on the present and not focus on the future. While the hope of his family reuniting was present, it was not totally necessary for him to find completeness and healing. This period was a time of intense growth for Daniel as
he realized that healing was within him and not external to him. He was also able to accept his victim where she was emotionally regardless of her decision to meet with him. Acceptance was the greatest benefit as this stage in his therapy. Increased understanding about the victim and other family members was gained during communication with the victim's therapist during this period. A strong bond emerged between us and we decided to do the family therapy work together. While this situation was ideal, regular communication and teamwork are necessary for a successful preparation of the abuser, victim, and family.

FAMILY REUNIFICATION AND THE SECOND STEP OF VICTIM CLARIFICATION

The process of victim clarification is a very painful and exciting phase in the family reunification process. At this stage, all family members have been able to discuss the abuse and related events openly. There is a lack of blaming or scapegoating. The parent or caregivers have been able to support both the victim and the abuser. All family members have faced their fears and have accepted the possibility of reoffense. Family members have all engaged in the development of a Safety Plan and have worked to minimize the risk of continued abuse or coercion. There is a willingness and commitment of all family members to participate in the completion of the family work. Supervision and safety plans are established with all interested parties of the Relapse Prevention Team. One caution is worth mentioning at this point. There is often a pressure from family members to move the process along and reunite the family. While this goal is desirable, denial and minimization may resurface as the family seeks to avoid the painful work ahead. The delicate work of victim clarification is often a slow unfolding process that cannot be time-limited or forced along.

VICTIM CLARIFICATION AND STRATEGIC GOALS

The family therapist must assess six main strategic family goals at the initiation of victim clarification. These goals are:

1) All family members have established clear roles and boundaries
2) There is a lack of coercive or abusive interactions
3) Parent/caregiver(s) has/have established parental authority responsibility for supervision
4) Children are nurtured and cared for as children, not caretakers, of the adults
5) All family members are capable of engaging in direct and disclosive communication
6) All family members have connection to extended family and/or extrafamilial support

These strategic goals are accomplished through family therapy sessions that occur without the abuser or victim both present in family sessions. There are usually family therapy sessions with the parent(s) and the abuser separate from family sessions that include the parent(s) and the victim and non-victim siblings. Non-victim siblings are either included with family therapy with the abuser just prior to or at the same time the victim is included.

The goal at this stage of family therapy is the preparation of the family for the “reunification session” in which the abuser and the victim are both present. At this point, there has been work with the family to discuss and establish clear boundaries and roles. If necessary, the parents may be referred for parenting education classes to learn skills and firmly establish their parental role. Any “parentified children” have been restored to their role as son or daughter rather than as a caretaker of their siblings. All coercive interactions have been addressed and the family has learned to use persuasion and compromise to seek goals together. There is no longer a sense of having to please the caregivers in the family to be loved and the expression of unconditional love and acceptance is freely shown in the family members’ interactions.

The difficult conversations about the abuse and its effects on all family members have been productive and have allowed family members to express and resolve their feelings of hurt, anger, betrayal, sadness, and loss. These emotionally charged topics are no longer treated as taboo by the family and are topics that can be brought up and discussed by any family member. There is a sense of mutual respect and empathy for one another as the family joins together to mobilize support for both the victim and the abuser as they face the abuse together. All family members have also identified support outside the family including counselors, spiritual advisors, friends, extended family members, and support group members. Extended family members may also be included in this process if they have been able to address these same issues with the family. If these conditions are met, the family is ready to focus its efforts on creating a healing environment for the victim and abuser to address and resolve the abuse.

PREPARATION OF THE ABUSER FOR VICTIM CLARIFICATION

The preparation of the abuser for victim clarification is actually the culmination of all of his or her treatment. From the start, the abuser is expected to accept responsibility for the abuse, state and understand the harm of his or her actions to the victim, develop empathy for the victim and others, seek to make restitution for the harm he or she has caused, and seek to repair the damage the abuse has made to the family and society at large. Many years
are required for the abuser to arrive at the place where a healthy engagement with his or her victim is possible. Often, the abuser or other family members will seek to hurry this process. Their insistence is usually a ploy to avoid feelings of shame and loss that are very painful to contain and resolve. An abuser may have written an apology letter and may have considered this sufficient preparation for victim clarification. These clients are often very sincere in their endeavor but their attempt to remain on a surface level and avoid deeper emotional resolution needs to be challenged. In addition, victims will often engage in the same minimization and will seek to rush the process for many of the same reasons. Conjoint work between the abuser's therapist and the victim's therapist is necessary at this point to determine the proper timing of the initial family reunification sessions.

There are five major areas in addition to prior treatment on victim empathy that signal a sufficient readiness in the abuser to address victim clarification. These five areas are:

1) The abuser has accepted the need for full restitution to his or her victim
2) There is a desire to rebuild and restore the family relationships
3) There is a thorough understanding of the harm caused to the victim and other family members
4) The victim's needs are placed foremost ahead of the abuser's needs
5) The abuser has accepted the need for close supervision even after family reunification has occurred

FAMILY CASE STUDY

The family previously discussed demonstrates the preparation of the abuser for victim clarification. Daniel was very eager to reunify with his family. He had spent several years separated from his family and had only had brief contact with his parents when they visited him or participated in family therapy sessions. After he completed residential treatment, he entered foster care and was in outpatient counseling. He missed his siblings, as he had been unable to visit or see any of them, including non-victim siblings. A process that required seven months included an in-depth discussion of the harm he had caused his victim. He discussed again the details of his abuse and how he managed to "turn off" his natural caring and sensitivity for his victim. He often experienced intense sadness and regret but was guided in expression and release of these feelings. He would often retreat into shame as a way to avoid resolving these feelings, and this state placed him at risk to relapse sexually, as shame was one part of his reoffense chain.

A balance of relapse prevention and victim empathy work was required to allow him to fully resolve his feelings regarding the abuse. He also integrated his understanding of his own victimization as a child by an older male friend with his emerging understanding of the harm he caused his
victim. While he did not blame his actions on his past abuse, he was able to connect his own experience with that of his victim. This process is often very painful for the abuser and there is a natural tendency to avoid or deny the painful feelings associated with this advanced victim empathy work. The therapist will often need to offer support and work with the abuser to intensify his or her coping skills during this phase of therapy. During this period of therapy with Daniel, regular check-ins to address his risk to relapse were initiated. Daniel was also able to discuss his own shame and how he had used this feelings state as a way to avoid responsibility and acceptance for his offense. Once the intensity of the affect related to this work diminished, Daniel was ready to move on to inclusion of his parents for a disclosure session. This session occurred prior to the initial family reunification session that included his victim.

PREPARATION OF THE FAMILY FOR VICTIM CLARIFICATION

"Nevertheless, when a family is intact and is a going concern over a period of time each child derives benefit from being able to see himself or herself in the attitude of the individual members or in the attitudes of the family as a whole."

Winnicott (1960)

The preparation of the family for victim clarification can occur in many different ways, but five important criteria must be met prior to consideration of including the abuser and victim in a conjoint session. These five criteria are:

1) Parents/caregivers accept their role as supervisors
2) Parents/caregivers can provide stability throughout the process
3) Parents/caregivers are able to place the victim's needs ahead of their own and the abuser's needs
4) All family members can tolerate a high level of emotionality
5) All family members can commit to the entire reunification process

Family members often have difficulty at this stage due to the emotional intensity involved in directly discussing the abuse. The family needs to be able to use words that directly address the abuse while maintaining the privacy and dignity of the victim. The discussion of the language to use is often a topic of family therapy prior to including the victim. The age and developmental stage of the victim is another factor to consider when choosing the language to describe the abuse.

Many excellent exercises that have been developed offer some structure to the session while also allowing the family to discuss the abuse and its impact on the family. Burton and Rasmussen (1998) offer one exercise called "How My Family Has Changed." This exercise uses drawing to allow family
members the opportunity to express their experiences of the family before and after the abuse. Another exercise in their book is called “Blueprint for Appropriate Boundaries.” This family exercise uses discussion questions and diagrams to allow the family the opportunity to explore and define healthy family boundaries. Another approach is to use psychodrama with the family members to nonverbally communicate the experience they have had when they discovered the abuse. Specific training and supervision is required to engage in such psychodrama, but the experience can be very enriching for all involved. As the family is able to discuss and experience their feelings with one another, a process of grieving and mutual support will unfold.

The therapist’s task at this point is to “create a space for the future” by moving the family from the past experience to one of hope and possibility. Madsen (1999) emphasized the value of working with families to envision new futures as a way to assist them in moving beyond a problem focus. He stated that a “future-oriented discussion invites families to step out from under the weight of everyday problems and consider new possibilities.” Madsen (1999) found that a future focus yields more cooperation from the family and allows the family to focus on where they are going rather than dwelling on where they have been. A future vision allows “clients to cope with difficult times in the present” and “convey that an alternative future is possible” (Madsen, 1999). A future orientation can also allow the family to focus on its resources that will allow it to arrive at their desired future. There are many advantages with a focus on family resources rather than on deficits including connection, joining together, increasing cooperation, increasing competence, and reduction of shame. Though the solutions may be complicated and difficult, the focus on family resources allows the family the chance to believe that it can persist and overcome its past problems (Madsen, 1999). At this point, the therapist can work with the family to identify constraints that keep the family from moving on to its desired future. Such a perspective allows the family to join and work to face a problem that is outside the family, thus allowing them to join as a team facing the constraints together.

The parents and caregivers will also begin to discuss the abuse in detail with the abuser if this discussion has not already occurred. Disclosure of a detailed description of the abuse is often very difficult for the abuser to give and equally difficult for the parents and caregivers to hear. Disclosure sessions occur prior to the initial family reunification session and allow family members the chance to “test out” their ability to handle intense emotions related to disclosure. The abuser offers the disclosure in much the same way he or she has already done in individual and group therapy. The parents are asked to simply listen and not respond until the abuser is completely done. All instances of abuse need to be disclosed. The parents are then given the chance to respond and ask questions. Parents often express feelings of guilt, anger, confusion, and disgust. The goal at this point
is open communication, not verbal abuse or emotional discharge with no purpose.

The therapist must be attuned to each family member's needs and seek to allow full expression of these needs in the session. For instance, one parent may need to hear that he or she was not responsible and that the abuser deliberately kept the abuse a secret. Parents may need to hear that they were not incompetent and that the decision to engage in abusive behavior was independent of the abuser's relationship with the parent. A parent may need to express his or her disgust and anger at the abuser for abusing his sibling. Family members may need validation in order to express these taboo feelings. The abuser will need support during this disclosure session to remain focused and not withdraw into feelings of rejection or shame. Disclosure sessions can be very emotionally intense and family members may want to shut down or disengage. The therapist must keep the focus on the abuse and not allow the process to derail. A disclosure session has many characteristics of an exposure session when working with trauma. Like exposure, the emotional intensity is deliberately brought to its highest point and allowed to remain there until physiological responses relax and calm the body. The "holding" of emotion also allows neurological processing to occur that allows traumatic memories to be stored in long-term memory as events in the past. The same process works in the disclosure session with the family and aids in their ability to resolve their feelings and view the abuse as a past event that they have survived.

PREPARATION OF THE VICTIM FOR VICTIM CLARIFICATION

The process of preparing the victim for victim clarification is one that is very delicate and careful. Collaboration between the victim, the victim's therapist, the family, the abuser, and the abuser's therapist is the foremost goal at this stage. Great harm can be done and the victim can be re-traumatized if this process is not handled with great care. The foremost consideration at this point is the readiness of the victim to encounter his or her abuser. The victim will need to initiate this process by stating a readiness to his or her therapist and by engaging in the initial reading of the apology letter. Often the victim will want to write back a reply, and this step is very helpful in determining the victim's ability to engage with the abuser. Gradually, the victim's therapy needs to be directed toward this outcome and any unresolved issues need to be addressed prior to the initial family meeting with the abuser present.

Several criteria need to be met prior to engaging the victim in the process of victim clarification. Though there may be others, the main criteria include:

1) No current trauma symptoms are present in the victim.
2) There is a desire to start a new relationship with the abuser.
3) There is a willingness to process the abuse openly with all family members.
4) The victim expresses a sense of safety and protection, especially related to his or her caregivers.
5) The losses in the family can be discussed openly.

These criteria form the basis for healing between the victim and the abuser. The victim clarification process can be very overwhelming and care should be taken to provide an environment in which the victim feels safe and protected. However, the tendency to protect the victim can often lead professionals to hesitate at this point. Emotional responsiveness to this process does not translate into a lack of readiness to engage in the victim clarification process. Rather, the victim's ability to process his or her emotions is the essential component to readiness to engage in this highly emotional process. Often, the victim and family will be more ready to engage in this process than the therapist will. Consultation and additional emotional support may be necessary to allow the therapist the ability to engage in the risky process of moving the victim and family towards reunification. This stage in the family reunification process can feel very overwhelming and ambiguous. The therapist can also feel excited, uncertain, fearful, hopeful, nervous, renewed, and drained. Supervision and peer support during this process can assist the therapist to maintain an emotional balance. Such an intensive family process brings the therapist into the family dynamics, and each family member is likely feeling these same emotions. An awareness of one's own emotions at this stage can offer a great deal of information about the possible feelings experienced by family members and can greatly increase the therapist's empathy towards family members.

**FAMILY REUNIFICATION AND THE INITIAL FAMILY SESSION**

"If we have a commitment to empowering processes, the relationships we develop with clients are of crucial importance. Therapy progresses much better when a collaborative partnership in which the nature of the relationship is jointly defined rather than unilaterally defined."

Madsen from *Collaborative Therapy with Multi-Stressed Families*

This final stage represents the culmination of hundreds of hours of therapy work toward this meeting. Each family member has invested a great deal of time and effort to reach this goal. The determination of effort by each family member deserves mention. Such an achievement is worth spending some time commenting on. The session usually begins with praise from the therapist or therapists concerning the work each member has done to come to this point in his or her own growth. Their gift in this work to the family
and one another is also discussed in the initial meeting. There is often a sense of anticipation mixed with tension in this initial meeting and a focus on the family's resourcefulness often creates a positive emotional tone that allows the family members to relax. The therapist can self-disclose his or her own feelings as a way to model such disclosure for the family members, and this disclosure serves to relax the family members. Humor in this initial part of the session can also be useful.

There is no one way to structure this initial family session. Often, this meeting will be the only joint family meeting that the victim and other family members choose to participate in. On the other hand, many families may choose to continue family therapy and explore their concerns in more depth. Given that many families will only participate in one family session together, a structure that includes these elements is a way to address the important issues while keeping the door open for more family sessions:

1) The determination of the players.
2) The determination of seating arrangements.
3) The process of family communication.
4) A focus of strengths and resources.
5) The apology and amends process.
6) Engaging the victim and abuser in a witnessed dialogue.
7) The collaboration of all family members on safety.
8) Discussion of future family goals, and
9) The celebration of reunification.

The determination of the players or participants is very important in creating the right "mix." This stage will have occurred prior to scheduling the session, but is the first step. The abuser's and victim's therapists may decide that one or both of them will attend the session. The two therapists will need to discuss who will actually lead the session, with one therapist being the more structured or content-focused therapist and the other being more process-focused. If only one therapist can be present, he or she will need to play both roles. Often, there is a reluctance to include non-victim siblings or extended family members and friends. The process of choosing the appropriate members needs to start with all family members who have been affected and exclude only those members that absolutely must be excluded. Very young children under five or six years of age should certainly be excluded. Victims and siblings of this age can be managed differently than with the family therapy process. In addition, other siblings who were sexually abused may need to be excluded if they are not yet ready for this process. The inclusion of extended family members and family friends can be very useful in creating additional support. Inclusion of these individuals should be based on prior therapy contact with them and not simply left up to the family members to
invite. When the right group of family members has been decided upon, the meeting is ready to schedule.

After everyone arrives, the seating of the participants is crucial to creating a sense of safety and engagement in the family session. Often, there is a tendency for the victim and abuser to sit far away from one another. There may be anxiety in all parties about the closeness of the victim and abuser. While it is best for the abuser and victim to not sit beside one another in this initial family meeting, it is best to allow each family member to decide his or her own seating. Of course, the victim's feelings should take the highest consideration. The session is usually started by asking each person to stand and rearrange him or herself into the seating that feels most comfortable. The therapist can then take a seat and ask everyone if the seat is best. Often, the victim will want his or her parents to sit nearby. It is optimal if the abuser and victim can sit facing one another in order to facilitate a dialogue between them. Such a stance allows both a sense of safety and a sense of intimacy that will allow the family members to directly face the immediate concern.

The next step in setting up the family meeting is to first discuss the process of the meeting. A discussion of the progress each member has made, determination of family rules for communication, and a general discussion about the goals for the session is a way to create the process for the family. A focus of strengths and resources is best at this point, as such a focus can allow the family members to rally together and feel unified. The use of "reauthoring questions" can allow the family to begin to put together an alternative story of themselves as a family (Madsen, 1999). Madsen (1999) states that the "process of reauthoring begins with a search for a point in time, a point in space, or a point of view that falls outside what would have been expected within the context of the dominant, problematic story or plot."

He goes on to define point of time or space as times when the family was able to define themselves and their experiences differently. Madsen (1999) goes on to say that these points in time or space are "usually referred to as exceptions, unique outcomes, or sparkling moments, and they provide the foundation for openings that can be developed into alternative stories or counter-plots." Creating a process of reauthoring is similar to the use of the "miracle question" that assists the family in attaining its ultimate goal (Berg & De Jong, 1996). The purpose of using the miracle question is to mobilize and support the family's impetus for change. The approach makes the very clear statement that change is not only possible but is a natural aspect of family development and growth.

The apology letter can be used to start the direct focus between the victim and abuser. The focus of the abuser reading the letter to the victim is not a focus on the content of the letter but rather opens the process of making amends and forgiveness to occur. The abuser will often be very nervous reading the letter and may be more emotional than in prior discussions of the letter. In this scenario, the engagement is real, as the victim is sitting in the
session. Hearing the abuser say words of sorrow and asking for forgiveness regarding the abuse are very powerful for all family members, but especially powerful for the victim. A quick transition to the emotional process after the letter is read can allow the family members to express and release their feelings. No response is required by the victim after the abuser has read the letter, but often the victim will want to respond. The victim may have written a response letter and he or she can read it at this point. In addition, other family members may want to offer their responses. After this initial discussion, family members are asked to pause and reflect on the enormity of the present event. This pause often allows the abuser and victim to relax and regroup after such an emotional experience. The witnessing of this event by the family creates a powerful force for family change.

The next step in this session is facilitating a dialogue between all family members. A reflection on the apology letter and the meaning of this event is helpful here. Family members will often discuss their own feelings of loss and sadness related to the effects the abuse had on the family as a whole. The abuser has often been removed from the home and placed in a detention or treatment facility. The family members may have experienced a great deal of distress due to their separation and the feelings of reuniting after such a long absence brings both joy and sadness. The separation may also be discussed as another way the abuser has harmed the family and the abuser can choose to extend his or her apology to other family members. An acknowledgment of this separation and hurt is usually very healing, and the family will often express a sense of relief. A focus on the family's determination and accomplishment can create a sense of pride and strength.

A focus on emotional expression and release during the family reunification session is important. The release of pent-up emotions will be a powerful experience for most family members, and pauses to process and discuss the emotions experienced are helpful. Such a process allows the family members to "de-toxify" their emotions in much the same way de-briefing works following traumatic incidents (Deahl, Srinivasan, Jones, Neblett, & Jolly, 2001). The process of emotional release allows the environment of healing to be created as family members disclose their emotional pain and allows other family members the opportunity to offer support and caring. Such a process is the ultimate stage in the development of empathy by the abuser, a major aspect of effective sexual abuser treatment (Burton & Rasmussen, 1998). The creation of a healing setting allows for the next step of developing safety and supervision to prevent a re-offense.

The collaboration on safety and supervision is the next step in the process of family reunification. The overall goal of this discussion is to affirm the victim's needs and create safety. The discussion needs to engage every family member in a detailed exploration of the needs of the victim and other members to create safety as the abuser and victim resume some initial contact. Each situation will be different and there are no absolutes. The main
issue is for family members to offer their ideas and suggestions and to agree together. The caregivers will assume a supervisory role at this point for which prior preparation has occurred. They will become part of the Relapse Prevention Team in their role as supervisors and monitors. As guidelines related to telephone contact, visits, touch, boundaries, and appropriate interactions are discussed, agreement and collaboration are sought from every member. Rarely will the therapist have to disagree with the family, as a collaborative process allows for every concern to be heard. The ultimate concern should be on the victim and his or her sense of safety and comfort. The victim needs to be the barometer of the family's ability to move toward this step.

Future family goals are also discussed in this dialogue as the family moves into its future. Madsen (1999) discussed this process in terms of "examining new possibilities" and "enactment of new stories." Family members consider their future possibilities and create their new reality by a shared dialogue of their dreams and desires. The therapist can assist this process by asking questions about future possibilities in order to invite the family to move toward a new future and to contribute a sense of forward movement. Again, this is an opportune time to comment on the accomplishment of the family in reaching this goal. A discussion of the future is very liberating as the family realizes that resolution of the damage of the abuse has occurred. Much unfinished work has been finished. The ability of the family to let go of the past at this point can liberate it and release a future that the family can create with hope and happiness. The therapist must be willing to join this process and not hang on to a fear that the abuser will relapse and harm the victim again. While this reality must be discussed, it should be discussed in the context of relapse prevention and not with fear of certain relapse.

The family can now engage in a celebration of their great accomplishment. The session is completed by allowing each family member to express the happiness he or she feels. The abuser and victim may want to hug at this point, which is allowed within the accepted family boundaries. Other family members may want to hug and cry as well. These are tears of joy and relief, and this emotional expression can be very healing. Family members are reminded that families are the solution and that they have a great task ahead of them. The abuser is reminded of the great work done by all family members and the incredible responsibility he or she has to cooperate and work with other family members. Caution is urged, not in a defeatist manner, but rather in a realistic and hopeful way. The therapist can share his or her own optimism and encourage the family in its journey to more healing and growth. A summary of the session is appropriate at this point as family members return to a more serious discussion of plans for contact and visitation between the abuser and victim. If there are other victims in the family, a discussion of the continued process of victim clarification can ensue. The ultimate goal at this stage is mutual forgiveness and welcoming of the abuser back into the family. A sense of forgiveness pervades the last
part of the session that reflects the incredible strength seen in even the most damaged families.

HOPE AND FAMILY REUNIFICATION

In summary, the process of family reunification can be very demanding but ultimately highly rewarding. Treatment of sexual abusers can be both heart-breaking and heart-mending. Family reunification is one aspect of sexual abuser treatment that renews the therapist's belief in the ability of families and communities to find and sustain healing in the face of devastating circumstances. The process of reunification is one aspect of healing that families desperately need during times of crisis and despair. Many in our world feel alienated and disconnected from one another due to the harm and trauma they have experienced. Healing dialogues have recently been used in the rebuilding of South Africa to allow victims a place to express their concerns and feelings. South Africa’s Truth and Reconciliation Commission created the possibility of healing based on truthful disclosure. In his book, No Future without Forgiveness, Desmond Tutu (1997) states,

"Reconciliation is going to have to be the concern of every South African. It has to be a national project to which all earnestly strive to make their particular contribution... by working for a more inclusive society where most, if not all, can feel they belong—that they are insiders and not aliens and strangers on the outside..."

Our world is in desperate need of a sense of inclusion and reconciliation. As a community, we can all begin to engage in the difficult, painful, and highly successful reconciliation work done in South Africa and by sexually abusive families. As a healing community, we can accept the realization that we all live on this planet together as one family. We can choose to adopt a vision of a world beyond war and conflict and seek to create that world together. A culture of reconciliation can create an insatiable curiosity about how to move the world beyond war. Family reunification is one example of conflict resolution that we can use as a nonviolent means. The process of healing in our world can begin with families and communities as we stop looking through the lenses of fear and hurt and begin to act based on the ideas of healing and forgiveness. The process of family reunification is a powerful tool for our families and creates a model for our communities and our world.

APPENDIX—FAMILY REUNIFICATION CHECKLIST

Preparation for Victim Clarification/Family Reunification

The abuser has:

- become emotionally stable, not in crisis, and is able to tolerate intense emotionality.
• resolved his or her own trauma/victimization issues.
• fully admitted to a detailed account of the offense(s) in individual therapy.
• fully admitted to a detailed account of the offense(s) in assessment(s), polygraphs, etc.
• fully admitted to a detailed account of the offense(s) in group therapy.
• fully admitted to a detailed account of the offense(s) in family/couple therapy.
• fully admitted to a detailed account of the offense(s) in legal proceedings, investigations, Probation/parole/DYS reports.
• accounted for any omissions, denial or minimization of previous accounts of the offense(s).
• completed a detailed Sexual History and presented this history in individual and group therapy.
• complied fully with all legal and probation/parole/DYS requirements, including registration.
• developed a written Relapse Prevention Plan with the clinician, group and family.
• developed a Relapse Prevention Team composed of the clinician, group, family and other parties.
• completed all empathy skills training and developed empathy for the victim(s).
• written an apology letter to the victim(s) and reviewed the letter with the clinician, group and family.
• passed all current polygraph assessments.
• displayed no current arousal to minors in physiological assessment (penile plethysmograph, Abel screening)
• agreed to and established a written restitution/victim compensation plan.
• discussed harm to non-victim family members in family therapy.
• agreed to use the victim’s readiness as the main determination for the progress of victim clarification and family reunification.
• fully discussed victim clarification issues in individual, group and family therapy.
• fully willing to accept the victim’s decisions, including rejection of apology and reunification.
• agreed to a written Safety Plan, including supervision, boundaries, rules and limits with the clinician, probation/parole/DYS officer, and family members.
• agreed to attend and participate in all family reunification sessions.

Family members are:

• stable, involved, and supportive.
• able to discuss the abuse openly.
• willing to participate in family therapy.
Rebuilding Shattered Families

- open about how family issues/dynamics that may have contributed to the abuse (lack of proper supervision, denial, minimization, etc.)
- not blaming and scapegoating of the victim or abuser.
- capable of healthy and non-coercive communication and family interactions.
- committed as a group to family therapy and family reunification.
- supportive of the victim and the abuser in gaining treatment and support.
- able to listen to the abuser make a full disclosure of the abuse(s).
- aware of the possibility and risk of reoffense.
- willing to participate in developing safety plans.
- willing to participate as members of the Relapse Prevention Team.
- willing to communicate their concerns to the clinician and/or probation/parole/DYS officer regardless of the abuser’s consent.
- able to discuss triggers and risk situations.
- able to provide supervision and confront the abuser if necessary.
- free of issues related to denial and minimization and can accept responsibility for the creation of a safe and non-abusive family environment.
- willing to commit to the entire reunification process, regardless of the time required.

The victim has:

- expressed a desire for reunification.
- resolved most current trauma symptoms.
- become emotionally stable and can tolerate intense emotionality.
- addressed related trauma in counseling.
- agreed that the time is right for family reunification.
- counseling available for a de-briefing session after the apology session.
- addressed the risks and benefits of the family reunification process.
- accepted the consequences of the abuse with no minimization or excusing.
- processed the issue of reunification and contact with the abuser in individual therapy.
- received education regarding victimization and abuser issues.
- been open and honest and not kept family secrets.
- written a safety plan and understands the risk of reoffense.
- stated a willingness to state his/her concerns and needs during the reunification process.

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REFERENCES


