

# WORKING WITH FAMILIES AFTER SEXUAL ABUSE HAS OCCURRED

Dr. Tyffani Monford Dent

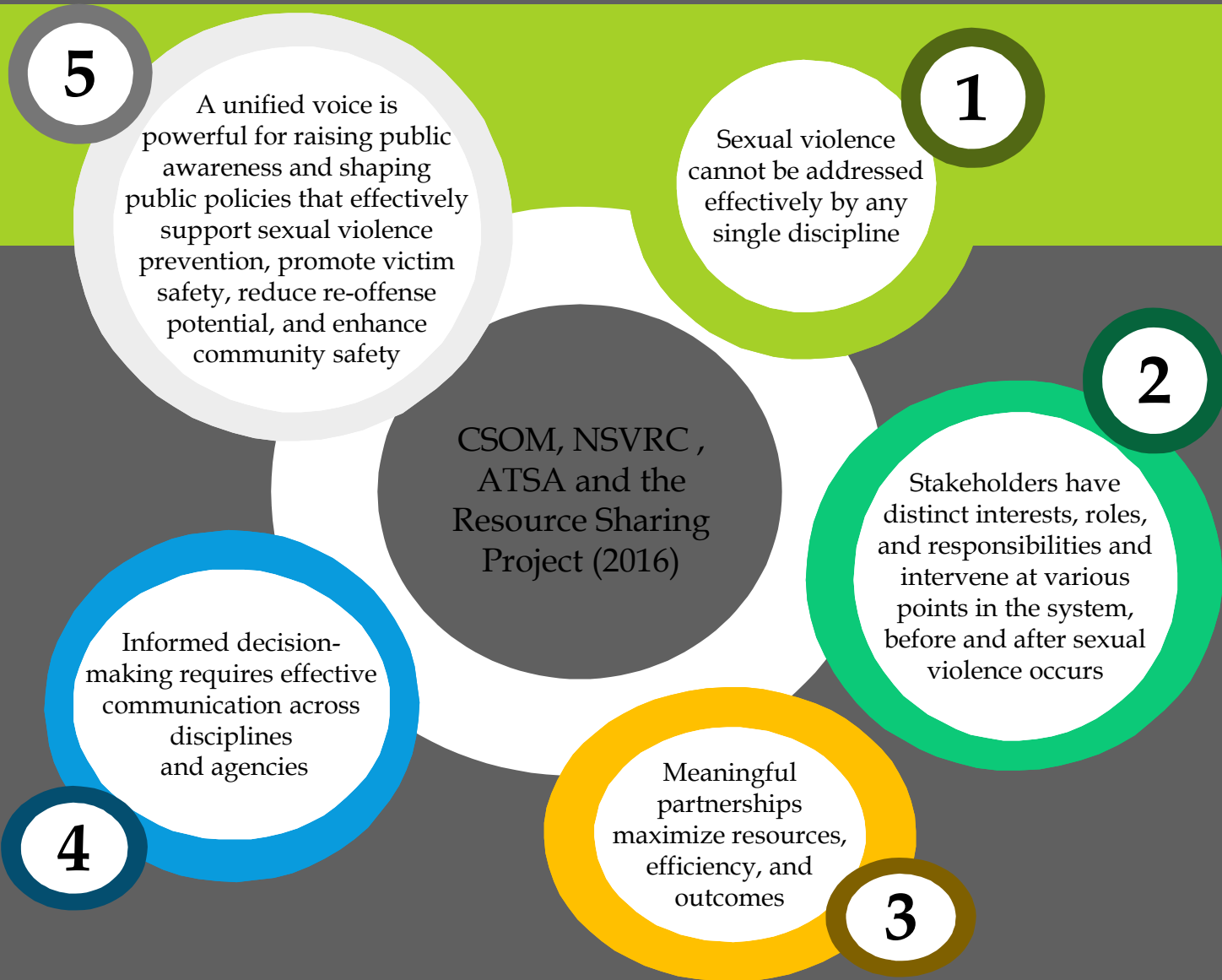
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# OBJECTIVES

1. Explain the importance of (and barriers to) collaboration between victim-serving agencies and those providing services to the adolescent who caused harm
2. Determine how to initiate services to increase victim safety
3. Describe the importance of family work with adolescents who have caused sexual harm (in addition to other interventions)
4. Design interventions to ameliorate the impact of abuse on the family
5. Generate strategies for individualized family reunification
6. Prepare specific interventions for common circumstances in family work.

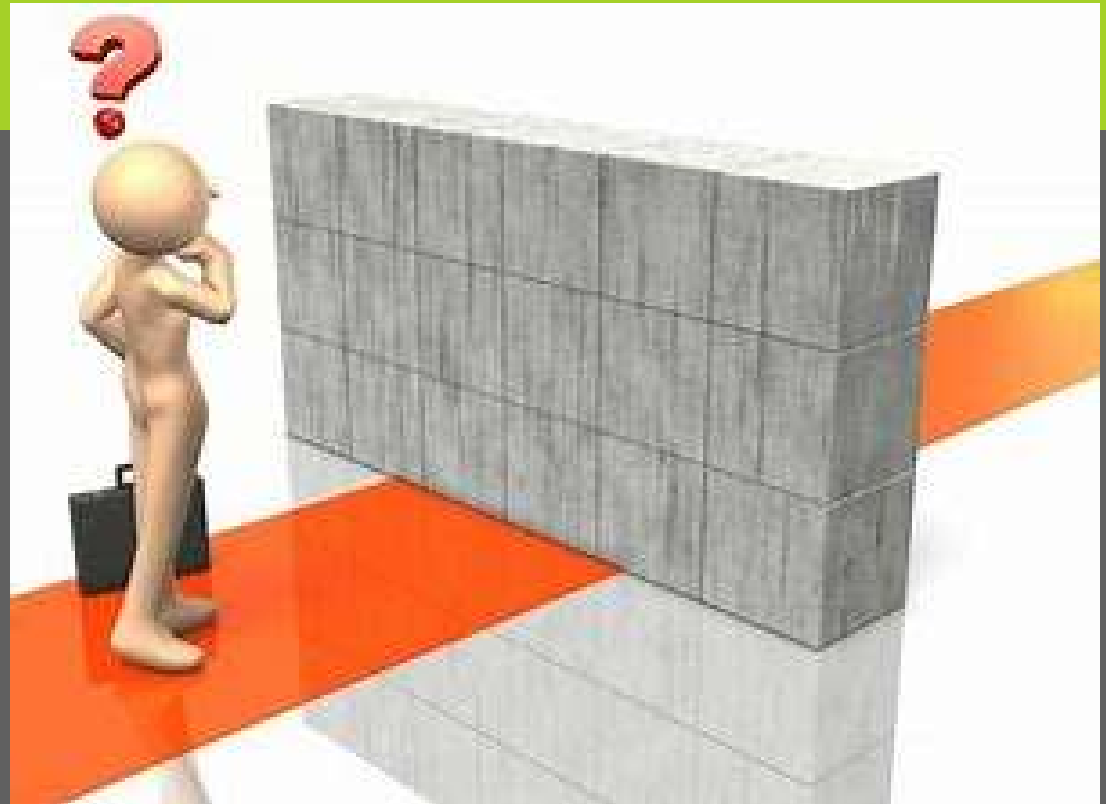
# LANGUAGE

- First-person language
- Pronoun Use
- Defining Family



# BARRIERS TO CONNECTION

- False beliefs about why we are doing the work
- History of operating in silos
- Us vs. Them



# HOW CONNECTIONS HAPPENED FOR ME

- Known to provide survivor work---deemed “possibly understanding”
- Participation on same committees for family reunification
- Understanding that “cutting off” is not often realistic or going to occur
- Begin to recognize overlap (victim to person who causes sexual harm)



# FIRST...DETERMINATION OF WHERE THE ADOLESCENT WILL BE



HOW (AND WHO) DECIDES  
WHERE THE ADOLESCENT  
WILL LIVE/BE?

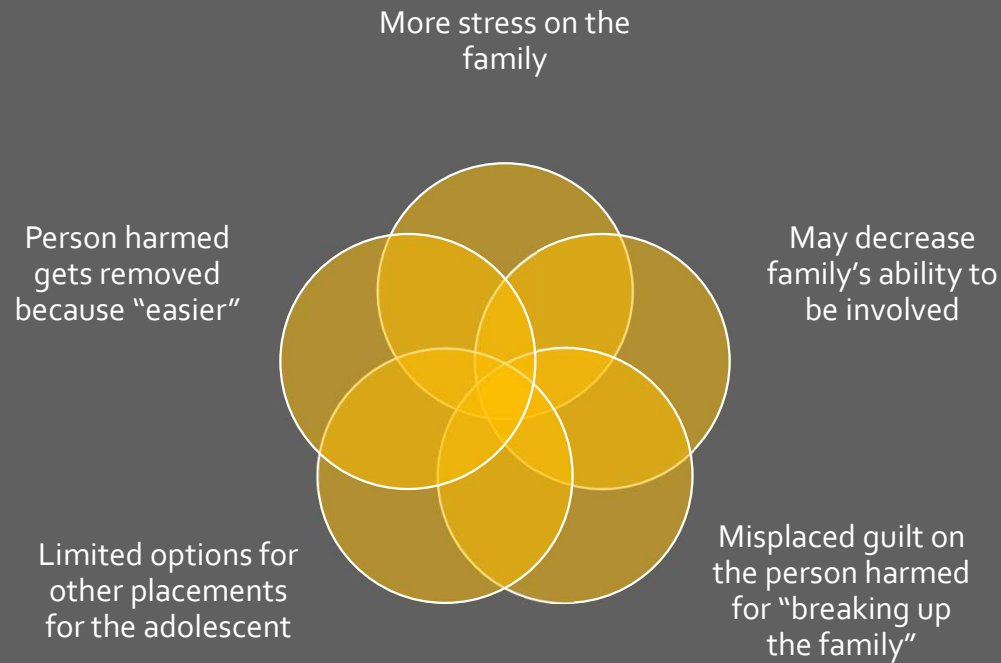


# STAYING IN THE HOME?

- Case by Case basis
  - The emotional and physical safety of those harmed
  - Parents'/guardians' ability to respond/protect
  - Risk of further harm by the adolescent



# "JUST REMOVE HIM"



IS REMOVAL NECESSARY

What is the risk to the community in general?

What is the emotional status and feelings of the victim?  
(Be careful not to place the decision on the victim).

Is the teenager generally in control of his behavior and impulses?

Are the parents competent, willing and/or able to supervise behavior in the home?

Can a reasonable safety and supervision plan be established?

What is the extent, frequency and nature of the sexual behavior?

Does the victim have self-protective strengths?

(Mark Chaffin)



# IF STAYING AT HOME

- Safety Planning
- Example areas
  - Rules for the Client
  - Things they can do, including if supervision required
  - What the caregiver(s) will do
  - What/who will monitor follow-through



# REGARDLESS OF ONE'S BELIEF

Many of our adolescents will "go back"  
to family



WHEN DO YOU  
BEGIN TO PLAN FOR  
FAMILIES  
REUNIFYING?

# EVERYONE MUST COME TO THE TABLE

- Children's Services
- Juvenile Probation
- Victims' Therapist
- Adolescent's Therapist
- Victim Services Advocate
- Parents/Guardians
- Additional natural supports (as identified by guardians/caregivers)

# QUESTIONS

- What do the caregivers want?
- What are the caregivers' concerns?
- What resources does the family have?
- What supports does the family have?
- Review the "Should he be removed" areas
- What is the victim's therapist saying (e.g. in conversation with the victim(s))?
- Others?



IN THIS  
TOGETHER

EVERYONE'S GOAL IS VICTIM SAFETY  
AND NO ADDITIONAL HARM

# VICTIM SAFETY

- Person harmed in services?
- Collaboration with person providing services to person harmed?
- Unbiased assessor?
- Collaboration with systems involved?



# FAMILY THERAPY IS NOT AN OPTION...IT IS NECESSARY

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# WHY FAMILY THERAPY?

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- Adolescents do not exist within a bubble
- Those harmed are likely to be within the family system or known to the family
- Adolescents remain home or will likely return home
- The impact of the harm also affects the family system

# WHY IS FAMILY THERAPY IMPORTANT

Children exist within systems---one of the most powerful is the family system

We may assist in change, the family will need to maintain it

Some issues are generational so require generational shifts

NOTE:

Family therapy may occur in 2 different settings at first

- Victim and caregivers
- Adolescent who caused harm and caregivers

# WHEN DOES FAMILY ENGAGEMENT BEGIN?

The family should be involved from the beginning of services

- Part of assessment process
- Part of goal identification
- Involved in treatment at all stages





# ASSESSMENT PROCESS

- How family sees the problem
- What resources family has (within self, community)—can assist in determining if can remain in the home/community
- Safety for everyone
- Shame Guilt Resiliency Questionnaire may assist in addressing the sexual harm impact/view

# GOAL IDENTIFICATION



- How does family view the problem?
  - Whose responsibility
  - How it occurred
  - What changes need to happen
  - What will the “new normal” look like

**YOU HAVE**

**MAD SKILLZ DAWG!**

memegenerator.net

# ENGAGING



Collaborating with everyone



Identifying and supporting each member of the family



Understand/validate that their views may differ



Again, family goal-setting



Use their language (appropriately...please)



How does the way each looks at the problem can be reframed to permit engagement



Active Listening



Identify family strengths



## CAREGIVER WORK

- Educating family on adolescents who have engaged in sexual harm
- Address family Stages of Grief and Loss (including prediction)
- Educate on impact on victims, how to support all of their children (if applicable)
- Develop safety plan, recognizing future risks, avoidance and approach goals
- Importance of love, affirmation, validation

Acknowledge harm  
caused/emotional trauma

```
graph TD; A[Acknowledge harm caused/emotional trauma] --> B[Address issues of ambivalence]; B --> C[Communication skills/addressing difficult topics]; C --> D[What does 'new normal' look like];
```

Address issues of ambivalence

Communication  
skills/addressing difficult topics

What does "new normal" look  
like

## FAMILY WORK



NOTE: THE  
FAMILY IS  
GRIEVING....

BUT IT LOOKS DIFFERENT

# LOSS

(WITH GRATITUDE TO SUZANNE ALLISTON)

a. Loss of Hope

b. Loss of potential-not living up to this

c. Loss of belief in self as a parent

d. Loss of known/shared history

e. Concept of Disenfranchised Grief in JSO families

f. Not openly acknowledged

g. No rituals

h. No sense of community or acknowledgment which exacerbates sense of isolation

i. Can lead to lack of progression through grief process



# WHAT WE CAN DO

Acknowledge Acknowledge the grieving process

Help Help family to grieve

Provide Provide supports/resources to caregivers to assist them in being a part of the treatment team/treatment

Ensure Ensure collaboration between members of the team including the family so that reconciliation moves forward at their pace

# BARRIERS TO FAMILY ENGAGEMENT

Cultural

Systemic

Emotional

Justified mistrust of systems by BIPOC

Mental Health Stigma

Expectations of secrecy/not bringing shame

Language barriers

Resources/interventions not culturally informed

CULTURAL

# WHAT TO DO

- Acknowledge historical and current judicial practices related to BIPOC
  - Disproportionate sentencing
  - Over-policing of BIPOC
  - Views of carceral system
- Address the benefits of mental health services, what it means to achieve such for family
- Emphasize family participation in identifying what healthy will look like for them and therapy's role in this
- Review rules of confidentiality, including limits
- Be transparent
- Identify interpreters (professional ONLY) if qualified provider speaking language unavailable
- Incorporate cultural beliefs about healthy sexuality within treatment
- Utilize resources that are culturally-informed---REPRESENTATION MATTERS

Where services  
located

Time of day when  
services provided

Treatment  
presented as  
punitive vs helpful

SYSTEMIC

# WHAT TO DO

- Identify services close to family if applicable
- Identify service times/dates that do not disrupt family's ability to meet their financial and other familial requirements
- Again, identify the benefits of treatment for the family---they **MUST** assist in goal establishment

EMOTIONAL



# DIVIDED LOYALTIES

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# DIVIDED LOYALTIES

Acknowledge

Acknowledge difficulty in deciding "who to support"

Explore

Explore what support of each would mean and what it would look like

Assist in

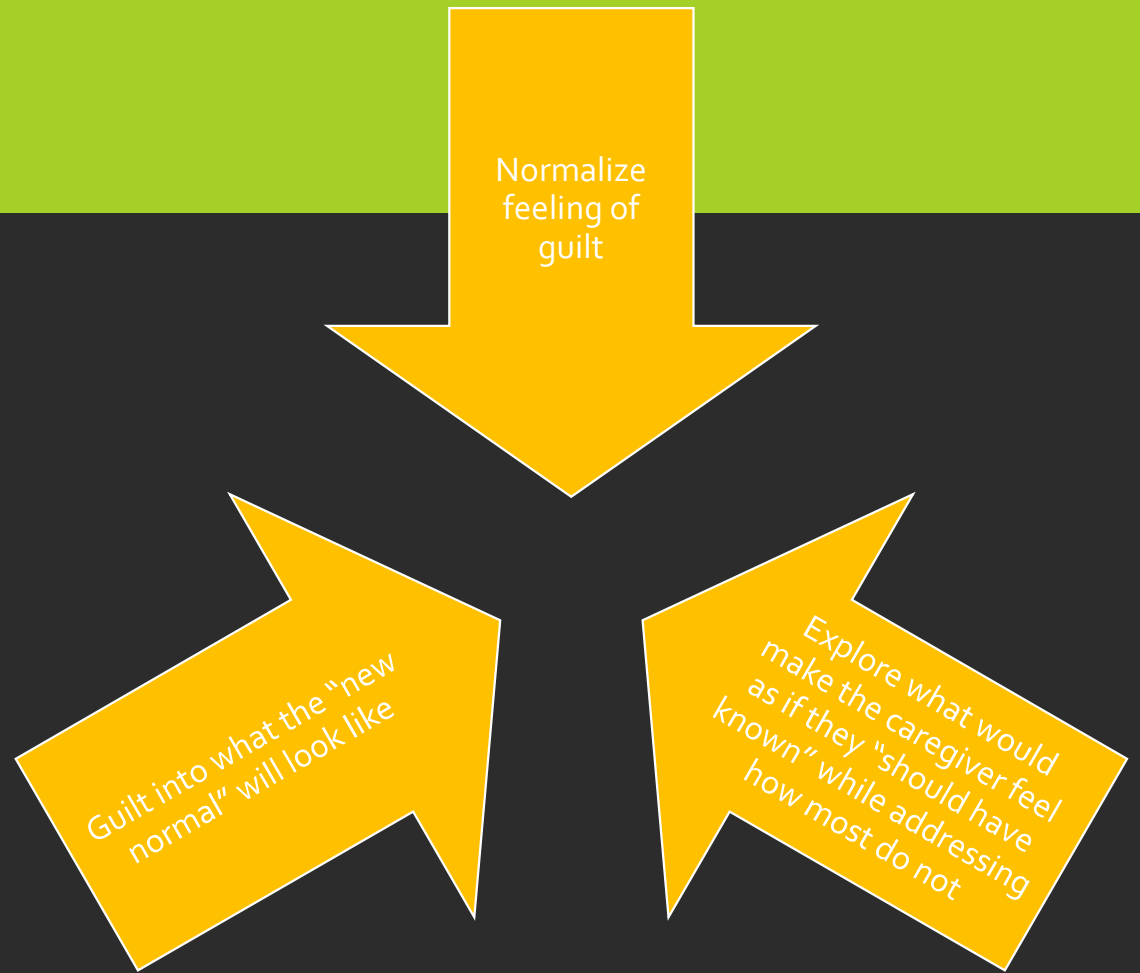
Assist in identification of additional supportive resources for victim and Adolescent



# GUILT

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# GUILT



# ANGER WITHIN OWN VICTIMIZATION HISTORY



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# OWN VICTIMIZATION HISTORY



Normalize how new traumas can trigger one's own trauma memories



Identify community resources for survivors for caregiver



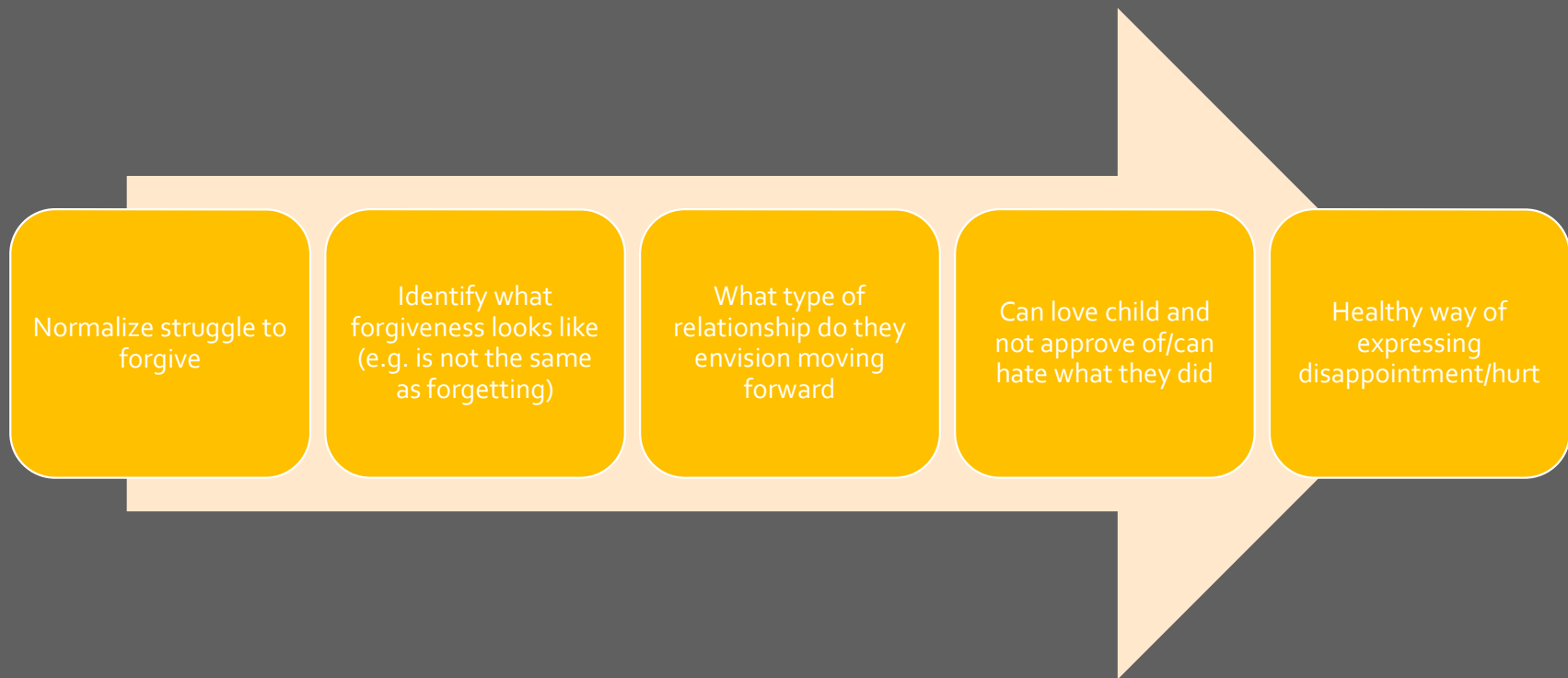
Examine the struggle to support while dealing with own trauma (what they can provide survivor and investment in child not harming anyone else)

# STRUGGLE TO FORGIVE



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# STRUGGLE TO FORGIVE





# HELPLESSNESS

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# HELPLESSNESS

Emphasize importance  
of family in services

Key role they play in  
assisting client in seeing  
impact of behavior and  
importance of making  
better choices

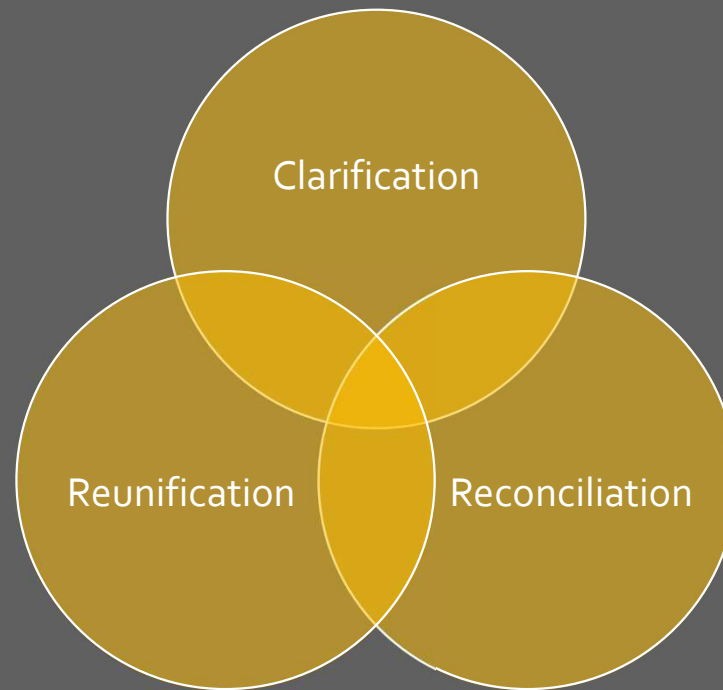


REUNIFICATION IS A PROCESS...NOT A  
SINGLE POINT IN TIME"----AUTHOR  
UNKNOWN

# QUESTIONS

- Who should do the reunification work?
- Have I self-assessed my own beliefs about those harmed and those who caused harm to determine if I can be a part of reunification?
- How does advocating for the person harmed be balanced with the wants of the person harmed---if they are a minor?
- Am I clear on the differences between adult and adolescents who cause sexual harm?
- Have I played an active role in reviewing/assisting with the safety plan/reunification plan?

# 3 STEPS TO REUNIFICATION



Initiates the more formal work of reunification

Involves the AWCSH meeting with family, including identified victims (at a different point) and taking responsibility for his/her/their behavior

## CLARIFICATION

The adolescent and parents should demonstrate the ability to discuss abuse related events openly.

The adolescent should have made additional progress in therapy as indicated by:

- Genuine acceptance that reoffense is possible and knowledge of steps to prevent it
- Should not use own history of abuse as an excuse

The caregivers should:

- Be clearly aware that reoffense is a possibility.
- Be willing and able to discuss deviant impulses and reoffense related risk situations with their teenager.

The victim and siblings should:

- Be ready to discuss the abuse with the adolescent. Some anxiety in this is normal.
- Be aware of the risk of reoffense.

**(Carich, M (REINTEGRATING JUVENILE OFFENDERS INTO THE FAMILY))**

## PRECONDITIONS OF VICTIM CLARIFICATION

# YOUR ROLE IN VICTIM TREATMENT-AS A PART OF CLARIFICATION

- Push for assessment of person harmed---unbiased
- Collaboration with the treatment provider serving the person who was harmed
- Be knowledgeable about resources in your community for those harmed
- Be willing to consult with advocates/providers to maintain perspective
- Addressing family safety/needs balance
- Identification of appropriate supervision rules and monitoring

# WHAT OCCURS IN CLARIFICATION

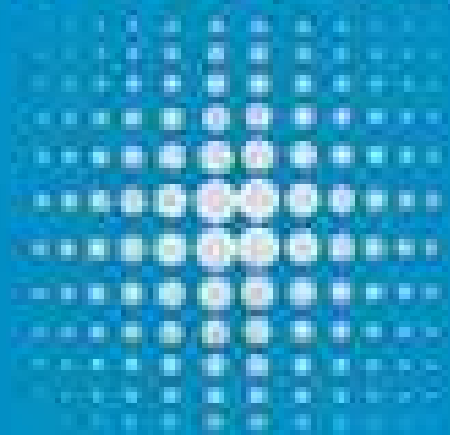
- These sessions involve the adolescent acknowledging his behavior and the family being able to ask questions
  - This should be done in two parts (parent sessions should progress through, with victim being added after consultation with victim therapist)
  - Seeking clarity
  - Acceptance of apology when it comes, is not a requirement—forgiveness looks different and is the person's own
- Example activities include:
  - Making it a safe space
  - What I think you know happened, what happened,
  - Recognition of need to change
  - Family impact (what our family was like before, what our family is like now)
  - Client-what I could have done differently/how I came to my decision to harm



# SAFE SPACE

- Rules in communication
  - Honesty
  - Open to learning
  - Feelings acknowledged and okay---how do we show them
  - Barriers/fears about talking/disclosing and how will mitigate them
  - REMEMBER: "Safe" does not always equal easy/comfortable

# FACING THE FUTURE



A guide for parents of young people  
who have sexually abused

Simon Hackett

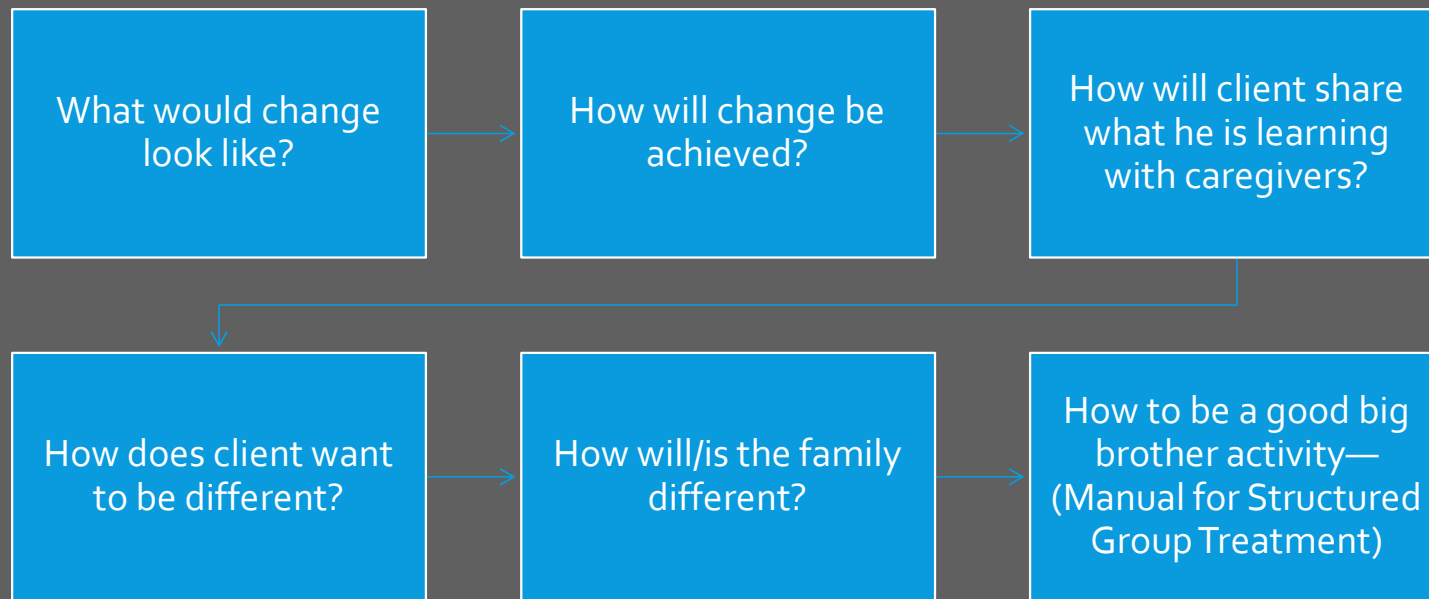


NSPCA

## WHAT I THINK YOU KNOW (FROM FACING THE FUTURE BY SIMON HACKETT)

- What I think you know. What I still need to tell you— Client
- What I know. What I still need to know--Caregiver

# CHANGES/FAMILY IMPACT



# CLIENT RESPONSIBILITY

Why made  
decision to  
harm

What he has  
learned about  
the impact

Family identifies issues that have been the most destructive - both to themselves, to each other and to the circumstances of family health.

Resolution of the conflicts that separate and alienate family members (issues of anger/mistrust)

Family recognizes and has addressed how the abuse has changed family dynamics as well as what they need in order to restore a level of trust with which they are comfortable

Although not understanding why the abuse occurred, but able to acknowledge all aspects of the abuse and impact on each member of the family

# RECONCILIATION

# COMPONENTS INHERENT IN RECONCILIATION

- Family's feelings/views on how family has changed because of the abusive behavior
- Family's beliefs/what they need to return trust/safety to the family dynamics
- Recognition that the abuse has changed the family forever, but clear on what that change is going to look like
- Identification of what the family feels it needs (from each other, supports, treatment providers, etc.) in order to move forward



## MIRACLE QUESTION

- If you could wake up and your family was doing the best you could imagine, what would that look like?

# DIFFICULTIES VS PROBLEMS ACTIVITY

Difficulties=unpleasant,  
may do things to  
change or  
accommodate. Families  
solve these themselves

Problems=Family's  
attempts to solve the  
issue not working  
(when treatment often  
happens)



# COMMUNICATION

Open, honest

No secrets?  
Acceptable  
secrets?

Help-seeking

# INTERACTIONS

- Review “Good Big Brother” activity
- Acceptable boundaries and play
- Child Protective Services Case Plan Rules
- Any Jurist’s requirements (TPOs, supervision)

# REUNIFICATION FACTORS

assessing youthful harm reduction

assessing individual, family and community strengths and vulnerabilities

assessing victim recovery, strengths and vulnerabilities

recognizing, and monitoring therapeutic change in individuals, and family members

honoring a family commitment to stop violence and sexual harm

maintaining elements of optimum child development (National Research Council and Institute of Medicine, 2001) in the home

- physical and psychological safety
- appropriate structure
- supportive relationships
- opportunities to belong
- positive social norms
- support for efficacy and mattering
- opportunities for skill building; and
- integration of family, school and community efforts

establishing protocols for immediate response to risk behavior

planning for success

monitoring, supervision and surveillance

Schladale (2006)



POSSIBLE  
SETBACKS

# SETBACKS

- Additional disclosures
- Victim increased trauma response
- Housing barriers
- The current “new normal” makes family not want the “newer normal”

# REASONS WHY REUNIFICATION MAY NOT WORK/OCCUR

Caregiver problems not resolved or number and severity of problems were underestimated

Others?

Caregiver ambivalence continues

Victim trauma not making it possible for their emotional safety

Caregivers allow contact with the victim or other children when told that this is not okay

Service delivery systems not invested/communicating

# CONTACT INFORMATION

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# REMEMBER

- Adolescents cannot do this alone
- Victim safety and acknowledgement of their trauma is crucial
- Collaboration with victim-serving agencies a must
- Engagement of the family is necessary---from the beginning
- There will be barriers
- The family is grieving
- The family is developing a New Normal

