

WORKING WITH FAMILIES AFTER SEXUAL ABUSE HAS OCCURRED

Dr. Tyffani Monford Dent

Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

1

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.

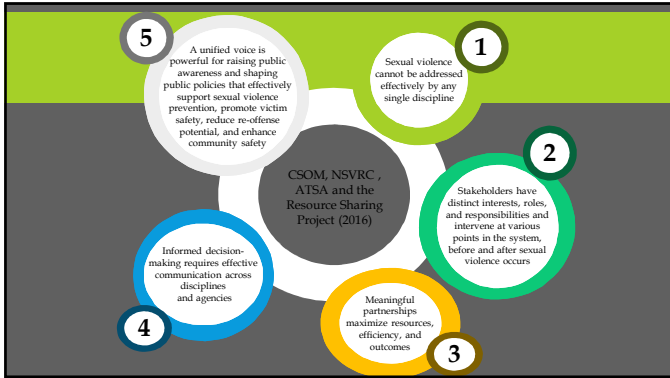
Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

2

LANGUAGE

- First-person language
- Pronoun Use
- Defining Family

3



4

BARRIERS TO CONNECTION

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

5

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)

6

FIRST...DETERMINATION OF WHERE THE ADOLESCENT WILL BE

Presentation by Dr. TyFlax-Morford/Dent. Do not distribute without permission from Dr. Dent

7




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

Presentation by Dr. TyFlax-Morford/Dent. Do not distribute without permission from Dr. Dent

8

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



Presentation by Dr. TyFlax-Morford/Dent. Do not distribute without permission from Dr. Dent

9

"JUST REMOVE HIM"

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent

10

IS REMOVAL NECESSARY

(Mark Chaffin)


11

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

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent


12



REGARDLESS OF ONE'S BELIEF

Many of our adolescents will "go back" to family

13



WHEN DO YOU BEGIN TO PLAN FOR FAMILIES REUNIFYING?

14

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)

15

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?

16

IN THIS TOGETHER

EVERYONE'S GOAL IS VICTIM SAFETY AND NO ADDITIONAL HARM

17

VICTIM SAFETY

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

PRESENTATION BY DR. TYRAN MONROE/DEPT. DO NOT DISTRIBUTE WITHOUT PERMISSION FROM DR. DEPT.

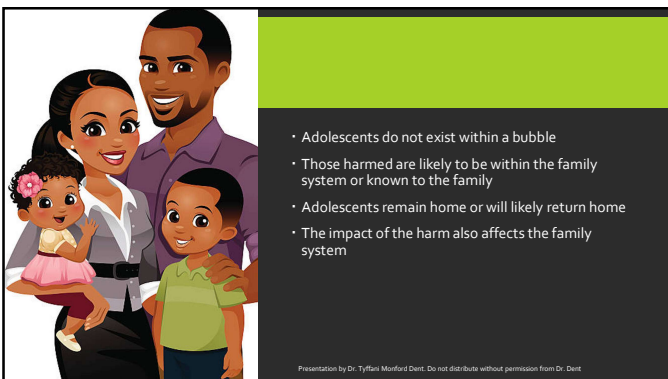
18



19



20



21

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

Presentation by Dr. Tyflair Moorford Dent. Do not distribute without permission from Dr. Dent

22

NOTE:

Family therapy may occur in 2 different settings at first

- Victim and caregivers
- Adolescent who caused harm and caregivers

Presentation by Dr. Tyflair Moorford Dent. Do not distribute without permission from Dr. Dent

23

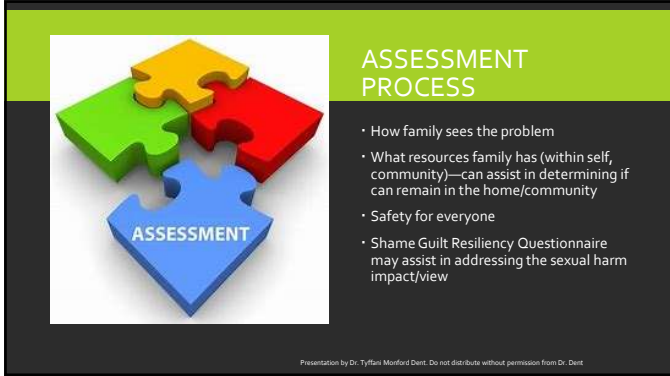
WHEN DOES FAMILY ENGAGEMENT BEGIN?

The family should be involved from the beginning of services

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

Presentation by Dr. Tyflair Moorford Dent. Do not distribute without permission from Dr. Dent

24

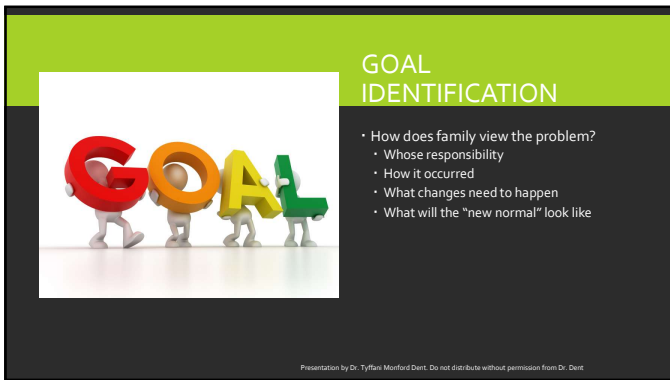


ASSESSMENT PROCESS

- 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

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent

25

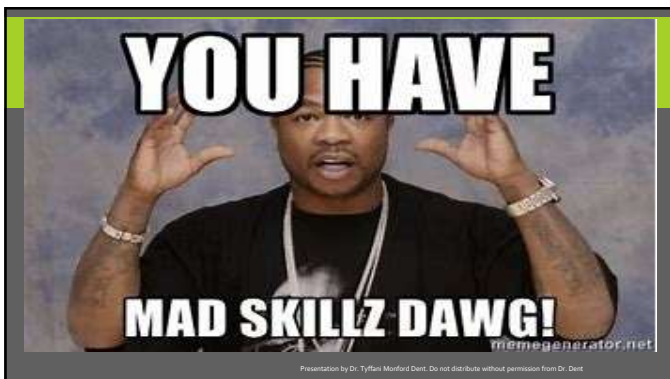


GOAL IDENTIFICATION

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

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent

26



YOU HAVE MAD SKILLZ DAWG!

meme-generator.net

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent


27

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

Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent

28



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

Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent

29

FAMILY WORK

- Acknowledge harm caused/emotional trauma
- Address issues of ambivalence
- Communication skills/addressing difficult topics
- What does "new normal" look like

Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent

30

NOTE: THE FAMILY IS GRIEVING....
BUT IT LOOKS DIFFERENT

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent

31

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 know/ shared history
e. Concept of Disenfranchised Grief in ISO 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			

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent

32

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

Presentation by Dr. TyFlair Morford Dent. Do not distribute without permission from Dr. Dent

33

BARRIERS TO FAMILY ENGAGEMENT

Cultural Systemic Emotional

34

Justified mistrust of systems by BIPOC

Mental Health Stigma

Expectations of secrecy/not bringing shame

Language barriers

Resources/interventions not culturally informed

CULTURAL

35

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

36

Where services located

Time of day when services provided

Treatment presented as punitive vs helpful

SYSTEMIC

37

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

38

EMOTIONAL

39

PRESENTATION BY DR. TYFFAN MONFORD DENT. DO NOT DISTRIBUTE WITHOUT PERMISSION FROM DR. DENT

40

DIVIDED LOYALTIES

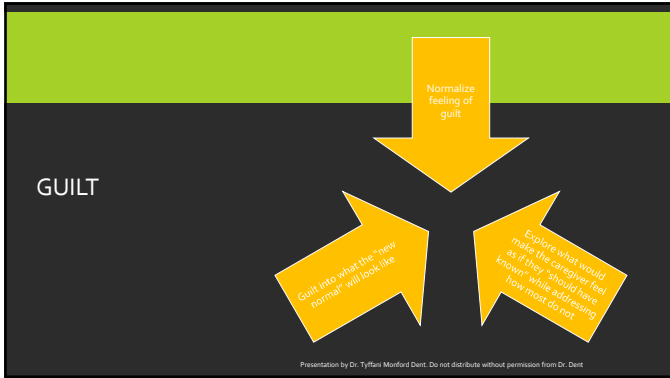
Acknowledge	Acknowledge difficulty in deciding "who to support"
Explore	Explore what support of each would mean and what it would look like
Assist in	Assist in identification of additional supportive resources for victim and Adolescent

PRESENTATION BY DR. TYFFAN MONFORD DENT. DO NOT DISTRIBUTE WITHOUT PERMISSION FROM DR. DENT

41

PRESENTATION BY DR. TYFFAN MONFORD DENT. DO NOT DISTRIBUTE WITHOUT PERMISSION FROM DR. DENT

42



43



44

45

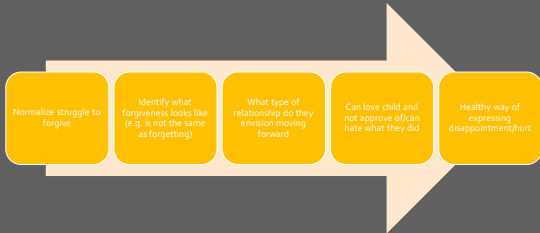
STRUGGLE TO FORGIVE



Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent


46

STRUGGLE TO FORGIVE



Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent

47



HELPLESSNESS

PRESENTATION BY DR. TYFANI MORFORD DENT. DO NOT DISTRIBUTE WITHOUT PERMISSION FROM DR. DENT

48


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

Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent

49



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

Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent

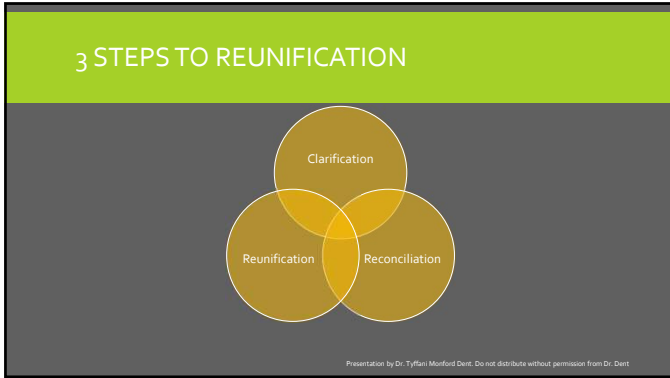
50

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?

Presentation by Dr. Tyfani Morford Dent. Do not distribute without permission from Dr. Dent

51



52

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

Presentation by Dr. Tyflani Moorford Dent. Do not distribute without permission from Dr. Dent.

CLARIFICATION

53

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)

Presentation by Dr. Tyflani Moorford Dent. Do not distribute without permission from Dr. Dent.

PRECONDITIONS OF VICTIM CLARIFICATION

54

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

Presentation by Dr. Tyflair Morford Dent. Do not distribute without permission from Dr. Dent.

55

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

Presentation by Dr. Tyflair Morford Dent. Do not distribute without permission from Dr. Dent.

56

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

Presentation by Dr. Tyflair Morford Dent. Do not distribute without permission from Dr. Dent.

57

FACING THE FUTURE

A guide for parents of young people who have sexually abused

Simon Hackett

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

Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

58

CHANGES/FAMILY IMPACT

What would change look like? → How will change be achieved? → How will client share what he is learning with caregivers?

How does client want to be different? → How will/is the family different? → How to be a good big brother activity—(Manual for Structured Group Treatment)

Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

59

CLIENT RESPONSIBILITY

Why made decision to harm

What he has learned about the impact

Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

60

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

Presentation by Dr. Tyffani Morford Dent. Do not distribute without permission from Dr. Dent

61

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

Presentation by Dr. Tyffani Morford Dent. Do not distribute without permission from Dr. Dent

62



MIRACLE QUESTION

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

63

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)

64

COMMUNICATION

Open, honest

No secrets? Acceptable secrets?

Help-seeking

Presentation by Dr. Tyffine Morford Dent. Do not distribute without permission from Dr. Dent

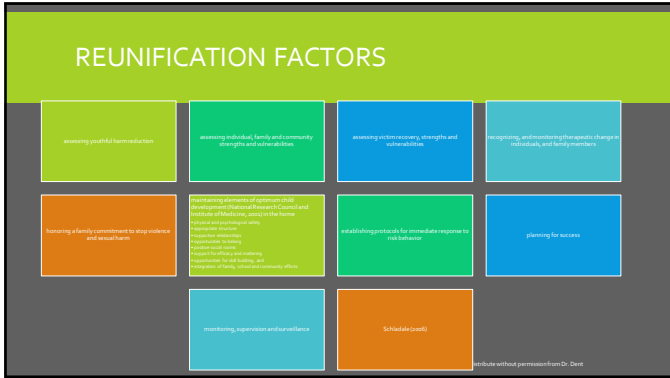
65

INTERACTIONS

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

Presentation by Dr. Tyffine Morford Dent. Do not distribute without permission from Dr. Dent

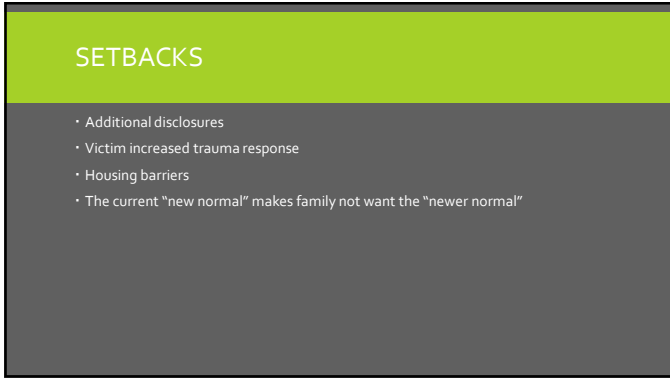
66



67



68



69

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

Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

70

CONTACT INFORMATION

Email: Tyffani@MonfordDentConsulting.com
 Website: MonfordDentConsulting.com
 IG, FB, Twitter: @DrTyffani

Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

71

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

Presentation by Dr. Tyffani Monford Dent. Do not distribute without permission from Dr. Dent

72
