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laws on the family and how the therapist role regarding this impact both with the family and the other systems are also discussed. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Incest, family reunification, incest offenders

There is little comprehensive literature that outlines the treatment process of reunification of the incest family where the father is the offender. Most of the literature regarding family treatment of incest offer therapy models which fail to integrate each individual family member's perspective and all of the relevant issues related to the abuse with the formulation of a family therapy plan leading to a safe reunification.

Treatment providers often prematurely approach this reunification process prior to understanding all of the dynamics involved in a safe process which ensures the comfort of the victim while understanding the relapse prevention plan of the offender. They recommend family therapy when one family member requests it without considering the progress or requests of the other family members. This may assist the family in the hope that reunification may be just around the corner when in fact, the offender may not have learned his risk factors or does not have a workable relapse prevention plan. The victim, while he/she may request the meeting, may not be ready to process his/her feelings regarding the abuse.

This paper examines the current literature on incestuous family reunification and present a comprehensive treatment model that takes into consideration each family member's issues regarding the abuse. This model of treatment is used at The Family Enrichment Program, Atlantic Behavioral Health at Morristown Memorial Hospital. This is a state funded grant program which serves families of abuse and neglect. A victim-centered approach integrated with offender specific treatment will be discussed. The impact of the current notification laws on the family and how the therapist role regarding this impact both with the family and the other systems will also be discussed. The pronoun *he* will be used throughout this paper to delineate the offender since most cases involve males. The same model may be used with female offenders returning to the home.

Little comprehensive literature outlines the treatment process of reunification for the incest family where the father is the offender. There are also differ-

ing views how these families should be handled both clinically and legally. Frenken (1994) stated that in their program, the perpetrators were offered the choice at the onset of therapy, between court-ordered treatment or a prison sentence. LaCalle (1987) suggests that a strictly punitive approach does not address the abuse issues and notes that treatment in conjunction with legal involvement is most effective. This view is most common, however more and more in the light of the notification laws, incest offenders are given longer periods of incarceration and often do not receive any specialized treatment during their incarceration or after. For those who do receive treatment in specialized prisons, reunification with the victim and other family members is often not done in a victim-centered, planful way.

Several authors have proposed different approaches to treatment of the incest family. Some believe the family should begin treatment together (Trepper & Traicoff, 1985; Cottrell, Jog & Jackson, 1990). Cottrell et al. (1990) even suggested interviewing the family members together in the first session and providing only the family modality throughout therapy to address the issues of the incestuous family. Sheinberg, True and Fraenkel (1994) outlined a victim-centered approach in which the victim participates in individual, group, and family therapy to better comprehend the abuse experience. However, they also advocate these modalities happen concurrently. Other authors also offer a multi-modal approach to therapy which includes individual, couple, group, and family treatment (Phelan, 1987; O'Connell, 1986; Frenken, 1994; LaCalle, 1987). Phelan (1987) described a treatment model in which the incestuous family receives a "mentor" who is a former graduate of the program to guide the family through the treatment and court process. This mentor assists the entire family, however, and may not hold the victim's issues as primary in planning reunification.

Authorities also differ on initial interventions regarding the incest family. Trepper et al. (1985) stated that the victim should be removed from the family home and placed in foster care. They have found that when the offender is asked to leave, he often returns to the household and therefore removing the victim ensures no contact with the offender. Most authors disagree with this approach suggesting that removing the victim serves to further traumatize her/him and recommend the offender leave the residence (LaCalle, 1987; Frenken, 1994; O'Connell, 1986). O'Connell (1986) added that the offender should have no contact with any minor children and if he does have contact with other family members without the victim present, plans should be made not to have the victim feel like an "outcast." This can be done by allowing the victim to have a say in the planning of the event and informing the victim when other family members see him.

There is no literature that considers the individual's experience and perspective prior to planning for reunification. Many clinicians prematurely attempt this process without understanding the potential harmful ramifications to the victim. The victim may minimize his/her own discomfort to accommodate other family member's desires. Asking a victim in the context of family therapy how he or she feels may yield a very different answer when asked in the context of his/her own individual treatment. Many victims continue to blame themselves for the separation of the family and seek to rectify this situation as quickly as possible. Many victims are pressured by other family members to allow contact with the father. The victim needs a safe place to process his/her feelings and reactions regarding the therapy process.

INITIAL THERAPY CONSIDERATIONS

When a family first enters the clinical arena regarding the issue of incest they are usually still experiencing the crisis of the disclosure or discovery. It is important for the clinician to be apprised of the status of the court involvement so that the family can be advised regarding treatment considerations. Often recommended is a comprehensive forensic examination of each family member to examine each individual's specific issues regarding the abuse and ascertain treatment amenability. In addition the forensic evaluation can ascertain personality characteristics of each family member along with each member's coping responses regarding the disclosure. In addition, the evaluation will provide an opportunity to assess additional abuse and/or neglect. It is important to advise each family member of the limits to confidentiality (DiGiorgio-Miller, 1994), particularly during a forensic evaluation as the evaluation is prepared for the court. If additional abuse is disclosed, the family should be aware that it will be reported to Child Protective Services.

Particular attention should be given to addressing each family member's reaction to the abuse and crisis intervention services should be utilized if a family member appears in need of hospitalization (Kosky, 1987). Recommendations from this evaluation often include individual and group therapy for the offender, victim, non-offending spouse. The siblings who are not abused directly should also be offered a short course of therapy to address the impact of the disclosure of the abuse and its consequences on the family. It also is recommended that the offender leave the home until such a time when he can demonstrate a safe re-entry into the household.

COURSE OF TREATMENT

Once the evaluation is completed, each family member should be assigned their own individual therapist. This ensures a safe environment for open communication (N. Harrison, personal communication, February 6, 1996). The victim may not feel comfortable discussing issues with a clinician who is also treating one of her/his parents. This case method of case assignment is preferable due to issues outlined above but may not be possible in some settings.

The therapist should outline the course of treatment to the family and the other service providers involved. It is important that the family understand the steps to reunification and learn to evaluate each step prior to moving to the next.

The course of individual treatment varies for each family member with the most intensive treatment for the offender. The offender works on the goals of understanding the antecedents which led to his sex crimes, developing empathy for the victim and understanding the impact of the sexual abuse on the victim and other family members and creating a relapse prevention plan to reduce the likelihood of recidivating. The offender should receive both individual and group sex offender specific treatment and should be monitored by a legal entity such as probation. When he can take full responsibility for his crimes, formulate a rationale for his abusive behavior and be fully aware of the impact his action has had on the victim and the family, he is ready to begin contact with the victim.

The victim's treatment should address her/his thoughts, feelings and reactions to the abuse and a discussion of the impact of both the abuse and the disclosure/discovery. Victims often blame themselves for the abuse and the separation of the family. It is important that the victim feel validated by the treatment process and have the support of the non-offending parent and the other siblings. The therapist should discuss the importance of parental support prior to any sessions occurring. Group treatment is recommended if the child wants to be in group.

The victim should guide the treatment team regarding her/his readiness to meeting with the offender. Letters should be the first step and all correspondence should be monitored by the treatment team. Next, a formulation of questions the victim has for the perpetrator should be composed for the content of future meetings. The victim should decide who should be present at the first meeting and the content discussed in advance. If the victim does not want to talk, but prefers to listen to the offender, the offender should be prepared to talk respectfully to the victim. The victim should also know that she/he has the right the request that the session end if she/he feels uncomfortable.

The non-offending spouse's treatment should include addressing the crisis of the disclosure/discovery, the impact of the removal of her husband and feelings such as the shock and betrayal which sometimes results from incestuous abuse. Often the spouse feels caught in the middle between her husband and her child and may appear non-empathetic to the victim. The therapist should discuss all of her thoughts and feelings in a nonjudgmental way to best guide her to begin to protect her children from further abuse. She needs to be apprised of the offender's work in treatment and they should have regular couples therapy sessions in which the offender updates her on his progress. By learning why he committed the offenses, she can serve to help monitor any regressions in his thoughts and behaviors. Further couples therapy serves to address problems they may have in their relationship (LaCalle, 1987). The non-offending spouse should also have sessions with the victim when she is ready to better understand the victim's perspective.

When the first meeting is to occur between the offender and the victim, the non-offending spouse should understand the agenda of the meeting (provided by the victim and the victim's therapist) and be ready to maintain a supportive role for the victim. Further, the non-offending spouse should be prepared to deal with any disappointment or anger the victim has towards her due to feelings of being not protected from the abuse.

The siblings who were not abused directly by the offender should also be offered at least a brief course of individual treatment. Often these individuals are the most difficult to engage. They may be resentful that their father was asked to leave the home and may blame the victim for this. They often feel that they do not need therapy because they were not directly abused. They also feel ostracized by friends and acquaintances who learned about the abuse and are resentful of having to explain the absence of their father. They need to work through their resentment towards the victim and learn to support her/him. The non-offending spouse can help them with this task. It is also helpful for the offender to take responsibility for the abuse to the other children and explain that it is he who is to be blamed for the abuse and not the victim.

THE REUNIFICATION PROCESS

As mentioned above, the process of reunification should be guided by the victim's comfort level and the offender's readiness to accept responsibility for the abuse. The non-offending spouse and the other siblings should be ready to support the victim during the first family session. Of course if the offender has any court order prohibiting contact with the victim, this needs to be amended prior to a meeting. In this first meeting, the offender should be prepared to ad-

dress questions provided to him by the victim and be aware that the meeting will only proceed based on the victim's ability to tolerate the session.

Once the first session is successfully completed, the next sessions should address the remaining issues regarding the abuse, allowing each family member an opportunity to have their thoughts and feelings heard. In addition, the family should begin planning together the father's reentry into the family. Most important is the victim's ability to verbalize her/his discomfort with anything that the offender may do to further victimize the child. The victim should be able to communicate with her/his mother regarding any feelings of distress. The family should be prepared to inform the treatment team and the authorities if any signs of abuse occur again. All family members need to agree to this condition prior to the father returning home.

A schedule of supervised visits whereby the non-offending spouse serves as the supervisor is the next step. The non-offending spouse is given rules whereby she is allowed to supervise contact between the offender and the victim. She should know that any infraction to the supervision plan should be reported to the treatment team and Child Protective Services. This role of supervisor for the non-offending spouse serves to allow her to be more aware of the victim's comfort level regarding contact with the offender and helps her realize the importance of helping to maintaining a safe household for the offender to return to. Giving her this task and allowing her to consult with the treatment team empowers her and allows her to recognize that the team is an ally which she can utilize when needed.

The supervised visitation should begin with a several hour visit following a therapy session and gradually proceed to overnight visits. Often families choose to have dinner following family therapy to mark the beginning of supervision by the non-offending spouse. Each visit is discussed in therapy and more visit time is prescribed, based on the family's progress. Each family member is given individual sessions to monitor their comfort level regarding the pacing of the reunification process. Family therapy also continues.

Once the supervised process is completed, the non-offending spouse is consulted regarding the offender's readiness to be alone with the children. If she feels he is ready and the victim and other family members are ready, unsupervised time is scheduled. As with the supervised time, each visit is discussed. Finally, the offender is allowed to stay in the household for gradual periods of time until all family members are ready for him to move back into the household. Family and individual therapy continue to discuss the process. Any disclosures of abuse at any stage are reported to Child Protective Services.

OTHER THERAPEUTIC CONSIDERATIONS

This process outlines the ideal therapeutic intervention for family reunification. However, in light of the new notification laws, other issues need to be addressed prior to the offender's return home. Given the risk level assigned to the offender, it may be likely that school officials or even neighbors will be informed of the abuse which occurred in the family. This notification impacts all members of the family and this should be addressed clinically. For example, a victim's school personnel may have to be notified regarding the abuse. If this information may also be available to the victim's teachers or other staff members. This could serve to stigmatize the victim and other family members and impact on their friendships. Some prosecutors assign a low risk level (or tier) to incest offenders for the purposes of protecting the family. The therapist should be ready to assist the family in the tiering process. If the school personnel are informed of the offender's risk level, it may be helpful for the family to meet with the school principal to express their views on the impact of teachers, and other staff's access to this information. Although reporting laws differ from state to state the terminology is often that those persons who "are likely to encounter the offender" should be notified. These such persons who the school official feels he/she needs to inform may be discussed with the parents. The offender and the family may also want to seek legal advice prior to being tiered.

Another issue is the offender who has been incarcerated in a non-treatment facility who wishes to reunify with his family. The family can proceed in treatment as outlined above but may need to wait for a period of at least a year for the offender to be clinically ready to engage in the reunification process. The court may not be able to impose the leverage to keep an offender out of the household until he is clinically ready if the offender has completed his sentence. If this is the case, the clinician should seriously consider the feasibility of the above outlined plan prior to accepting the case. Without leverage to keep the offender out of the home and consequently maintaining his motivation to return home, the treatment plan is not effective.

SUMMARY

The treatment process regarding reunification of an incest family where the father is the offender involves special attention to each family member's issues particularly the victim's comfort level with the plan. A series of individual, couple, and family sessions eventually progress to supervised then unsupervised contact between the offender and his family. The offender carries the

burden for the greatest change in the family and is monitored throughout the process. Several special circumstances can complicate this process, including notification laws and periods of incarceration during which the offender does not receive offender specific services.

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