

Center for Sex Offender Management

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Key Considerations for Reunifying Adult Sex Offenders and their Families

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Introduction

Professionals responsible for managing sex offenders in the community are uniquely challenged. They are not only faced with the responsibility for supervising this difficult population of offenders, but also share in the critical effort to provide for the safety of past and potential victims. A particularly controversial issue in sex offender management and ensuring victim safety is family reunification, the process by which an offender is allowed to return to a home in which identified victims or potentially vulnerable individuals reside. Under these circumstances, the stakes are extremely high and the implications profound. It is therefore imperative that those involved in sex offender management understand the complex issues surrounding reunification with this population.¹

Effective and responsible sex offender management requires that while addressing the changing needs of offenders, the safety and protection of victims must remain an overriding consideration.

This document has been developed for use by probation and parole officers, treatment providers, victim advocates, and others who work with sex offenders or the victims of sexual abuse. It provides an overview of the dynamics and key issues warranting attention when considering reunification and preservation with sex offenders as part of a broader, more comprehensive approach to sex offender management. Such an approach includes specialized supervision, offense-specific treatment, and the involvement of victim advocates and treatment providers, and promotes the ultimate

¹ This policy and practice brief focuses on issues related to adult sex offenders. While some of the issues related to reunifying juveniles who sexually offend with their families are similar, there are many unique issues that distinguish these two populations. As such, a number of distinct considerations must be taken into account when dealing with juveniles. Some of these differences are delineated briefly in this document, and recommendations for additional resources on this specific topic are provided.

goal of preserving victim and public safety. Successful reunification efforts should be defined as those in which the victim feels safe. In other words, attempts to reunify families will not – and should not – always result in the offender being returned to the home. Above all else, what must be considered paramount and as the ultimate measure of success is the safety and well being of the victim.

A Challenge in the Sex Offender Management Field

Practitioners often face a considerable – and justifiable – degree of hesitance when the issue of reunifying sex offenders with their families is raised. Nonetheless, supervision officers, sex offense-specific treatment providers, victim advocates, and others will be expected to assume a significant role in the decisionmaking process and must often consider and weigh the potential benefits of reunification against the obvious risks. Indeed, the ultimate decision about whether to allow a sex offender to return to a home in which sexual abuse has previously occurred – or where other potential victims may reside – is a complex issue fraught with numerous questions and challenges.

While attempting to examine and resolve these issues, sex offender treatment and supervision officials experience tremendous pressures from a variety of potentially competing sources: demands from the sex offender for parental rights to visitation, requests from family members to either allow or restrict the return of the offender, concerns raised by victim advocates, and expectations of child welfare agencies and family courts. Large caseloads within social services and supervision agencies serve only to exacerbate these existing challenges. Further complicating matters are recent policies at the federal, state, and local levels directed toward preserving families and reunifying parents and children in cases of maltreatment. This movement to preserve families has raised

significant questions about the ability to ensure victim safety while keeping families intact (Gelles, 1993; Gil & Roizner-Hayes, 1996).

Given the potential risks involved in sexual abuse cases, family preservation and reunification efforts require thoughtful deliberation and planning. In an attempt to ameliorate and minimize these potential risks, many courts and supervision agencies prohibit or restrict reunification in certain instances for offenders who are under community supervision. However, such restrictions generally are not applicable once the period of supervision expires. Hence, when the jurisdiction of the supervision and/or child welfare agency terminates, there is often no formal process to ensure continuous and systematic monitoring of, and response to, identified risk factors. Nor can it be assumed that the sex offender will utilize reliably effective coping skills or adhere to relapse prevention plans absent any external requirements, expectations, or demands. Despite the potential hazards involved, many sex offenders will, in fact, maintain contact with and return to homes where victims may be at continued risk.

It is essential that when working with sex offenders, family reunification be:

- In the best interest of the victim
- Gradual and deliberate
- Flexible and responsive
- Collaborative in nature

It is neither reasonable, realistic, nor advantageous to wholly prohibit reunification efforts. Some sex offenders may pose a relatively low degree of risk to reoffend, depending on arousal patterns and other dynamic risk factors, victim preferences, response to treatment and supervision, and victim and family responses to interventions. Under prescribed circumstances and with adequate safeguards and planning, some offenders may in fact safely resume contact with their families and return home. Conversely, there are many cases in which any continued contact between the offender and the victim or other family members is clearly contraindicated, and for which consideration of family reunification is inadvisable. The most prudent approach to considering reunification is to consider fully the individualities of each case. As Richard Gelles notes in his discussion of efforts to preserve families in which abuse has occurred:

“One thing that is clear is that there is no one size fits all explanation for child maltreatment and no one size fits all intervention or treatment. No side of the pendulum can or will be effective all the time. Nonetheless, striking an appropriate balance is extremely difficult. The most constructive approach is to examine under

what conditions family preservation might or might not be effective and to better target services or intervention to families and children.” (Gelles, 2001, p. 10)

In response to the complex nature of sex offender management, coupled with implicit and explicit expectations to preserve families, various jurisdictions and agencies around the country have developed specialized protocols designed to ensure a comprehensive, coordinated approach to reunifying sex offenders with their families. These policies and practices allow for offenders to begin the process of reunification under the watchful eyes of the courts, supervision officers, treatment providers, and victim therapists.

Key Values Underlying Reunification Efforts

Effective and responsible sex offender management requires that while addressing the changing needs of offenders, the safety and protection of victims must remain an overriding consideration. Regardless of the offender’s desire for contact or reunification with the family, other family members’ expectations, or broad interests in preserving families, it is the best interest of the *victim* that must always serve as the driving force for reunification efforts (Gelles, 1993; Gil & Roizner-Hayes, 1996). In other words, a genuine commitment to the ongoing emotional and physical well being of the victims must always take precedence. Central to this principle is the ability and willingness of the sex offender, the non-offending parent, or other responsible caregivers to protect not only the identified victim, but also other vulnerable members of the family.

Given the considerable harm that could result from an offender’s premature or otherwise unsuitable return to the home, reunification should always occur as a gradual and deliberate process. Toward this end, appropriate treatment for the victim, family, and offender are obvious prerequisites, with specific, measurable, logical, and progressive goals that assure the readiness of all parties. In addition, ongoing and closely supervised contacts between the offender, victim, and other family members are critical during the process.

Key stakeholders in the reunification process should include:

- Victim advocate
- Offender’s treatment provider
- Family therapist
- Supervision officer
- Child welfare caseworker

Because the risk, needs, and circumstances of sex offenders change over time, responsible reunification practices require the ongoing assessment of risk and needs of the offender and environment. Those involved in the sex offender management system must be equipped to modify reunification plans and other case management strategies based upon the current risk posed by the offender, as well as the needs of the victim and other family members.

Lastly, routine collaboration among the parties responsible for sex offender management is essential to reunification efforts. Clear and consistent communication among the supervision officer, offense-specific treatment provider, family therapist, and victim advocate can ensure that an environment conducive to safe reunification has been established and can be maintained. Without this ongoing collaboration, the ability to provide such an assurance may be compromised substantially.

The process of family reunification and preservation is difficult when any form of abuse or neglect has occurred, but is further complicated and obscured by the dynamics involved in intrafamilial sexual abuse (Gil & Roizner-Hayes, 1996). These complexities underscore the importance of ongoing education, communication, and collaboration for all parties involved in sex offender management when developing and implementing a reunification plan.

Desire to Reunify

For some families affected by intrafamilial sexual abuse, reunification is a critical process that can enhance healing (see, e.g., Association for the Treatment of Sexual Abusers, 2005). The desire to reunify may be natural for some parents, siblings, or other relatives who have sexually abused a child within the family. Similarly, many family members have a strong desire to maintain ongoing relationships with intimates or relatives who have committed a sex offense. Among the reasons for maintaining these relationships – despite the occurrence of sexual victimization – include the desire to restore and rebuild bonds of love and trust, the continued strong feelings of affection, significant family ties, and the reliance on the offending partner for emotional and financial support (Association for the Treatment of Sexual Abusers, 2005; Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990; Thomas, 1999).

In the aftermath of sexual abuse, most families will need the support of specialized treatment professionals, particularly when they will ultimately seek family reunification. Some family members may be in denial about the sexual abuse, which can

pose significant challenges to those who are working with the victim, offender, and other family members. Denial raises concerns about the ability or willingness of caregivers to provide adequate support and protection to the victim and other vulnerable family members in the home. Even when there is acknowledgement of the abuse, some non-offending parents or other family members may minimize the seriousness or the impact of the offense, or blame the victim. Left unaddressed, this has the potential to negatively impact the victim, interfere with the offender's treatment, and create an environment that is not conducive to family reunification.

Some victims may express a desire for reunification without having been provided the opportunity to fully explore or understand that reunification may not be in their best interest. Still others may be silent on the issue, and that silence might be interpreted as an implicit agreement with the offender's return to the home. However, it should be noted that the absence of active objection by the victim instead may be attributable to other dynamics, such as the desire to appear loyal to the family or the fear of retaliation, alienation, or rejection (Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990). Judges, supervision officers, and other involved professionals should be educated about this potential, and should not misinterpret a stated desire to reunify as an indication that it is safe and appropriate to allow for reunification. It is critical that the professionals involved in reunification proceedings help victims and other family members consider fully the reasons for desired reunification, and continue with the process only when it aligns with the best interests of the victim.

Potential for Withholding or Recanting Disclosures of Abuse

It is commonly accepted that sex offenders do not voluntarily report additional and undetected instances of abuse. Therefore, professionals often rely on victims' disclosures or statements as an indicator of concerns during the reunification process. However, professionals involved in reunification efforts must be aware that there are many victims who never report sexual abuse, and that there exists a potential (particularly for children) to withhold or recant additional disclosures of abusive incidents (Kilpatrick, Edmunds, & Seymour, 1992; Kilpatrick, Saunders, & Smith, 2003; Tjaden & Thoennes, 2000).

Specifically, anonymous national surveys of adults and adolescents have revealed that – of those indicating that they had been victimized sexually – up to 86% never reported the abuse (Kilpatrick et

al., 1992, 2003). Even when there is medical evidence to suggest that abuse has occurred, children may be reluctant to report victimization (Lawson & Chaffin, 1992).

In an examination of 116 children with substantiated histories of child sexual abuse, Sorenson and Snow (1991) found that at various points during the process of disclosure, 72% of the victims denied that the abuse occurred, 78% tentatively offered an acknowledgment of the abuse, 22% recanted, and the vast majority (93%) ultimately reaffirmed their allegations of abuse.

When victims do report abuse, the disclosure may not necessarily occur as a discrete event; rather, disclosure may reflect a changing process that includes hesitance or outright denial, and later, indirect acknowledgment, recanting, and ultimately, reaffirmation (Sorenson & Snow, 1991).

These fluctuations during the disclosure process may be associated with a variety of factors, such as the cognitive and emotional maturity of the victim, their relationship to the offender, the dynamics involved in the abuse, and contextual issues preceding and following the disclosure (Gil & Roizner-Hayes, 1996; Lamb & Smith, 1994; Lawson & Chaffin, 1992; Sorenson & Snow, 1991). Included among these factors are fears of disbelief, rejection, blame, retaliation, or punishment, or fear of their own removal from the home. In other circumstances, the victim may not recognize that the behavior in question is inappropriate (e.g., "this is what happens in all families"), may be holding out hope that the offender's behavior will simply desist, or may be experiencing learned helplessness or hopelessness.

"When the abuser remains in the home, there is not enough emphasis on the fact that the abuser is 100% responsible for the abusive actions. Under these circumstances, abused children may feel that nothing really happened as a result of their (risky) disclosure, that the offense was not important, or that they are to blame or deserved the abuse." (Gil & Roizner-Hayes, 1996, p. 182)

Some victims may experience extreme confusion or shame as a result of the trauma and, as a result, deny the abuse when later questioned about it. Others may modify or recant the disclosure because of guilt or a sense of personal responsibility for the abusive experience, particularly following the offender's arrest and removal from the home. In addition, the victim may have been subjected to threats of physical harm or may have been bribed or otherwise manipulated by the offender as a means to prevent disclosure.

In addition, when sexual abuse within a family is disclosed initially, a common reaction by the non-offending parent is that of denial or disbelief. If the abuse is acknowledged, there may be active attempts by the non-offending parent to hold the child responsible for the occurrence of the abuse, or to minimize the seriousness or impact of the victimization. Such expressions are likely to have a significant psychological and emotional impact on the victim, who has already experienced considerable trauma, and may result in a tendency for victims to modify, minimize, or recant the initial disclosure or withhold additional disclosures.

Still other victims may be pressured (either directly or indirectly) by non-offending family members to recant the abuse. When young children are involved, susceptibility to suggestibility and family pressures may be especially relevant concerns. Furthermore, a child whose non-offending parent allows the offender to return to the home may presume that additional allegations will not be believed, or that the non-offending parent will fail to take measures to protect them (Gil & Roizner-Hayes, 1996).

Additionally, refusal by the non-offending parent to support the offender's removal from the home has the potential to be less overt, but equally traumatic, as it may cause the victim to question the actual seriousness of the offender's actions. For example, if the non-offending parent allows the offender to remain in the home, it gives the appearance that the offender did nothing wrong or is not responsible for the abuse. The implied corollary is that the victim is somehow to blame for his or her own victimization.

Regardless of the underlying reasons, it is critical that professionals and family members understand the influence of internal and external factors on victims' disclosures and the relevance of these dynamics on the reunification process. Specifically, as reunification efforts progress, the potential for recanting may increase. In addition, if the offender has returned home as part of the reunification process, the supervision officer, offender, victim treatment provider, and others must be especially vigilant about supporting the victim and providing a forum in which they can speak safely about their experiences and potential concerns, and should exercise extreme caution when assuming that a lack of additional disclosures from the victim or others in the home unequivocally reflects a lack of new incidents.

Revictimization Following Official Reporting

Particularly troublesome is research revealing that child victims of sexual abuse who officially report

their abuse may be prone to revictimization. For example, Roesler and Wind (1994) surveyed over 200 women survivors of intrafamilial child sexual abuse who had disclosed their victimization as children. The researchers demonstrated that among those who disclosed their sexual abuse prior to age 18, over half continued to be victimized for at least one year following the disclosure. This startling finding underscores the importance of approaching family reunification with great caution. If children disclose and continue to be abused, this experience will undoubtedly have a considerable impact on their decision to disclose again, not to mention the exacerbation of the negative short- and long-term effects of repeated victimization.

Given the complexities involved in intrafamilial child sexual abuse cases, professionals working with these families must take great care in ensuring that victims, families, and offenders are in fact ready for reunification to occur. This is best accomplished through a series of ongoing assessments of offender, victim, and family progress throughout the various aspects of the treatment, supervision, and reunification process.

Assessing Readiness for Reunification

Prudent approaches to family reunification ensure that the best interests of the victim and potential victims remain of utmost importance (Cumming & McGrath, 2005; Gelles, 1993; Gil & Roizner-Hayes, 1996; Scott, 1997). As such, policies and practices in many jurisdictions stipulate that reunification is considered only when a number of key stakeholders agree that reunification is a reasonable goal.

Critical prerequisites to the reunification process often include the offender's participation in reputable offense-specific treatment and compliance with specialized supervision. Additionally, the victim, non-offending parent(s), and other family members are commonly expected to participate in treatment to address issues of trauma and resiliency, family dynamics, and safety planning.

Common Stages of the Reunification Process

- Separation/removal
- Offender acknowledges the abuse
- Treatment for the offender
- Treatment for victim
- Treatment for all family members
- Assessment of readiness
- Supervised contact in clinical settings
- Clarification
- Supervised visits in the community
- Daytime and overnight home visits
- Moving home

Considerable preliminary work needs to be completed with all members of the family prior to attempting to reintegrate an offender into the family home in which sexual abuse has occurred. As these necessary services are being or have been provided, ongoing monitoring and "readiness assessments" of the offender, victim, and non-offending family members should occur (Cumming & McGrath, 2005; Gil & Roizner-Hayes, 1996; Thomas, 1999). These readiness assessments – conducted by specially trained victim advocates or therapists, family service providers, and offender supervision and treatment professionals – should account for changes in the level of risk or needs of the individual offender and any changes within the family unit.

For family reunification or preservation efforts to be responsive to any potential changes in circumstances, risks, or needs, routine communication and multi-agency collaboration between those working directly with the offender, victim, and family are essential (Cumming & McGrath, 2005; Scott, 1997). There are certainly cases whereby, as a result of the ongoing assessment process, the involved stakeholders may determine that reunification is no longer safe for the victim or other children in the home. Such circumstances may involve an increased presence of parental risk factors, offender non-compliance with supervision or treatment expectations, abrupt cessation of participation in necessary services, significant changes in household composition, or concerns expressed by victims (Association for the Treatment of Sexual Abusers, 2005; Cumming & McGrath, 2005; Giarretto et al., 1978; Gil & Roizner-Hayes, 1996).

Offender Readiness

Determining the readiness of a sex offender for family reunification is complex and requires consideration of a number of factors. Although important, the offender's stated commitment to cease sexually abusive behavior, promises to enter treatment, and assurances to avoid being alone with the victim or other vulnerable parties are insufficient measures of readiness. In order for an

offender to be considered for resumed contact with the victim and ultimately, a return to the home, they must demonstrate consistent adherence to specialized conditions of supervision and must have progressed sufficiently in offense-specific treatment. Evidence of sufficient progress must indicate, at a minimum, that the offender:

- Assumes full responsibility for the sexually abusive behavior;
- Recognizes the harm caused to the victim and others;
- Has in place approved relapse prevention and safety plans;
- Consistently utilizes effective coping skills; and
- Demonstrates behaviors that ensure the prevention of further victimization of others.

Prior to reunification, the offender should evidence the following:

- Identification and modification of cognitive distortions, consistently demonstrating the absence of denial, minimization, justification, or externalization of the abuse;
- Demonstration of victim empathy, with a clear understanding of the harm caused to the direct and indirect victim(s) and other family members;
- Recognition that the needs and safety of the victim(s) and other vulnerable family members are paramount;
- Recognition of precursors and dynamic risk factors associated with the abusive behavior;
- Development and consistent implementation of effective coping skills to address the specific risk factors identified;
- Presence of an adequate and approved safety plan that thoroughly addresses potential concerns within the home and environment;
- Consistent compliance with specialized supervision conditions and other externally imposed stipulations; and
- Effective participation in any other required or recommended services (e.g., marital therapy, family therapy, parenting classes, substance abuse treatment).

Family reunification plans should not proceed until the offense-specific treatment provider and community supervision officer agree that the offender has attained the goals identified above and is demonstrating stability in the community.

Readiness of the Non-Offending Parent

As noted previously, the complex dynamics involving the non-offending parent must also be addressed prior to family reunification or preservation attempts, since the non-offending parent plays such a pivotal role in assuring the safety of the victim and other children within the home (Association for the Treatment of Sexual Abusers, 2005; Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990). First and foremost, the non-offending parent must accept that the abuse occurred. Facing the reality that a close family member has committed a sex offense – let alone

against another family member – can be extremely difficult. Indeed, it may be much easier for a non-offending parent to consider the child victim to be lying or to believe that the child simply misinterpreted an innocuous behavior.

Ideally, non-offending parents will:

- Resolve feelings and expressions of disbelief, shock, and denial;
- Hold the offender responsible for the abuse;
- Remain absent of attitudes or statements that reflect victim blaming, minimization, justification, or externalization related to the abuse;
- Ensure that the child's emotional and physical well being remains paramount;
- Modify any familial structure and patterns that directly or indirectly supported abusive behavior;
- Consistently protect and support the abused child and any other vulnerable individuals in the family;
- Demonstrate assertiveness, effective problem-solving skills, and self-sufficiency while utilizing appropriate support systems and external resources;
- Understand the range of factors and precursors associated with the offender's behaviors and participate in the offender's relapse prevention plan;
- Work collaboratively with supervision agents, offender treatment providers, and the victim therapist;
- Take immediate and definitive actions when any concerns arise;
- Comply with recommendations of the child welfare agencies, treatment providers, and the courts; and
- Address any personal history of victimization, trauma, substance abuse, or behavioral health needs.

As has been emphasized already, the failure to acknowledge the abuse is far from benign. Rather, it creates an environment of disbelief that may have a detrimental impact on the victim, including an increased potential for the non-offending parent to direct resentment and hostility toward the victim. Additionally, when the non-offending parent colludes with the offender or fails to accept the reality of the abusive situation, full cooperation with the range of involved professionals is unlikely, and there is a decreased likelihood that adequate supports and safeguards will exist within the home (Cumming & McGrath, 2005; Giarretto et al., 1978; Gil & Roizner-Hayes, 1996).

Once a non-offending parent or caregiver has accepted that the abuse did occur, significant challenges include the associated emotional impact and the potential for competing interests and needs. For example, a non-offending spouse may struggle with the desire to believe in and support the sex offender and to seek preservation of the marriage and family. Concurrently, there may be an equally strong commitment to the victimized child, who requires validation, support, and protection. The non-offending parent should also be prepared to handle disciplining the child. Attempting to balance these interests and desires can be extremely difficult for the non-offending parent and other family members.

To more effectively function in a supportive and protective role, the non-offending parent must begin to address the intense emotions directly associated with the abuse and perceived responsibility for the separation of the family, and develop skills and competencies that will ensure a safe and supportive environment for the children within the home (Meinig & Bonner, 1990; Gil & Roizner-Hayes, 1996; Thomas, 1999). In some instances there may be needs for parenting skills, assistance with financial stability, employment and housing assistance, and other interventions designed to address parental risk factors (e.g., substance abuse, domestic violence or other trauma, and mental health symptoms).

Victim Readiness

Although victims of intrafamilial sexual abuse may express a desire for the family to be made whole again, such statements in and of themselves are insufficient indicators of readiness for reunification. To be sure, the sole reliance on a victim's verbalized desire for reunification, or in some cases a lack of active objection from the victim, should never be used to justify the re-establishment of contact with an offender. This is not to suggest that victims' desires for reunification are overlooked or ignored. Rather, it is important to consider and weigh these interests and desires within the context of the individual's ability to understand the implications of reunification efforts on safety and wellness (see, e.g., Association for the Treatment of Sexual Abusers, 2005). As is the case with the offender and other family members, there are a host of victim-related factors that warrant consideration prior to proceeding with reunification efforts. Many of these factors are a function of – and may be complicated by – the age, developmental level, and emotional maturity of the child, as well as parental variables and the overall environment within the home.

Victims of child sexual abuse often experience a variety of short and long-term consequences as a result of the abuse. Included among the common emotional and psychological consequences are depressive and anxiety-related symptoms, confusion, shame, guilt, anger, betrayal, helplessness, and hopelessness. Additionally, the victim's cognitive processing of the trauma may be highly variable and can include avoidance tendencies, self-blame, denial of the abuse, minimization of the impact, and even support for the offender. It is important that these emotional and psychological issues are addressed to ensure that these symptoms and experiences are not exacerbated.

The victim's therapist plays a pivotal role in the reunification process by ensuring – to the extent possible – that the victim:

- Has generally resolved acute symptoms associated with having been victimized;
- Expresses a genuine and reasonable desire for contact with the offender;
- Understands that the offender is solely responsible for the abusive behavior;
- Is able to effectively and openly communicate needs and concerns;
- Clearly understands personal boundaries;
- Recognizes concerns with secrecy;
- Feels safe and reassured;
- Can recognize potential warning signs of abuse; and
- Has developed a personal safety plan.

Additional Family Members

Although the primary focus during reunification efforts often involves the offender, victim, and non-offending parent, others within the immediate family unit should not be overlooked. The events that have transpired within the home have likely had a profound impact on these individuals as well, and their involvement must therefore be considered in the treatment process. For some, participation in family therapy may be sufficient. However, depending on the nature and structure of the family, the extent to which abuse occurred, other types of maltreatment or familial discord, and the level of trauma experienced by each member of the family, individual therapy may also be warranted for some family members.

Overall, the healing and strengthening of the family unit often requires the establishment of new roles, different patterns of interaction, changes in expectations and responsibilities, and shifts in the balance of power (Cumming & McGrath, 2005; Meinig & Bonner, 1990; Thomas, 1999). This change process may prove to be a lengthy and difficult one for all involved, requiring significant patience, effort, and commitment from each of the family members. This commitment is necessary in order to achieve the various goals that will ultimately suggest readiness on the part of the remaining family members to continue with the reunification process.

The reunification process may be more successful when the family therapist has verified that the remaining family members (Meinig & Bonner, 1990; Scott, 1997; Thomas, 1999):

- Understand that sexual abuse has in fact occurred within the home;
- Attribute full responsibility for the offense to the offender, without blaming the victim or justifying, or minimizing the abuse;
- Demonstrate no collusion with the offender;
- Recognize the significant impact of the abuse on the victim;
- Support the victim and others in the home, ensuring a safe environment;
- Explore and understand how these circumstances have personally affected them;
- Recognize that the non-offending parent or other responsible adult holds the authority and power in the home;
- Feel safe and confident in the non-offending parent's ability to protect;
- Can identify cues in the offender's behavior that may reflect increased risk;
- Have addressed communication problems or issues of secrecy that may inhibit the reporting or risky of abusive behavior;
- Are working toward modifying overly rigid or enmeshed boundaries that existed within the home in the past; and
- Adhere to the established rules and limits established by the treatment providers, family members, and/or the supervision agency.

Common Stages in a Gradual Reunification Process

Once consensus is reached regarding the appropriateness of reunification, a closely supervised and gradual process – individually tailored to the family – is initiated, and generally includes progressively increased contact between the offender and the remaining family members (Cumming & McGrath, 2005; Meinig & Bonner, 1990; Scott, 1997).

Removal of the Sex Offender from the Home

Optimally, and within the context of a victim-centered approach, it is the offender – rather than the victim – that is removed from the home (Association for the Treatment of Sexual Abusers, 2005; Cumming & McGrath, 2005; Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990). Following the identification of sexual abuse within a family unit, it is commonly expected and sometimes mandated that the offender and victim are separated. This temporarily occurs, of course, if an offender is detained during the period awaiting trial or receives an incarcerative sentence following a conviction. In addition, separation of the offender and victim is often a condition of supervision when the offender is allowed to remain in the community under criminal justice supervision.

The removal of the offender from the home serves multiple purposes. Of primary importance is the immediate facilitation of both the physical and emotional safety of the victim and any other vulnerable persons within the home. In addition, this separation may create a safer forum that is conducive to the victim's ability to discuss the abuse and other concerns more openly. Removing the sex offender from the home also reflects an assignment of sole responsibility to the offender; conversely, when the offender remains in the home and the victim is displaced, it can be interpreted by the victim and others that the victim has engaged in wrongful behavior and is somehow responsible. As noted previously, an environment of disbelief and alienation may be created when the offender is allowed to remain in the home, which is counter to the necessary validation and support of the victim.

Although it is generally the sex offender that should be removed when abuse occurs in the home to fully protect victims from further abuse and trauma, consideration should be given to removing the victim when the following occur (see, e.g., Giaretto, Giaretto, & Sgroi, 1978; Gil & Roizner-Hayes, 1996):

- The non-offending parent refuses to acknowledge that abuse has occurred;
- The offender refuses to leave the home or cannot be trusted to remain out of the home;
- The non-offending parent is unable or unwilling to ensure the offender's departure or continued absence;
- The non-offending parent clearly is not interested in having the child in the home;
- The non-offending parent has demonstrated a continued pattern of failing to protect the child or children from abuse;
- The non-offending parent is unwilling or unable to work collaboratively with the treatment and supervision professionals and the victim's therapist to ensure a safe and supportive home environment; and/or
- The child expresses significant concerns that indicate continued placement in the home may be detrimental to his or her emotional or physical well-being, and these concerns are either substantiated or strongly suspected.

The requirement for an offender's short- or long-term absence from the home can also provide the opportunity and permission for other family members to make important and necessary changes in the overall structure and environment without potential interference from the offender. For some sex offenders, removal from the home may increase motivation to more fully invest in – and comply with – the treatment and supervision process. Indeed, the desire to successfully reunify can be an influential catalyst for sex offenders to maintain appropriate, safe, and responsible behaviors, and it can be effectively used as leverage for other family members to participate in necessary services (Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990; Scott, 1997).

There are, unfortunately, circumstances that may necessitate the removal of the victim from the

home. Generally, these situations raise significant concerns about the ability or willingness of the non-offending parent, caregiver, or other family members to promote a safe, nurturing, and healthy environment for the victim and others in the home. When the primary concerns about family preservation or reunification involve the *offender's* level of risk and needs, removal of the victim generally should not be the response. Put simply, alternative placements for victims should remain the exception rather than the rule.

Supervised Contacts in Clinical Settings

Provided that members of the collaborative team (e.g., offense-specific treatment provider, supervision officer, victim advocate, victim therapist, and family treatment provider) concur that the offender, victim, and other family members appear ready for reunification, the next stage in the progression is initiated: the introduction of supervised contact within a clinical context.

The first contacts between an offender and the victim should be directly monitored and facilitated, ideally by the victim therapist, family therapist, or other trained child welfare agent. These supervised therapeutic visits are integral to assessing the overall nature of the interactions between the offender and victim and monitoring the victim's response to the offender (Cumming & McGrath, 2005; Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990). The critical nature of these contacts underscores the importance of utilizing a specially trained professional to oversee the visits. This individual must fully recognize his or her role and responsibilities in ensuring that the needs, interests, and safety of the victim are protected, must understand the complexities of intrafamilial sexual abuse, remain fully aware of the dynamics and patterns specific to the family being observed, and demonstrate the ability to recognize desirable versus undesirable contacts (Gil & Roizner-Hayes, 1996).

Additionally, it is incumbent upon the respective treatment professionals working with the offender, victim, and other family members to establish collectively the boundaries and rules of conduct for these supervised contacts and to ensure that all involved understand these parameters. In the event that conditions, expectations, or rules are violated or other concerns arise, the professional supervising the visit must be willing and able to intervene promptly and decisively. Any indication that the contacts are having a detrimental impact on the victim is sufficient reason to terminate the current visit and suspend future contacts pending adequate resolution of the concerns (Gil & Roizner-Hayes, 1996; Meinig & Bonner, 1990).

As clinically indicated, the frequency and duration of these supervised visits should increase over time, with the ultimate movement toward supervised contacts in non-clinical settings. Any changes in the structure of visits should ideally be the result of a collective decisionmaking process to ensure that relevant information from all parties is considered (Cumming & McGrath, 2005; Gil & Roizner-Hayes, 1996; Scott, 1997).

Clarification

It is within the initial stage of the reunification process that the treating clinicians often require a clarification session or meeting (Meinig & Bonner, 1990; Gil & Roizner-Hayes, 1996; Hindman, 1999; Thomas, 1999). Clarification sessions are designed to provide a safe forum for family members to openly discuss the sex offenses that occurred. Typically, this is the first opportunity for the offender, victim, and other family members to safely and directly address the abusive behavior as a family.

Thomas (1999) suggests that the offender should be prepared in advance to answer the following questions that are commonly asked by victims:

- Why did you abuse me?
- How did you trick me?
- What did I do wrong that caused you to do this to me?
- Will you molest me again?
- How did you keep others from knowing about the abuse?
- How do you think the abuse has affected me?
- Do you still love me even though I told?
- Are you getting help?
- How is the treatment helping?

More specifically, during the clarification session, the offender verbalizes full responsibility for the sexual abuse, and describes, in varying degrees, details about the modus operandi, grooming behaviors, abuse of power, and additional means utilized to manipulate the victim and others. The acknowledgement of harm is shared, and the appropriateness of disclosure and reducing secrecy is emphasized. In addition, during the clarification session, the victim and other family members have the opportunity to ask questions of the offender.

When responding to the questions posed by the victim and other family members, it is essential that the sex offender accepts full responsibility for the abuse, assigns no blame to the victim, and responds to questions honestly, thoroughly, and in a non-defensive manner.

The specialized nature of this intervention, coupled with the potential risks and challenges involved, requires a high degree of structure and expertise on the part of the facilitator. If carefully and

appropriately executed, the clarification session can result in the following (Saunders & Meinig, 2000; Thomas, 1999):

- A consistent emphasis of responsibility on the offender for the abuse;
- Recognition and change of misperceptions and cognitive distortions held by various family members;
- Changes in the parental, marital, and familial structure and organization, such as the shift in the balance of power;
- Recognition of the patterns, risk factors, grooming techniques, modus operandi, and warning signals of abuse;
- Permission and opportunity for all family members to have a voice; and
- The establishment of relapse prevention strategies and safety plans.

Further steps toward reunification are most appropriately pursued only after adequate completion of the clarification session(s) and resolution of any after-effects (Meinig & Bonner, 1990; Thomas, 1999).

Supervised Contacts in Natural Contexts

Once it has been established that the offender, victim, and other family members have responded favorably to supervised contacts in clinical contexts, the contacts are typically allowed to expand to more natural settings. For example, visits may occur in a public environment, such as a restaurant, shopping center, or other community setting. Again, specific ground rules for interactions must be established and agreed upon before these contacts are initiated. By this point in the process, family members should also have a clear understanding of the offender's risk factors and be familiar with the offender's relapse prevention plan (Cumming & McGrath, 2005; Gil & Roizner-Hayes, 1996; Scott, 1997). In addition, victim safety plans should be in place and, ideally, all family members will have demonstrated the ability to establish and maintain appropriate limits with the offender and demonstrate their willingness and ability to

Key questions to consider during supervised visitation:

- What is the victim's overall response to the offender?
- How do the victim and offender communicate?
- Does the child avoid or resist the visits?
- What roles do other family members assume during the visitation?
- Is there any continued evidence of grooming, manipulation, or abuse?
- How does the offender respond to behaviors of the child, including problematic behaviors?
- Does the offender appear to recognize and respect the victim's needs?
- Does the offender respond appropriately to feedback from the supervising individual?
- Are appropriate physical, sexual, and emotional boundaries maintained?
- How do the parties respond to the termination of visits?

communicate openly about concerns that arise, even if it may lead to the temporary cessation of visits or slow the reunification process.

Transition to Family Supervision

During this stage, there may be a gradual transition in the supervision of the visits from the trained professional to a responsible and informed adult family member. Often, the family members debrief or process the visits shortly thereafter with a specialized provider (e.g., the victim or family therapist), who must be particularly vigilant in identifying any "red flags" that may suggest concerns with the visits. In addition, these debriefing sessions provide a valuable opportunity to assess the progress of the non-offending parent, who may have assumed supervision of some of these visits by this time.

Returning to the Home

Ultimately, after a successful period of progressively more frequent and lengthy community or public visits, supervised and unsupervised visits within the home environment may be introduced. In-home contacts typically involve structured family activities that are designed to promote the attainment of therapeutic goals. The offender's home visits must be gradual and planned, usually beginning with a few hours and ultimately leading to overnight and weekend visits. Certainly, overnight visitation is a significant step in the reunification process and must be approached carefully, as it represents the first time that the offender will be in the home with the family during potentially high-risk periods of time (Gil & Roizner-Hayes, 1996). Within the home environment, it is important that the family engage in routine "family meetings" to practice effective communication skills, discuss concerns, and reinforce the newly established family patterns and roles.

Following these visits, all family members should participate in debriefing sessions with the relevant professionals. During this phase, and in response to the changes in these circumstances, offenders' relapse prevention plans must be reviewed and revised. During the reunification period, enhanced field contacts and increased levels of supervision are suggested as a way to ensure compliance with reunification procedures. Adjustments to victim safety plans that accommodate the changed level and nature of contacts are also critical at this stage in the reunification process (see, e.g., Association for the Treatment of Sexual Abusers, 2005).

The ultimate "completion" of the reunification process involves the offender rejoining the family. However, returning to the home does not suggest that interventions are no longer necessary. Depending upon any court- or parole board-imposed expectations, special conditions of supervision, or requirements of treatment providers and child welfare agencies, the offender may need to continue offense-specific treatment, couples therapy, and family counseling. In addition, the specific needs and circumstances of the family should dictate whether the non-offending parent, victim, and other family members may benefit from continued services.

Resources for Information about Reunifying Juveniles who Sexually Offend with Their Families

Reunifying juveniles who have sexually offended and their families raises many unique issues for consideration. In these cases, parents are often placed in the difficult position of having to "choose" between the victim and the offender. As such, non-offending partners, parents, and other family members must be prepared to deal with potentially overwhelming demands, including simultaneously providing support to both the victim and the offender. Additionally, parents may be forced to cope with the removal of the offender from the home (securing an out of home placement for juveniles who have sexually offended is often difficult, as foster care and other placements may be unwilling to take in youth with sex offense histories. In these cases, detention or residential placement – while not necessarily desirable – may be the only viable option.) Often, the non-offending parent and other family members must accept that, despite the often painful experience of the separation and other issues that will undoubtedly arise, the offender must not return home until the offender's treatment needs have been addressed and risk factors sufficiently reduced, and the victim feels safe, has received treatment, and is ready for the offender to return to the home.

For a more thorough discussion of issues specific to reunifying juvenile offenders with their families, see Thomas & Wilson, 1999 and Thomas & Viar, 2005.

should not – be realized in every case. To ensure the safety and well-being of victims and others, expectations and safeguards will have been established by victim advocates, child welfare agencies, treatment providers, supervision agencies, the courts, and parole boards – yet not all sex offenders or their family members will be able to meet these requirements. When the successive steps of the reunification process cannot be effectively completed, or when significant barriers arise, reunification should be abandoned as an immediate goal.

Inevitably there will be cases in which the challenges prove insurmountable. In these instances, a determination may be made that reunification is not a feasible option. Ideally, the collaborative team has already established an agreement about when these efforts will be terminated and has considered other appropriate courses of action. Subsequently, offenders in these cases will be required to seek alternate living options, and strategies will be explored that consider the potential for ongoing contact with the victim and other family members as appropriate.

When reunification efforts are unsuccessful, the focus of intervention for the victim, offender, non-offending parent, and other family members often requires a shift. For example, a primary emphasis of treatment for the victim and non-offending parent may need to involve dealing with any feelings of grief, loss, or guilt associated with the continued – and potentially permanent – absence of the offender from the family home. In the absence of ongoing reunification efforts, the opportunity for victims to fully address the abuse and any associated factors should continue in order to assure that unresolved psychological issues (e.g., self-blame, destructive coping skills) are considered and managed. Likewise, in the absence of clarification sessions and family therapy, some sex offenders may be less able to recognize the impact of their behavior on the victim and family members, continue to project blame onto the victim, and avoid fully examining patterns of manipulation and abuses of power. For these reasons, ongoing sex offense-specific services are likely warranted. Finally, because of the potential for ongoing risk to the victim, supervision and monitoring will likely remain beneficial, particularly to ensure the enforcement of no-contact orders or other specialized conditions that are designed to address victim access concerns.

Unsuccessful Reunification Efforts

Even with the most carefully developed plans, family preservation and reunification will not – and

One Promising Approach to Reunification

At present, well designed empirical studies that have examined the differential impact of various approaches to family reunification with sex offenders are lacking in the professional literature. In the absence of this body of research, professionals must rely on promising approaches that appear to be based on sound philosophical principles.

For example, it is suggested that responsible and effective approaches to family reunification with sex offenders require the ongoing collaboration of all professionals involved in sex offender management. Historically, child welfare agencies and family courts were primarily responsible for establishing policies and practices surrounding reunification. More recently, with the increased recognition of the importance of the collaborative approach to sex offender management, the responsibility has been expanded to include victim and offender treatment providers and criminal justice supervision agencies (Association for the Treatment of Sexual Abusers, 2005; Carter, Bumby, & Talbot, 2004; Center for Sex Offender Management, 2000; Cumming & McGrath, 2005; English, Pullen, & Jones, 1996; Scott, 1997).

In some jurisdictions, supervision agencies have assumed a lead role in the development and implementation of model policies to formally guide the process of returning sex offenders to their families, recognizing that it is incumbent upon the criminal justice system to use the leverage of that system while offenders are still under some form of supervision. Such is the case in Maricopa County, Arizona, where a system-wide, coordinated approach to reunification has been developed. The well-planned reunification process is gradually implemented and carefully monitored by community supervision staff, treatment providers, victim advocates and therapists, polygraph examiners, and the families of the offenders and victims (Scott, 1997).

The involved professionals in Maricopa County demonstrate a clear commitment to the child victim as well as the non-offending parent, and therapists work carefully with sex offenders and their families while following an established protocol from a recognized family reunification program (Scott, 1997; Meinig & Bonner, 1990). A goal of the Maricopa County approach is to provide "intensive, knowledgeable, and preventive treatment" rather than attempting to completely and unrealistically prevent sex offenders from having any contacts with children. The approach is designed to prevent

further trauma to the victim and other family members while cautiously offering opportunities for the offender and family to progress in the treatment process. Supervision and treatment staff work closely with non-offending parents in an effort to educate them about risk factors, potential warning signs, and steps that can be taken to ensure the safety of the children and others within the home. Roles of the various sex offender management team members are clearly defined, and collaboration is an integral aspect of the overall process:

"Officers are empowered to enforce what the therapist recommends, but at the same time probation officers who are trained to ask the right questions can demand accountability from those family therapists who want to reunify prematurely. The teamwork between therapist and probation in a reunification case can make the difference between mere survival for victims and emotional health, recovery, and growth." (Scott, 1997, p. 16-9)

Conclusion

The process of family reunification and preservation poses significant challenges to those in the field of sex offender management. To be maximally effective, a variety of issues relating to the offender, the victim, other family members, and the family unit as a whole must be addressed. Reunification must be both deliberate and gradual and should be pursued only when determined to be in the best interest of the victim, the family, and the offender. For sex offenders who are incarcerated, the opportunity to intervene before the expiration of the sentence in a manner that can facilitate reunification strategies should be seized. When sex offenders are sentenced directly to the community, caution must be exercised in order to ensure that the needs, interests, and safety of victims are protected while reunification efforts are underway.

Assuring that reunification is approached in the most responsible manner possible requires the development of clear and comprehensive policies. Ideal reunification policies prohibit reunification without the collective endorsement of the family court, child welfare or social service agencies, victim advocates, supervision agencies, and associated treatment providers, regardless of an offender's legal or criminal justice status. However, recognizing that many sex offenders under community supervision may have the ability to return to the home once restrictions, obligations,

and expectations are no longer in place, it is incumbent upon the professionals involved in sex offender management to take advantage of the leverage of the criminal justice system to positively impact this process. As such, appropriate interventions, monitoring, and treatment services can be delivered to sex offenders, victims, and families in a manner that promotes safe and responsible reunification.

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