

# Unravelling the Web of Deceit: Enduring Perpetrator Dynamics and Recovery from Child Sexual Assault

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*This is a description of therapeutic work with children who have been sexually abused, and their non-offending parents. Such children need a therapeutic intervention which promotes their individual recovery, and positions them within a protective family network. The therapist works to make the perpetrator's agency visible by mapping his/her 'targeting', 'grooming' and 'maintenance' behaviour as experienced by the family members, and thus deconstructs the perpetrator's abuse of influence and power in the family. The management of the therapy process includes moving from individual to family work and identifying child protection issues. The experience of guilt and responsibility can be translated into anger and determination to rid the family of the remaining perpetrator-driven dynamics and repair the affected relationships.*

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This is a practice based paper which sets out to explore the way children and family members can rebuild themselves and their relationships following child sexual abuse. The child and family, in individual therapy and in family sessions, deconstruct (identify, take apart and analyse piece by piece) their experience of abuse. The practice we have developed is an application of current knowledge about perpetrator behaviour.

## CONTEXT OF SEXUAL ASSAULT SERVICES

Therapy with children who have been sexually abused is quite a recent phenomenon. The identification of child sexual abuse in Australia began ballooning in the 1980s, resulting in the establishment of specialist child sexual assault services.

Miller and Dwyer (1997) have pointed out that the role of the mother and family in the recovery of these children has been decidedly ill defined in family therapy. There has not, however, been a satisfactory overview of the specific issues which child sexual assault currently raises for therapists, or of the management of therapy as it passes through different phases for the child and the family. In the literature of psychology and psychotherapy, the theme of the dysfunctional family, inadequate mother or seductive child giving rise to child sexual abuse is dominant from the 1950s onward, and has been documented fully by others (Salter 1988). This

view has been challenged by therapists who have emphasised the need to direct responsibility and blame outside the mother-daughter dyad and onto the perpetrator (Miller and Dwyer, 1997; Laing and Kamsler, 1990; Kowalski, 1987; Salter, 1988).

This paper illustrates a comprehensive method developed in a small team of two therapists at the Barnardos Child and Adolescent Sexual Assault Service, where an average of 30 children and their families have been seen for the last six years.<sup>1</sup> The development of this work has been informed by the tension between providing a therapeutic experience in which the sole focus on the child is experienced as deeply validating, and the need for the child to be 'held' within the family's nurturing relationships.

Milan and Feminist therapy might be considered a conjoint conceptual umbrella over the therapeutic work and case management in this endeavour. The contribution that each method makes is different: the Milan approach is able to provide an understanding of what happened, the behavioural sequences augmented by the perpetrator, their changes over time, and their impact on and meaning for family members. The Feminist appraisal deconstructs the use of influence and power: events and meanings woven around the family by the perpetrator in order to gain access to the victim and prevent disclosure. To these conceptualisations have been added our experience of working with mothers of victims (Foote, 1999), the growing knowledge base about sex offenders (Conte, Wolf and Smith, 1989; Salter, 1988; Elliot, 1995) and the analysis of how sexually traumatised children and their families can continue to play out the dynamics put in place by the offender (Gil and Johnson, 1993).

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Some Gestalt<sup>2</sup> methods have also been used when working with children alone, in order to respond directly to feeling states and unconscious experiences without heavy reliance on verbal ability or interaction. The use of these methods is complementary to the systemic/feminist framework. While the integration of Gestalt methods into systemic therapies is not the subject of this paper, and would require more space to explore satisfactorily, these methods have not caused any problems if the therapist continually refers back to the hypothesis that guided the management of the family's therapeutic work. Hypothesising, neutrality and circularity were used to guide the therapists through the process of planning and managing therapy (Cecchin, 1987).

## Therapy and Child Protection

Therapy and child protection do not always appear to be complementary. Therapists who have worked in child protection settings have sometimes failed to appreciate the power and responsibility differential within the family that a feminist appraisal illuminates (Leupnitz, 1988). This appreciation is now held to be essential when dealing with child sexual assault (Salter, 1988; Herman, 1992). A sharp contrast between systemic family therapy and child protection is drawn in Penn's description of Boscolo's consultation with a family who were troubled by the secret incestuous relationship between daughter and father. The result of the therapy was that the secret was kept and the incest was not directly talked about. Penn writes:

The consultant does not wish to know the content of the secret, only the value it holds for the family. Secrets are not treated as real information by the Milan Associates. They are treated as information about coalitions (1982: 275).

Boscolo treated the incest as synonymous with intimacy and prescribed a parallel secret for the daughter and mother!

Boscolo's detachment from practical and immediate child protection concerns, and his failure to acknowledge the daughter's powerlessness in the situation, reflect a position which is more likely to develop if the therapist does not have an understanding of how perpetrators of sexual abuse artfully construct their abuse of children. The therapist must be informed by a grounded understanding of both the child's victimisation and the perpetrator's pre-planned manipulation. Therapy and child protection are in these cases intimately connected (Furniss, 1990); good therapy will provide safety for children and conversely, good child protection practices will be therapeutic.

Like family therapists, child protection workers have their particular view of the problem of child sexual assault. With a professional ethic emphasising the intrinsic vulnerability of the child within the family, workers have been prone to blame the adults who have failed to keep the child safe. Mother blaming attitudes have been uncovered in therapy (Miller and Dwyer, 1997) and are prevalent within the ranks of child protection workers (Breckenridge and Berren, 1992). The worker's painful

feelings of identification with the child victim may be relieved by blaming the mother.

## The Perpetrator's Role in Therapy

Criminology literature has given fresh insight into how perpetrators fantasise about, plan and operationalise the abuse (Salter, 1988). Previously, the knowledge base drawn on by child therapists was generated only by work with victims and their mothers. Understanding the offender's modus operandi gives a more complete and systemic understanding of both the child and family's experience and 'draws into' the therapist's conceptual map the perpetrator's presence and intent. Knowledge of this territory makes it more difficult for the therapist to be lulled into the old pattern of placing responsibility for the sexual assault on the child as the seducer, on the mother as 'inadequate, colluding or frigid' or on the 'dysfunctional family' collectively (James and MacKinnon, 1990). Although the perpetrators are not physically present, they are conjured up little by little as behaviour is mapped out by family members who each have their own experience of them. In this way responsibility for the problems can be attributed to the perpetrators.

The power analysis introduced to family therapy by a Feminist appraisal (Luepnitz, 1988; McIntyre, 1981; James and MacKinnon, 1990) becomes central to the therapeutic work. Typically, the perpetrator builds up a position of trust and authority, which is used to undermine other adults' authority or to isolate and disempower the child. Perpetrators seldom take responsibility for the abuse and most frequently use minimisation and denial (Salter, 1988). In short the therapeutic work described can be seen as a deconstruction of the way the perpetrator abuses power by distorting relationships that connect the child to her or his family. The therapist, child and family work together to illuminate all that has been kept secret.

Sexual assault is likely to be an expression of a pattern of sexual deviance beginning during adolescence. Each act is premeditated, carefully planned and executed and may be just one of several paraphilias or deviant sexual behaviours in which the abuser is currently engaged (Abel, Becker, Mittleman, Cunningham-Rather, Rouleau and Murphy, 1987). In therapy, the family may discover how they were recruited by the perpetrator, and what points of vulnerability allowed him access. Families usually begin by having very little idea of how the perpetrator set up the abuse, or maintained it. In research by Conte et al., convicted sex offenders told how they targeted children after a careful assessment. One said, 'I would probably pick the one who appeared more needy, the child hanging back from others or feeling picked on by brothers or sisters. The one who liked to sit on my lap' (1989: 296). Families are assessed and key members courted by the perpetrator in order to secure entry, in the same way as the child can be courted in incestuous relationships (Herman, 1981). Children who are targeted may be 'groomed' over time by the creation of a special relationship involving privileges, gifts and

shared confidences. After the sexualisation of the relationship begins, threats, intimidation, and the child's own feeling of responsibility and culpability are then used to maintain the secret (Christiansen and Blake, 1990; Singer, Hussey and Strom, 1992; Conte et al., 1989). Violence can also be used to keep other family members from telling.

## Responding to the Individual Needs of the Child and Family

A systemic analysis fits the terrain of child sexual assault therapy extremely well, and is capable of taking into account the connections within the family system, and the recursive feedback loops that develop between the family and perpetrator and other external systems such as the legal, welfare and law enforcement agencies. For the systemic therapist, there may be dilemmas in some cases about whether family therapy is responsive enough to the child's need. Therapists may opt to see the child alone to ensure that she or he is not marginalised, and may find difficulty keeping the focus on the child in family sessions when there is high emotion and parental need. It is common for parents to have considerable psychological stress at the point of a child's disclosure, and it is an additional stress on a mother if she has to process such issues as memories of her own earlier experience of trauma, or finding out that her own partner has committed the crime. In addition, the mother may have experienced domestic violence (Stark and Flichcraft, 1988), or there may be multiple forms of family violence occurring concurrently with child sexual abuse (Foote and Tonks, 1996; Brown, Frederico, Hewitt, Sheehan, 1998). In such a case, the parent may be offered separate sessions to work through her own immediate issues. Indeed, since all non-offending family members are at risk of suffering secondary traumatisation (Manion, McIntyre, Firestone, Ligezinska, Ensom and Wells, 1996), they may all need to be involved at some stage in the therapy.

The advantages of calling on both individual and family therapy models are twofold. Firstly, mothers are strategically well placed for supportive dyad work with children and are no longer left outside the therapy room, as Humphreys (1992) found they were, despite needing and wanting help. Secondly, the potential to identify significant enduring problems is enhanced. The commonly reported experience of the therapist missing signs that the effects of sexual abuse are not resolving is much less likely to occur if information is collected from different family members as well as the child. This practice will also be more likely to detect the presence of significant hidden problems such as continuing secret sexual behaviour between siblings.

The therapist gives a degree of choice to the child and family in how to begin, whether individually or as a family, and then actively works towards the child's mother or main caregiver being an integral part in the therapy at some stage. Other family members may also be involved, or participate in parallel individual or dyad

sessions. For most children, the therapy pathway begins with a family assessment, moves into individual therapy, then dyad work with mother, father or siblings, and ends, as it began, with the whole family. This may take anywhere from three months of weekly or fortnightly sessions to two years, depending on the particular experiences of the children and their families.

The therapist may use ideas from psychodynamic and systems theory to engage and work with the family and child. It makes sense that a child's own way of processing the trauma would correspond with the therapy method s/he will utilise best. Being violated by sexual assault will affect children at different levels of their 'selves'. A method that responds to the level at which they experience most pain will facilitate their healing. For example, reclaiming control over their physical body may be paramount to children who felt the tactile aspect of their abuse to be the most distressing. They may be best suited to a form of therapy where using their body is central to the process. For other children the mental anguish caused by keeping the secret of sexual abuse may indicate that therapy needs to give prominence to untangling their confused feelings and beliefs about their responsibility. If the child is most distressed by the upheaval in family relationships caused by abuse, then beginning with relationship issues in family work is indicated. Interpretive methods where children can draw their feelings or nightmares, and play out their frustration and anger provide opportunity for the physical expression of conscious and unconscious thoughts and feelings. The therapist can use these to understand the issues for the child and the family, while remaining beneath the conceptual umbrella of Milan and Feminist theory.

Whether a family or individual assessment begins the therapeutic work, it is important to ensure that the particular dynamics of abuse experienced by the family are not replicated. For example, secrecy may be implied to a mother or child by the confidentiality of individual sessions between the child and the therapist, whilst another child may experience joint therapy as invasive and isolating from the particular family members to whom they now need to experience close protective proximity. Each child and family has its own particular experiences and issues to work through that will be influential in the 'fit' that different therapeutic approaches will have with them.

The broad aim is to terminate when the child and their family have gained control over their lives and are no longer at the whim of the invasive emotional and relational effects of the trauma. By that stage, presenting problems such as overwhelming fears, nightmares, self mutilation, fragmentation of the family and secrecy have ceased or are diminished and manageable. The victim child will be 'held' both emotionally and protectively by the family. By way of illustration, the cases of Amy and David will be referred to throughout this article.

### Amy

*Amy was referred to the counselling service by a police officer after she had become suicidal. Since the accidental discovery of the abuse,*

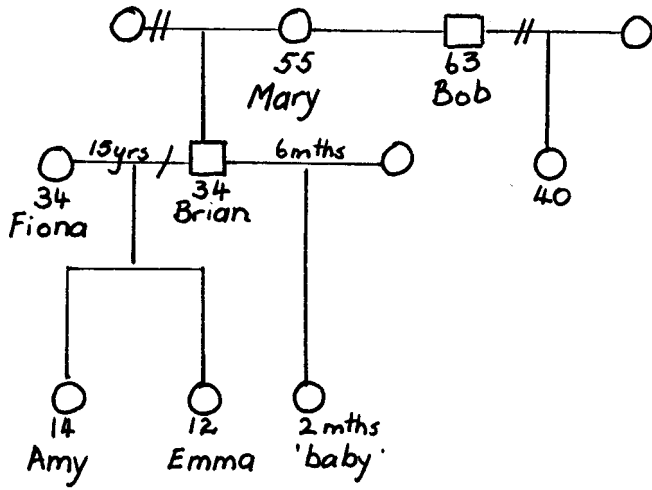


Figure 1. Amy's family.

Amy had refused to talk to her parents, and was involved in high risk behaviour. She had been sexually assaulted by her paternal step-grandfather Bob, who was married to her closest confidante, her grandmother Mary.

One year before the disclosure, Amy's parents (Brian and Fiona) had separated. Brian moved out and had had little contact since then. Fiona worked full time and had assumed responsibility for the two children, Amy (14) and Emma (12). Once a week she went out to play tennis, leaving the children with Mary and Bob for the evening. At the first interview Amy came reluctantly with her parents and sat silently. Her parents said they had always thought Bob was creepy, because he groped women and girls whenever he could. They also said that just before they separated, Bob had received a letter from his estranged 40 year old daughter who claimed she was now in treatment for the effects of child sexual abuse that he had inflicted on her. The family had openly talked about these accusations and concluded that she was mentally unstable and that the abuse was imagined.

Three months after her father left, Bob began to assault Amy sexually. When Bob followed Amy into the office and began the sexual touching, she was paralysed with fear and could not move or speak. Later Bob arranged for Amy to come to his home alone while his wife was still at work. Over the next twelve months Amy was abused at least weekly, with the abuse becoming progressively more invasive. She became more and more withdrawn. Her only outlet was her diary where she recorded her growing anxiety and descriptions of the horror she was now locked into.

Bob had intimate knowledge of what was happening within Amy's family through Mary, who was close to both Fiona and Amy. He knew of Fiona's great distress when she found she was pregnant to Brian after he left to live with his girl friend, who was also pregnant. Over the next twelve months he watched as Fiona stumbled along, parenting her girls, in the face of her grief over the abortion she had, the loss of her marriage, and her concerns about making enough money to keep the children.

**David**

David was referred for counselling by his maternal grandmother after he and his two sisters had been placed with her and her husband.

David, nine years old, had witnessed the sexual abuse of his older sister Sandra, aged twelve, and had alerted the authorities to Allan, his stepfather, who was still abusing Sandra after she had fallen pregnant to him. David, Sandra and their younger sister Lindy (aged three), had been moved around to a number of placements before they arrived at their grandparents'. The child protection agency which referred Sandra for counselling advised that David did not require any therapeutic intervention. However, his grandparents insisted on help for him, saying that his behaviour was oppositional and sneaky at home, and that they were concerned about his sexualised speech.

The history which I elicited was vague. David didn't want to talk and his grandparents had not been witness to whatever had taken place to verify his experiences. In the first session, and in many subsequent ones, David told me angrily, 'Nothing happened to me, Sandra's the one who needs to come here, not me'. He had told the investigating officer for the Department of Community Services that he had been forced to watch while Sandra and his stepfather had sex.

My initial hypothesis was that David felt angry about being removed from his mother's care, losing his home and school, and felt implicated in Sandra's abuse since he had been forced to watch. He might have experienced sexual arousal and associated guilt. This would in turn feed into the array of bad feelings he had, and be expressed as angry uncooperative behaviour. He appeared to be extremely afraid of Allan, being unwilling to say anything bad about him.

The children's grandparents and uncle, who were all involved in caring for them, were included in the therapeutic work and were considered crucial to the children's ability to undertake the long road to recovery. Their mother was legally restrained from ongoing contact with the children, and so they needed to grieve for her, and make sense of all they had experienced. We began to construct a history out of the bits of information the family members brought to David and Sandra's sessions. When David was a preschooler, his developmentally delayed mother, Cathy, had married Allan. Allan took a transfer to the country, where the couple had a baby away from Cathy's extended family supports. David remembered Allan being violent to his mother from before he started school. His uncle told of humiliating punishments he knew that Allan had used with David.

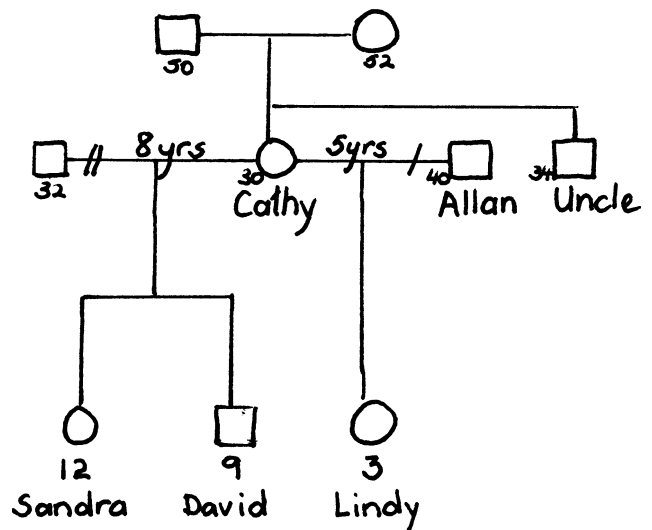


Figure 2. David's family.

*In her own sessions Sandra could not give an estimation of when her own sexual abuse had begun because it had been there for as long as she could remember; it was the way their family was. Her grandmother remembered Cathy taking Sandra at about seven years of age to the local hospital, because she was concerned about there being blood in her pants. She was sent home with antibiotic cream. Sandra also gave a history of ongoing domestic violence between Allan and her mother.*

## THE FAMILY EXPERIENCE OF CHILD SEXUAL ASSAULT

### Targeting, Grooming and Maintenance

Bob's successful maintenance of the sexual assault was a combination of astute exploitation of the circumstances (targeting) and continual feeding of information through his wife to Fiona (grooming). Amy was frozen into a victim position by a set of beliefs that Bob had successfully implanted in her about women who make allegations of sexual abuse. Added to this was Amy's belief that she was responsible because she wasn't stopping the abuse and had indeed helped to destroy the evidence (maintenance).

Let us now look in more depth at the way Bob manipulated the family stories and relationships, and how he exploited the vulnerabilities in Amy's family. Fiona found the girls difficult to manage, with Emma in particular being very demanding and rivalrous with Amy. The family story about Emma was that she had been born premature, and that, due to this and her medical problems at birth, she was still immature. The twist Bob gave the stories at the time went unnoticed and ultimately assured him access to Amy; she was very sensitive and needed space and time away from the irritations of Emma. This 'edited version' or reframe of the family's story acted like an insurance for Bob. It deterred Amy from disclosing the sexual abuse by isolating her from her mother who felt conscious that she could not provide the space that she too believed Amy needed. The fact that Fiona was coping with her own grief made her vulnerable to Bob's reframe. Secondly, he was making himself indispensable to Amy's welfare and able to provide what Fiona could not, whilst simultaneously placing Amy in a superior position to her sister, which undermined the sisters' relationship and ensured that Amy would not confide in Emma. Thirdly, and most powerfully, in Amy's mind, was the conviction that no one would believe her, just as Bob's daughter had not been believed. Bob would say to Amy on each occasion that he abused her 'No-one will believe you if you tell. You won't tell will you?' To which she would reply 'No'.

The stranglehold Bob had on her was tightened by making her feel complicit in the abuse. He did this by sexually abusing her in the room in which she was sleeping and getting her to wash out the spoiled sheets with him, put them on the clothes line and remake the bed together. In this way she was destroying the evidence and actively helping him keep the secret. As the abuse became more and more invasive, moving on to mastur-

bation and digital penetration, she felt more and more implicated and frozen with fear. Amy later described herself as progressively withdrawing over the year the abuse was occurring and becoming totally isolated, confiding only in her diary. She ceased to have eye contact with friends and stopped talking to her mother, except for angry outbursts. She pushed people away to ensure the abuse would not accidentally slip out during conversation or if people enquired what was wrong. Bob had made an astute assessment of Amy. She was not a 'blabber mouth' like her sister and willing to take this secret to her death. At the time the abuse was discovered, Amy was playing 'chicken' on a six lane highway, hoping to end her misery.

In the second case which I have outlined, Allan courted Cathy, and in winning her trust he was also assured access to David and Sandra, and later to his own child from the relationship. Allan moved them away from the extended family support they had always relied on. Cathy's ongoing severe physical and psychological abuse rendered her incapable of protecting the children. She was socially isolated and her developmental delay heightened her dependence on her husband. If David and Sandra's descriptions of the abuse are correct, she must have feared for her life. Unfortunately she was dealt with by the legal system as if she had equal volition in the abuse, was charged, and had her children removed from her care.

The maintenance of the abuse took different forms for each family member. Sandra was given expensive gifts, lacy underwear and diamond jewellery and consequently felt herself to be the second most powerful person in the family. Her brother, on the other hand, was humiliated and physically and sexually abused. For Sandra, David's disclosure of the sexual abuse was unwelcome. She believed that she was consenting to a sexual relationship and did not want anything to change. Sandra rarely went to school, had no friends and was not allowed to play with David. She had become the prime carer for her younger sister after her mother's post natal depression. Allan's elevation of Sandra over his wife and David meant that Sandra was unlikely to complain about the abuse. Her mother and brother served as examples of what would happen if she were to complain. At the time of David's third disclosure (the previous two had not been acted on) Cathy was living with the fear of being beaten or strangled. The rift between Sandra and David was one of the enduring problems after Allan was removed.

### Secondary Trauma: The Non-offending Family Members

Unlike the perpetrator or non-offending father, the mother is immediately visible to the therapist. Often presenting with family relationships torn and tattered, and with her inadequacies exposed during the crisis of disclosure, she is an easy target for blame. The children may appear as needing to be saved from their dysfunctional family environment and offered individual coun-

selling. This approach may be a grave mistake for two reasons. Firstly, the dysfunction now visible in the family is likely to be an effect of the abuse, not the reason for it. Secondly, if the family is left unattended, the dynamics of isolation, manipulation and secrecy may continue, in the absence of the perpetrator. Family members need an opportunity to understand how they and their relationships have been affected by the abuse. The total picture of the perpetrator's 'behind the scenes' tactics can be mapped out. This is of major significance to the family's ability to recover from the persistent guilt feelings experienced by children and mothers in particular.

For their part, children need their family to understand what they have been through and to help them take back control of the aspects of their lives which have been affected by the abuse. Their new understanding equips the family to respond supportively to the child during the aftermath of their trauma and recovery. Children and their mothers are often referred for help after the effects of the sexual abuse have continued to fester, and long after short term intervention for the child has ended. Common enduring issues for mothers are their own feelings of guilt or anger, hypervigilance, fear of another attack, and the management of their child's sexualised behaviour (Foote, 1999; Brown and Finklehor, 1986). Herman describes the existential crisis which victims of traumatic events experience when their previously held beliefs about the world are undermined:

Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community ...

The damage to relational life is not a secondary effect of trauma, as originally thought. Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community (Herman 1992: 51).

Child victims of sexual assault and their non-offending family members experience such an existential crisis to some degree. The revelation of sexual abuse comes as a shock for most families. Immediately after disclosure, the mother may be in a state of shock, disbelief and disorientation (Humphreys, 1992). After the initial crisis, she has to deal with being judged either by those around her, or by her own internalised standards, and she is now left with the task of vigilant surveillance to ensure that no other abuser gets to her child. The world suddenly appears unpredictable and threatening.

The perpetrator who makes his way into a family by first becoming the mother's lover or defacto, and then gaining access to the children, is well known to welfare and sexual assault services (Foote, 1996). Mothers are the secondary victims of his manipulation and deceit. The perpetrator's use of other forms of violence may establish compliance within the family by creating a polarised situation: power for the perpetrator and powerlessness for other family members.

The self blame that mothers may experience may partly be the result of the all-pervasive social prescriptions for

mothering (Wearing, 1984), the belief that mothers are solely responsible for the health and welfare of their children regardless of circumstances. Also significant is the perpetrator's disruption of the mother-child relationship by careful manoeuvring of the child out of her protective psychological or physical reach. In retrospect, she becomes painfully aware of the distance between herself and her child and has no explanation for it apart from blaming herself. The prolonged effects on mothers of unresolved self reproach can be psychologically crippling.

This is not to say that all mothers will respond in the same way; the relationship before the abuse, the mother's own life experiences, and the role the perpetrator has played in her life all contribute to shaping her response. When mothers of sexually abused children speak candidly about how they are coping, the one universal theme has been an enduring burden of guilt (Foote, 1999). In my experience, non-offending fathers do not internalise this feeling in the same way and are more likely to externalise their anger by blaming the perpetrator, or their wife or partner. Manion et al. (1996) found a similar difference in parental response to disclosure, with mothers having higher levels of emotional distress than fathers and in addition, fearing that the abuse reflected on their parenting. Fathers did not make the same association.

There is a small percentage of mothers who cannot believe their child's disclosure, although in the majority of cases—73% of a sample of 118 (Heriot, 1991), and 80% of a sample of 193 (Sirls and Franke, 1989)—she believes, and acts protectively. In the minority of cases where mothers cannot believe their child, it is even more important to provide a comprehensive therapeutic service that includes them. It may help them to distance themselves from the perpetrator's denial and explanation of what happened and focus on their child's experience.

*Fiona and Brian's reaction when they heard about the allegations was to ask Amy if it was true, and how it had happened. Initially they thought it could not possibly be true. This position quickly changed to total belief and support when they spoke to Amy, who was experiencing extreme distress that the secret had been discovered. Fiona was thrown into a state of crisis. She cried non stop for a week, couldn't sleep, eat or work, and continually blamed herself for not seeing, knowing or suspecting sexual abuse. Brian was angry and confronted his mother and Bob about the abuse, but could not sustain his involvement with Amy after that and she saw him only twice in the next six months.*

Siblings also need to have some involvement in the recovery process if only to understand that the perpetrator's actions may have a negative effect on the sibling relationship and to explore how they can now claim it back for themselves.

*David and Sandra were not able to see immediately how Allan had created the distance in their relationship. They both thought 'That's just the way it always was'. Tracking the rules and allegiances Allan had established in the house helped them to map Allan's influence.*

*Through questioning, they soon discovered how the distance had developed. They had not been allowed to play together, and they had been set against each other. Sandra was singled out for special attentions, gifts and privileges, while David was severely physically abused and humiliated. The puzzle was posed in hypothetical questions: 'David, how would it have changed your relationship with Sandra if you weren't physically abused and she wasn't given lots of special gifts?' and 'Sandra, how would you feel about David now if you had been encouraged to play with him over the past five years rather than kept away from him?'*

## RECONNECTING

### Unravelling the Sticky Web

For David and Sandra and their family, the work Allan had put into preparing for the safe execution of the sexual abuse meant that they were bound in an invisible sticky web. They were all paralysed by the beliefs, threats and fear woven around them. Removing Allan did not automatically untangle them from this web. This awareness of how the family continues to be affected by the abuse creates a dilemma. How do we hold onto the child's painful internalised experience of trauma and, at the same time, attend to the family relationships now torn and in need of some healing balm?

The essential ingredient is to understand what the perpetrators have actually done and bring their agency squarely into the therapy. The perpetrator may still be the most influential part of the child's 'inner map' of self and family. The myths that the perpetrator has woven into the family story may continue to constrain relationships in particular ways or keep family members isolated and unprotected. From the initial assessment, the therapist can help the child and the family reconstruct the perpetrator's manipulations. This will inform decisions about how to proceed in providing a service to the family and child. Tracking the influence the abuser has had on the family relationships over time may point to a deterioration in the mother–daughter or sibling relationship. Families are usually already trying to work out how the abuse came about, how the perpetrator got the opportunity, how was it that the child did not tell someone, and so on. The therapist who begins by asking the family 'Let's understand how your family was manipulated by this perpetrator and how long he has been working on it' helps to free the victim from blame and to introduce the idea that the assault may have been the result of long term, deliberate planning.

*David had been bound for as long as he could remember in the family culture of violence and sexualisation created by his stepfather, Allan. Like a strait jacket it had been slipped around him without him knowing. The way his stepfather managed the culture of fear and powerlessness was invisible to David, but he knew something happened to keep them all 'toeing the line'. Asking him about this directly made him defensive. David was uncomfortable in individual sessions, so his grandmother and uncle joined the sessions, which resulted in David being able to engage more fully. It was fruitful when the therapist directed questions at his uncle and grandmother in front*

*of him, with David correcting their partial knowledge of what had occurred. 'How do you think Allan was able to make David feel that he could not ring you and ask for help?'; 'How did Allan get everyone in the family to do as he said?' and 'How do you think it makes David feel to realise Allan was trying to make everyone else except himself feel to blame for what was going on?'*

*Allan created a sexualised atmosphere in the home soon after he moved in, when the children were still preschoolers. David had observed his mother and stepfather having sex in the lounge room and kitchen on a regular basis. He had heard the piercing scream from Sandra when she was first penetrated by his stepfather. David slowly and haltingly began to describe a family where interactions were controlled by Allan through intimidation and violence. Sandra was seduced while her mother was beaten and nearly strangled to death in front of the children. David had intervened to save her. Importantly, as he struggled to understand Allan's tactics, he could begin to relinquish responsibility and self directed anger. He could not have done this before other family members contributed pieces to the jigsaw puzzle of Allan's behaviour.*

### Sewing with the Silken Thread

*Amy, too was able to reconstruct how Bob had calculated her position, manipulated the family story, and then kept the abuse going. To do this she needed the involvement of her mother and sister. Amy was first seen for nine months by herself. She refused to have anyone join the sessions until about six months into therapy. By then she was well engaged and the danger of suicide had passed. She used this time very productively, working out how she had come to feel so desperate and isolated, with no way out except to take her life<sup>3</sup>. Despite the fact that Amy experienced considerable relief, she still self-mutilated and had not been able to talk to her mother about the details of what Bob had done to her.*

*In this dyad work, Amy and her mother traced the effect on their relationship of Fiona's absorbing grief for her lost marriage and how Fiona had then been 'locked out' as Amy withdrew during the period of abuse the following year. Fiona in turn heard how Amy feared being left again and hurt, if she let her mother get close to her. Amy had already lost her father and paternal grandmother since the disclosure. 'Now I know why I felt 1000 kilometres away from you' was Amy's comment when she and her mother completed the map of Bob's manipulations. Amy's life turned around after this important and final part of her therapy.*

*The third and final stage was family work with Fiona, Amy and Emma. The conflict between the sisters partly abated when the destructive force of Amy's portrayal as the special, sensitive child was made clear through the use of sequence charts and family drawings. The therapist drew a time line to make concrete the effects of the ideas Bob had circulated. The recursive nature of these effects created a destructive and escalating spiral; the idea that Amy needed time away from her sister had ignited the rivalry into open conflict and simultaneously pushed Amy into her isolated and suicidal position. The 'maps' were pulled out a number of times, changed and added to in different sessions and embodied a joint history that the family had experienced. This also helped unify the work, which had moved between individual, family and dyad sessions.*

Once the deceit is unravelled, the process of 'reconnecting' often takes on a life of its own. The therapist

may find herself observing as the child and mother, sisters and brothers begin to mend their relationships.

*David and his two sisters suffered disconnection from their mother when she was the victim of life-threatening domestic violence and forced by Allan to relinquish her role as protective parent. She was charged with concealing a crime and failing to keep Sandra away from Allan to prevent re-abuse once he was released on bail. To the children, their mother's victimisation and reasons for cooperating were both transparent and interdependent. Although she has not been directly involved in the therapy, their reflection on her position has meant their reconnection with her has begun.*

## CONCLUSION

Once the perpetrator has been removed from the family, no one person in the family knows the extent of the grooming and maintenance that other family members have experienced. If the systems of belief or patterns of interaction set up by the perpetrator are not named and deconstructed, they may continue to disrupt protective family relationships. The mother, as the non-offending parent, may have been the victim of domestic violence and manipulation that has impaired her ability to know what the child has been experiencing, or to respond to the child victim. The mother-child relationship can be rewoven to make a garment that is of their own choosing, and one that offers future protection for the child.

Each family member has experienced a segment of the perpetrator's activities. When these pieces are brought together, the perpetrator's methods of manipulation come into sharp focus. The dominant story the perpetrator has established can be debunked, and family members can reconstruct their own story that appreciates the perpetrator's agency in setting up and maintaining the abuse.

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## Notes

1. Barnardos Australia is a large child welfare organisation which provides a range of family support and substitute care services. The Child and Adolescent Program at Auburn provide a range of groupwork, court preparation and counselling for victims and their non offending family members. Client profiles reflect multiple types and occasions of abuse as very common.
2. Gestalt methods used are illustrated in Violet Oaklander's *Windows to our Children* and include such methods as sandtray, drawing and symbolic work.
3. Amy used a series of sandtrays to explore the feeling states she was in. She would lose herself while creating scenes in the sand, and in surprise realise she had created representations or parallels to her own experiences.

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