

1-1-1996

A qualitative evaluation of the S.A.I.F. programme

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A Qualitative Evaluation of the S.A.I.F. Programme

by

**Anne Blair
B.A. (Behavioural Studies)**

**A thesis submitted in partial fulfilment of the requirements for the
award of**

Master of Social Science (Human Services)

at the Faculty of Health and Human Services

Edith Cowan University

Western Australia

1996

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ANNE BLAIR

17.9.96.

ACKNOWLEDGEMENTS

I would like to express my appreciation to the people who have supported me during this research study.

Firstly, I would like to thank the participating families who were expert informants, and who so courageously shared their experiences.

My sincere thanks also to my supervisor, Dr Jan Grant of Edith Cowan University for her patience, encouragement and intellectual guidance.

I also wish to thank the management and staff of Sexual Assault In Families (the SAIF programme), for permission to undertake this study, and to Liz Riley, SAIF psychologist, for the assistance she provided throughout the process

Finally, I would like to thank Ruth Marquis for her collegiate support.

ABSTRACT

This thesis describes an evaluation of Sexual Assault in Families Inc., Perth, Western Australia (the SAIF programme) which offers therapy and counselling to families where one or more of the children have been sexually abused by one of the family members.

The purpose of the study was to demonstrate the use of a triangulated qualitative research methodology in order to determine whether the programme is achieving its objectives in terms of service delivery. It adopted a phenomenological approach in which participants were acknowledged as expert informants who were capable of identifying valued aspects of the programme.

The participants were twelve families who had completed the 12 month SAIF therapy programme and who had reunited or were in the process of reunification. The paper describes the families' perceptions and experiences of having participated in the programme, what changes had occurred as a result of the process, and whether there was evidence that the abuse had stopped. Levels of family cohesion and adaptability were also measured using the FACES III (Family Adaptability & Cohesion Evaluation Scale). A content analysis procedure identified emergent themes of safety, communication, trust, victim empathy, group support and self-awareness for each of the three groups of participants, which were then compared to the findings of the FACES III questionnaire.

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CHAPTER ONE: INTRODUCTION

Child sexual abuse is the use of a child for sexual gratification by an adult or significantly older child/adolescent (Tower, 1989). Sexual abuse occurs with children of all ages and both sexes, and is committed predominantly by men who are members of the family or other trusted adults in positions of authority. The term "child sexual abuse" commonly refers to the abuse of children by the extended family, or by non-family members, usually stopping short of intercourse, whilst incest refers specifically to intercourse between immediate family members (Goddard & Carew, 1993). For the purpose of this study, however, the term "incest offenders" is used to describe men who have sexually abused their daughters or step-daughters, whether or not the abuse extended to sexual intercourse. Also, the terms "incest families" or "incestuous families" are used to describe families where the father or father-figure has sexually offended against one of the children.

In an attempt to address the problem, and put an end to the sexual exploitation of children, treatment services have been introduced to help families where sexual abuse of children has occurred. Sexual Assault In Families Inc. (the SAIF programme) is such an organisation. It was developed in 1989 in Perth, Western Australia, and has attracted over 300 offenders and many of their families to its 12 month programme. The SAIF programme is unique in that it provides an

anonymous, first-contact telephone crisis line, and does not exclude families who have not been reported to the authorities, providing they abide by the terms of their treatment contract with the organisation. The programme is funded by the Department of Family and Children's Services, which provides for the appointment of two part-time staff, a co-ordinator and a programme director. SAIF also generates funds from clients' fees, which provide honorariums for professional part-time counsellors and group facilitators. As there is no mandatory reporting of sexual abuse in Western Australia, SAIF is legally able to offer services to families who have not been reported to the authorities.

The SAIF programme has been evaluated three times; in those evaluations data were collected from SAIF records and offender clients; however, none of the evaluations included information collected from the partners or victims of the offenders. This study is an evaluation of the SAIF programme, which includes data collected from other family members (the mother and the abused daughter) as well as the offender.

The study demonstrates the use of qualitative research methodology in human service evaluation in order to identify key areas for programme development, and to establish whether or not the SAIF programme is producing the desired effects. This was accomplished by interviewing families who had completed the

programme and who were still intact (i.e. still together or planning to reunite), in order to obtain data that would provide a deeper understanding of the programme, and to determine what meaning the programme had for participants, and what they perceived to be its usefulness.

Competition between service providers for government funding drives many human service evaluations; therefore, in an effort to meet funders' demands for accountability, service providers often adopt a utilitarian approach by using quantitative methodology to prove the net impact of the service, usually because of time and cost restraints, but also as a reflection of society's perceptions of productivity and effectiveness. The belief that human services are concerned with meeting human needs can be overlooked in evaluations that are focussed on satisfying political objectives, thus raising ethical issues in relation to programme evaluation.

The value of using qualitative methodology in programme evaluation is that it provides an opportunity for programme participants to present intimate knowledge of their programme experience, in their own way. However, the combination of various qualitative methodology in programme evaluation, known as multiple method, or 'triangulation', can strengthen the validity of findings, providing the results produced are congruent.

SELECTING A PROGRAMME TO EVALUATE

The researcher's human service experience has been obtained at agencies aimed at reducing the trauma and incidence of intra-familial child sexual abuse. The researcher is also interested in the development of programmes that have a strong philosophical commitment to objective, professional standards and ethical codes. It was decided, therefore, that an evaluation of an innovative programme, such as Sexual Assault In Families, would provide an opportunity to determine the programme's effectiveness. In addition, if problems relating to treatment effectiveness were discovered, then adjustments could be made accordingly. Although the researcher's prior knowledge and involvement in the organisation precludes a bias-free evaluation, it would be untenable and unethical for an outside researcher to interview SAIF's families, particularly those who are unknown to the authorities, given that families where child sexual abuse has occurred are a particularly sensitive group. An extensive literature review has failed to identify the existence of similar programmes which offer an anonymous telephone crisis line or treatment to non-statutory families where intra-familial child sexual abuse has occurred.

SIGNIFICANCE AND PURPOSE OF THE STUDY

As many reports on treatment programmes for intrafamilial child sexual abusers are based on recidivism rates, or on self-reporting, it was decided that a programme evaluation that included the partners and the victims as participants, in addition to the offenders, would provide information that would be of greater value to the SAIF management and treatment committees. Such research would help to reveal the whole family's experience of the programme, and whether family members felt safe with the offender back in the home.

As there have been no published reports of research conducted with non-statutory incest families, it was believed that the study would also provide an opportunity to gain original data from families who had volunteered for treatment, without pressure from statutory authorities.

EVALUATION OBJECTIVES

The primary objectives of the SAIF programme are to terminate child sexual abuse in families, to help prevent its recurrence, and to assist families to stay together, if this is their aim. The purpose of this impact evaluation, therefore, was:

- (a) to assess the functioning of intact families after treatment;

(b) to assess whether the offender has ceased his offending behaviour;

(c) to demonstrate the use of a triangulation evaluation methodology in order to identify key areas for programme development;

(d) to develop a framework for human service evaluation which has as its focus the experiences of participants related to their interactions with the service.

In order to meet these objectives, evaluation/research questions needed to be developed. The questions that might best provide pertinent information, and from which the triangulated methodology could be developed, were as follows:

1. **Has SAIF intervention had an impact on the functioning of participating intact families?**
2. **What are intact families' perceptions of changes in family functioning since SAIF intervention?**
3. **What are the levels of cohesion and adaptability in intact families?**
4. **Is there evidence that the risk of offending has been reduced?**

CHAPTER TWO: LITERATURE REVIEW

This chapter begins with an overview of evaluation in order to establish the importance and parameters of evaluation in human services. It then moves on to consider the review literature on incest, treatment approaches, and previous evaluations of some programmes that provide treatment for incest offenders, or families where incest has occurred.

EVALUATION PRACTICES

Evaluation research can be applied to answer questions relating to issues in a wide variety of fields, such as the development of media programmes, marketing products, staff selection, private and public workforce organization, political campaigns and human service policies and programmes. As the purpose of this study is to measure the effects of a treatment service on a small group of incest offenders and their families, this chapter will focus on evaluation theories relating to the delivery of human services programmes.

In discussing the relevance and purpose of programme evaluation, Rossi and Freeman (1989) claim that:

Evaluation research is the systematic application of social research procedures for assessing the conceptualisation, design, implementation, and utility of social intervention programs. In other words, evaluation researchers (evaluators) use social

research methodologies to judge and improve the ways in which human services policies and programs are conducted, from the earliest stages of defining and designing programs through their development and implementation. (Rossi & Freeman, 1989, p18).

Stufflebeam and Shinkfield (1989) however, emphasise that, although evaluation embraces concepts such as research or testing, its essential goal is to determine the value of whatever is being assessed, so that if a study does not report how effective or ineffective something is, it is not an evaluation.

Rossi and Freeman (1989) also stress that the importance of evaluating social programmes, both those currently in effect and those in various stages of design, should not be underestimated in the continuing challenge of devising ways to remedy the serious deficiencies in the quality of human life.

In support of the concept of programme evaluation, Stufflebeam and Shinkfield (1985) state that evaluation is one of the most fundamental components of sound professional services in enabling professionals to show accountability for providing a high quality, up-to-date, efficient service to clients that is directed to their needs. They say this evaluation process should include studying the needs of the clients, evaluating the approaches that are being used, closely monitoring the delivery of service, assessing immediate and long-term outcomes, and searching for ways to make the service both more efficient and effective.

Efficiency and effectiveness are also emphasised by Gray and DiLeonardi (1982) particularly in support of the evaluation of child abuse prevention programmes, in order to demonstrate their worth, as they believe that funding sources are more likely to continue providing money to programmes that can be shown to be effective. The authors also believe that programme planners can use data gathered for evaluation purposes to strengthen, change, or discard a preventative intervention.

The perceived value of human service programme evaluation, therefore, is of prime importance in holding professionals and service deliverers accountable to their clients, their funding bodies, and the community in general, and in order to help facilitate desired social change. Gray and DiLeonardi (1982) also point out that paid staff and volunteers are more apt to keep up their efforts when they know their hard work is producing results, and that the community is more likely to support preventative efforts once the credibility of these programmes is established.

METHODOLOGICAL ALTERNATIVES AND OPTIONS

Patton (1982) says that making thoughtful and practical methods decisions means using methods that are appropriate to the particular nature of an

evaluation, and reports how his concern about methodological prejudice led him to compare two alternative paradigms of evaluation measurement and design, i.e. the natural science paradigm of hypothetico-deductive methodology based on quantitative measurement, experimental design and multivariate, parametric statistical analysis, and holistic-inductive methodology based on qualitative data, holistic analysis and detailed description derived from close contact with the targets of study. He describes the hypothetico-deductive, natural science paradigm as aiming at the *prediction* of social phenomena, and the holistic-inductive anthropological paradigm as aiming at the *understanding* of social phenomena, with neither paradigm being intrinsically better than the other. He also points out that, while quantitative research depends on careful instrument construction to be sure the instrument measures what it is supposed to measure, in qualitative inquiry "*the researcher is the instrument*" (Patton, 1990:14). Guba (1981) reflects that:

It is as though the rationalist is interested in what happens in the best of all possible worlds, while the naturalist is concerned with what happens in the worst. (Guba, 1981, p79).

Rossi and Freeman (1989) argue that quantitative measures are the most powerful research design for establishing causality, but concede that, although qualitative observations are expensive and sometimes difficult to use, they have

important roles to play in certain types of evaluation activities, particularly in the monitoring of ongoing programmes.

Guba and Lincoln (1981) label the two paradigms as naturalistic and scientific, and claim that they contain incompatible assumptions about the nature of reality, the inquirer/subject relationship, and the nature of truth statements. Guba, (1981) and Patton, (1982), however, argue that flexible, responsive evaluators can make mind shifts back and forth between paradigms within an individual evaluation setting, and arrive at agreement on an evaluation design that includes both qualitative and quantitative data without the necessity of resolving ultimate paradigmatic issues, i.e. "To seek an appropriate balance between rigor and relevance seems sensible". (Guba, 1981:79).

This combining two or more methods of data collection in the study of human behaviour is defined as triangulation (Jick, 1979; Cohen, Louis and Manion, 1980). Guba and Lincoln (1983), Neenan (1987), Bryman (1988) and Denzin (1989) also support the use of combined methodologies. Cohen et al, (1980) state that triangular techniques in the social sciences attempt to map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint, and that the more the methods contrast with each other, the greater the researcher's confidence in the findings. In support of

triangulation, Jick (1979) believes that the use of multiple measures may uncover some unique variance which otherwise may have been neglected by single methods

In addition, Marquis (1994) stresses that the evaluator needs to be able to determine the perspective from which a particular evaluation should be conducted, to ensure that this is clearly understood by the programme's stakeholders and the participants in the evaluation process, and that the evaluator needs to understand the context of the evaluation arena. She points out that the preference for a particular paradigm will be dependent on both the evaluation purpose and the values inherent in the value frame of the evaluator, and what constitutes 'truth' from the evaluator's perspective. To evaluate the experiences of participants in a programme, which in this study is families in which incest has occurred, it is necessary, therefore, to understand the reasons for their participation in the treatment programme. Investigating the philosophies that underpin programmes which provide services to families where incest has occurred, and bringing attention to the issues that confront such families, increases the evaluator's own awareness and sensitivity to the needs of the participants. In collecting data from participants who have been involved in addressing the problem of incest in their families, then, it is paramount that the investigator, in addressing the ethical implications of face-to-face interviews, is

able to demonstrate sensitivity and empathy, and to provide a 'safe' process, so that participants do not become distressed.

INCEST

This section is concerned with the perceived extent of the problem of incest in the community at large, the implications for such family members, the importance of the knowledge and values of those officials and professionals in dealing with the problem, and current approaches in dealing with the problem.

The result of inappropriate sexual activity has far-reaching ramifications for the family in general, and the victim in particular. Attempting to address the issue of sexual abuse in the family can, understandably, elicit an emotive response from family members, the community, and statutory bodies and professionals, which can then have a major impact on how effectively the problem is addressed.

Briggs (1993) reports that throughout the 1980's, Western countries experienced a dramatic increase in the number of reported cases of child sexual abuse. For example, reports of alleged abuse in Western Australia have grown from 478 cases in 1981 when figures were first collected, to 3,699 reported cases in 1987 when various agencies began participating and reporting. Reports increased very substantially when police and community health staff (about 20% of reports)

began contributing to this voluntary reporting scheme. Increased awareness in the community and the provision of services for victims have led to substantial numbers of reports coming from families themselves (27% of reports) and friends and neighbours (13% of reports). The latest figures from the West Australian Advisory and Co-Ordinating Committee on Child Abuse 1988 show that sexual abuse (most often indecent dealings) is the largest category of abuse reported, of which the majority of alleged offenders (57%) are fathers or stepfathers. A further 32% are known to the child in some way, and only 11% are strangers or of unknown relationship (Broadhurst & Maller, 1991:21).

CLARIFYING TERMS: SEX OFFENDERS

Analysis of research on perpetrators of child sexual assault has been plagued by lack of agreement on the categorization of sex abusers. Krwacska (1990:125) divides child sexual abusers into two categories: those with exclusive interest in children, and those with normal adult sexual orientation, but who have intermittently engaged in sexual activity with children. These distinctions are supported and described as "fixated" and "regressed" by Groth (1978). Fixated offenders tend to be involved with victims who are strangers or casual acquaintances (extrafamilial), whilst regressed offenders are more likely to choose relatives (intrafamilial) and close friends as victims (Harrison and O'Keefe, 1994). Rapists are observed to target either children or adults, and

this type of offending is usually perceived to be a crime of violence, however, Finkelhor (1984) says that, although the desire to punish, humiliate and retaliate is high, the sexual component needs to be taken into account.

The distinction between incest offenders and other sex offenders is supported by Broadhurst and Maller, (1989) who state that:

Those incarcerated for incest provide little evidence of histories of officially punished violence or other sexual offences, and this suggests that their behaviour can and should be distinguished from that of other sexual offenders. (Broadhurst and Maller, 1989, pp35/36).

The perception that incest offenders are different from other sex offenders, or that any child molester differs from any other kind of offender, however, is strongly disputed by Glaser (1988:145) who criticises courts who are impressed by the apparent difference of child sex offenders "from the ordinary species of rogue", often resulting in a sentence of treatment, rather than incarceration, for child sex offenders. He also points out that other kinds of offenders complain that child sex offenders are often "rewarded" by being offered treatment instead of sentencing, and sees it unfair that treatment is offered only to child sex offenders and not to other types of offenders who may also be experiencing family difficulties and other kinds of psychological problems.

In attempting to understand how incest offenders may differ from other kinds of offenders, or whether they are "sick" or "bad", it may be useful to look briefly at some perceived causes of anti-social behaviour in general, and aggressive behaviour in particular. There are, however, conflicting epistemological assumptions that the cause is either biological or social. Belief in biological causes saw the introduction of experiments in psychosurgery, including amygdalectomies and hypothalamotomies (O'Callaghan and Carroll, 1987), pharmacological agents including the drug Lithium to control aggression, and androgens to control testosterone levels (chemical castration) by reducing the strength of sexual arousal. O'Callaghan and Carroll argue, however, that the genesis of psychosurgery for the control of antisocial behaviour in humans relies on animal research, and is therefore without an adequate theoretic foundation. Restack (1984:142) also argues that it is unlikely that Lithium, or any other chemical agent, is capable of extinguishing aggressive behaviour - that aggression is "the result of value judgements supplied to the output resulting from the complex interplay between biological, situational and experiential determinants". Although chemical castration appeals to many segments of the public, particularly in regard to child sex offenders, mixed outcomes such as side effects, are reported, and the reduction in the strength of sexual arousal is temporary (Lanyon, 1986).

Blackburn (1993) supports Restack's (1984) argument that, while behaviour may be regarded as an emergent function of physical systems, brain activity provides the causal mechanisms for behaviour, and concludes that biological processes are therefore as real a cause of crime as are social processes. This approach is usually referred to as the "biosocial" approach.

These debates are more than academic discussions however. Whether a person's biological and social processes are perceived to combine in contributing to offending behaviour is reflected in the philosophy that underpins programmes that treat child sex offenders, and their treatment strategies. Such differences in programmes are reviewed later in this chapter.

The sex offenders in this study are incest offenders, having offended against their daughters or stepdaughters, thus falling into the "regressed" or "intrafamilial" group, as previously described here by Groth (1978) and Harrison and O'Keefe (1994). In order to understand the problem more fully, this study examines the dynamics of incestuous families, and the etiology of the parents in particular.

DYNAMICS OF THE INCEST FAMILY

There exists a plethora of opinion on the typology of incestuous families, that describes them as having characteristics that may include: a higher degree of

conflict (Dadds, Smith, Webber, & Robinson, 1991; Lanktree, Briere & Zaidi, 1991); a higher degree of rigidity in their organisation (Alexander & Lupfer, 1987; Dadds et al., 1991; Harter, Alexander & Neimeyer, 1988); a lower level of cohesion or intimacy among family members (Alexander & Lupfer, 1987; Carson, Gertz, Donaldson & Wonderlich, 1990; Dadds, et al., 1991; Harter et al., 1988; Lanktree et al., 1991); a conflictual mother/daughter relationship or maternal distance (deChesnay, Marshall & Clements, 1988; Gordon, 1986; Levang, 1988; Paveza, 1988; Smith & Israel, 1987); mother-daughter role-reversal (Levang, 1988; Pelletier & Handy, 1986); marital conflict; violence, or both (Edwardss & Alexander, 1992; Paveza, 1988; Pelletier & Handy, 1986; Truesdell, McNeil & Deschner, 1986); a patriarchal family structure (Alexander & Lupfer, 1987; Edwards & Alexander, 1992; Harter et al., 1988; Levang, 1988); and substance abuse (deChesnay et al., 1988; Liles & Childs, 1986).

Larson and Maddock (1986) contend that incestuous families fall into four incestuous patterns:

1. Sexual abuse may stem from a family member's desire for closeness and affection in an otherwise unemotional system;
2. It may occur in a sexualised family environment and serve as an outlet for sexual frustrations;
3. It may be associated with scapegoating the child for the hostility felt by the perpetrator toward another family member;
4. Incest may be an outlet for the perpetrator's unfocused anger or psychopathology.

In a study to determine a typology of incestuous families, Alexander and Schaeffer (1994) tested this typology, using a cluster analysis. They concluded that incestuous families are not necessarily characterised by father-dominance, parental physical abuse, marital violence, or father-daughter alignment, but that they can be described as significantly more controlling and conflictual, and less cohesive than normative samples.

In order to assess the dynamics of problematic families, Olsen, McCubbin, Barnes, Larsen, Muxen and Wilson (1982) developed a theoretical framework and assessment instrument, entitled Olson's Circumplex Model. The Model has two interacting dimensions, cohesion and adaptability, to describe family behaviour. Cohesion assesses the degree to which family members are separated or connected emotionally to one another; adaptability assesses the extent to which a family is flexible and adaptable to change. Under this framework, families most vulnerable to the development of incest generally exhibit one of two patterns: i) a strict hierarchical dynamic with inflexible rules and stereotypic sex roles, or ii) a system where family rules change constantly, formal roles fluctuate to become inappropriate, and the family experiences a feeling of being leaderless. In both cases the family is isolated from or suspicious of others, looks

to itself to satisfy individuals' emotional needs, and rallies when outsiders threaten the sanctity of the system.

In comparing family interactions within incest and non-incest families, Madonna, Scoyk and Jones, (1991:46) found that the incest families' dysfunctional patterns that seemed to support and maintain the incestuous behaviour were a rigid family belief system, a dysfunctional parental coalition, parental neglect and emotional unavailability, and the inability to nurture autonomy in family members.

Alexander and Schaeffer (1994) conclude that families in which sexual abuse has occurred are more diverse than the research comparing them to control families would suggest. Elements such as the range of abuse, the relationship of the abuser to the abused, the age of the abused, whether the abuse was based on seduction or force, whether there was one or multiple abusers either inside or outside the home, could cause the dynamics of perpetrators and families alike to vary greatly from one instance of abuse to another.

It is evident therefore, that treatment programmes will focus on one or more of the elements discussed above, be it the pathology and/or the sociology of the offender, the etiology of the parents, or the family dynamics. In working with incest families Giarretto (1982) focuses on the etiology of the parents, claiming

that abusive parents typically were raised by punitive and generally uncaring parents, that abusive parents are incapable of leading fulfilling lives, and consequently discharge chronic resentment through hostile acts unconsciously intended to be self-punishing. The following sections, therefore, focus on the profiles of the parents, and the effects on the victim.

PROFILE OF THE INCEST OFFENDER

The incestuous father is a person with a relatively normal public appearance (Ben-Aron, Hucker and Webster, 1985), who is usually centered on his family in an emotional sense, and may be unusually dependent upon his family for emotional (and sexual) gratification. This overinvolvement with his family is not always benevolent; he may become dominant or physically abusive in his effort to play the role of patriarch. Ben-Aron, et. al. (1985) also believe that the incestuous father often has a rather chaotic background and may have been deserted or abused by his family of origin, and that impairment to self control due to alcohol abuse, loss of self-esteem due to unemployment or loss of wife as sexual partner are also often evident prior to the incestuous father committing the abuse.

There is evidence that indicates that father-daughter incest does not usually involve the application of physical violence, (Renvoize, 1982) but that

perpetrating fathers generally adopt the role of suitor with their daughters, deliberately building up trust between them. They also use favouritism, secrecy, boundary violation and evaluation in grooming their daughters to participate in sexual activities. "The hallmark is not so much assault as deception or seduction by the abuser" so that, in contrast to classical non-accidental injury, there is not a need to admit the child to hospital for physical safety, and, also in contrast to classical non-accidental injury, the other parent often does not know that the abuse is happening. (Gurry, 1991:10).

Giarretto (1982:271), however, claims that the sexually abusive father does not use his child primarily for sexual gratification, but principally as a means of reconfirming and discharging his low self-worth - that he approaches the child sexually without full awareness of the needs, drives and motives fuelling his behaviour, nor of the consequences to his child, family and himself.

Briggs (1986) reports that psychologists working with offenders on treatment programmes are convinced that an increasing number of offenders wish to be identified in order to receive help - that most are fathers who are concerned about the children and worried about a number of different aspects of their marriage and family relationships. She points out that, because there is no public

encouragement for abusers to seek help voluntarily, most are referred by social workers and courts after offences are discovered.

In recent years it has become common for child sex offenders to claim that they abused sexually only because they themselves had been sexually abused as children. Sexual interest in male children of some abused male subjects does have implications for the victim-perpetrator cycle (Browne & Finkelhor, 1986. Reinhart, 1987), but this is sometimes seen as an excuse by counsellors and clinicians from men who are experiencing difficulty in accepting responsibility for having offended against a child (Jenkins, 1990). White (1994:69), however, argues that men often minimise the significance of abuse in their own lives, and need help to explore the effects of the abuses they have been subjected to in their lives. He states that:

it is only when men attend carefully to the effects of some of these experiences of abuse that they actually reach a point where they can name the abuse for what it is, and appreciate the full impact of the violence that they have perpetrated on others. (White, 1994, p69).

Briggs (1994) points out that not all children who have been sexually abused go on to abuse. She reports that a group of 84 incarcerated male child molesters who had been sexually abused as children, when compared with a group of 95 non-offender subjects who had also been abused as children, differed in that they had been more socially disadvantaged as children, had initially been unable to

accept that their victimisation had been abuse, had accepted that abuse was a normal part of childhood, that they had liked some aspect of the abuse, and that they had been abused by a larger number of people than were the non-offenders.

Violato and Genius (1993:767) claim that not enough is known about the extent, consequences and effects of sexual abuse of boys, due to "a paucity of both clinical and empirical evidence", and stress the need for further research, especially into abuse-specific correlates and the victim-perpetrator cycle. They estimate that the prevalence rate of boys who are sexually abused is 11.5%, but caution that this may be low due to under-reporting. Gordon (1990) in a study of 585 men and women sexually abused as children, noted that men had experienced more severe abuse (repeated assaults over a prolonged period involving force and actual or threatened violence), yet were less likely to report than were the women.

PROFILE OF THE MOTHERS OF INCEST VICTIMS

Children who have suffered sexual abuse from the partner of their mother often find it difficult to disclose to her, because they fear their mother will not believe them. They may also fear that their mother may reject them in favour of the mother's sexual partner, or that their mother will place the blame on them, instead of on the offender.

The reactions and responses by mothers to disclosure of sexual abuse of their children by their partners, are varied. Myer (1985:49) argues that mothers of incest victims are not a homogeneous group, that their personality characteristics are varied. A sample of 43 women was studied and classified with respect to their ability to protect their children, accept help, and maintain their families (Figure 1). At least 75% of the mothers in this study reported that they did not know the incest was happening.

Figure 1: Classification of Mothers in Families Where Incest Has Occurred (Myer, 1985:49).

Classification	Personality Characteristics	Response to disclosure of incest
Protecting Mothers	No personality disorders or dependent personality disorders	Were able to protect their daughters (56%)
Immobilized Mothers	Borderline personality disorders	Tended to do nothing (9%)
Rejecting Mothers	Narcissistic personality disorders	Tended to reject their children (35%)

She concedes that, although this classification may be somewhat narrow in its portrait of maternal responses, it is clear that the mother who finds that her

sexual partner has been having sex with her children potentially faces enormous emotional problems, and will be likely to require assistance. The mother will often see the abuse as evidence of her own failure as a wife, sexual being, mother and protector of her children.

Hancock, Burton and Mains (1988:135) state that many mothers find themselves paralyzed, perhaps by their own crippling childhoods, by societal expectations about building a 'happy home', or by biblical injunctions to submit to their husbands. They describe mothers in incestuous situations as falling into three categories:

1. Passive/collusive mothers - who by remaining passive about an incest situation, give silent consent; many of them have experienced child sexual abuse themselves.
2. Unaware/unbelieving mothers - who cannot/will not believe the child's report, thus doing great damage to the child's trust as well as recovery potential.
3. Shocked/grieved mothers - who are prepared to act on behalf of the child. These mothers give the child the best chance to recover.

It is not difficult to understand the extent of a mother's trauma on disclosure of sexual abuse between her partner and her daughter. Atkinson (1989) reports that the mother experiences a dramatic loss of self-esteem and loss of status - in her own eyes, the family's and possibly the community's - that her roles as wife and

mother are devastated. She also points out that the relationship between mother and child becomes weakened and spoiled, that her economic survival is threatened, that she is trapped by her financial and emotional dependency, and that reunion of the family grouping may be a dominant preoccupation at this time. Laing and Kamsler (1990) say that the mother may be fearful that supporting the child will lead to her losing both her future security and her relationship with the offender. The mother in this situation is forced to make a decision. To take action, mothers often feel they have to choose whether they support their partner, or support their child, and, in having to decide whether to side with one of two family members over an issue, "the psychological reaction may be experienced as a sense of divided loyalty" (Burgess, Holmstrom and McCausland, 1978:115).

Society offers little to these women in terms of economic, emotional and social support, and more fault will often be found with her than with the offender; also, her inability to protect her daughter may be construed as willingness to have the child victimized (Myer, 1985). This placing of responsibility on the mother is referred to as 'mother blaming' in the literature. Feminist theorists, who view child sexual abuse from a sociological rather than a familial perspective (Tower, 1989) attribute mother blaming to the position of women within the patriarchal society. Blame is attributed to women in that the ideal of motherhood exposes

all mothers as imperfect and therefore responsible for their children's failures in adulthood, and, furthermore, for the actions of male perpetrators of violence (Croghan & Miell, 1995; Humphreys, 1990; Myer, 1985). Daughters also blame mothers who they perceive as not having protected them from fathers who sexually assaulted them (Croghan & Miell, 1995; Sgroi, 1982; Sen & Daniluk, 1995).

Caplan and Hall-McCorquodale (1985), in an investigation of clinical journals for the years 1970, 1976 and 1982 to determine whether reductions in mother-blaming had resulted from the efforts of the women's movement, found that little had changed. Out of 125 journal articles a total of 72 kinds of psycho-pathology in children were seen as being caused by their mothers. They claim that mental health professionals "have legitimized the tendency of both lay-people and professionals to blame mothers for whatever goes wrong with their offspring", (Caplan and Hart-McCorquodale, 1985:345) yet find it curious that if women come by child-rearing skills naturally (as opposed to men), they create emotional disturbances in so many of their children. They describe the attribution of offsprings' problems to the mother as misogynist.

In conducting a study of mothers of incest survivors, Orr (1995) describes feeling pressured to join either with the prevalent blaming literature, or to discount it

entirely. She argues that such polarization between either good or evil "denies the complexity of the women and their lives", (p.4) and confides that part of her greatest fear was that she might produce a work which would result in more anger or blame being added to that already experienced by the women in the study. (p4).

In conclusion, the mother of a child who has been sexually abused by her partner, may often not only find herself without support, but may be held responsible for the abuse, by society, by professionals and by her abused daughter.

EFFECTS OF THE ABUSE ON THE VICTIM

The following statements, summarized from a case history, as described by an incest victim to Renvoize (1982) help to demonstrate the confusion, hurt and damage experienced by incest victims:

.....the crazy thing is, my father was always very good to me....he was always very loving and treated me differently to anyone else in the family.....I was someone special....he couldn't let me alone....he was obsessed with me....I don't think he ever knew what he was putting me through.....coming up behind me, grabbing me, grabbing my wrist behind my back, and he'd push himself up against me.....even when my mother was around he'd wear a bath towel tied at his waist, and sit opposite me exposing himself to me....she might say "Oh don't sit like that, it's not right", but he wouldn't take any notice, and she never insisted he

stop....I felt very angry with her....I used to blame her because I thought it began when she started working...she wasn't very often there to protect me, even if she'd wanted to....for years I assumed it was because she wasn't available to him that he turned to me sexually...they'd never made love for years...they never did touch each other much...he treated her as though she were trash....another important thing was, if I allowed my father to do what he wanted, he was delightful around the house....it was like I was keeping the peace...there was no privacy anywhere...he never stopped watching me....I lived in daily fear I was going to be molested...I had a mother I felt didn't love me...I desperately needed for people outside to think we were a happy family....I was terrified of anybody knowing...I remember having a boyfriend when I was fifteen...anything he did was OK....I felt that people could do anything they wanted to me, that it didn't matter what they did....my father was a sad man; he didn't have any friends....he hated his parents....my (paternal) grandfather was the most vicious, awful man....everybody hated him....he used to beat my father up, badly.....(the abuse) went on until I got engaged...then at last he left me alone..... (Renvoize, 1982, 8-17).

This case history continues to describe the difficulties encountered in confronting family members, particularly parents, and the effects on the rest of the victim's life.

Other authors have attempted to describe the long and short term effects of childhood sexual abuse on the child. Briggs (1986) states that the long term effects are psychologically devastating. Renvoize (1982:5) says "there nearly always is harm, nearly always is pain, even if it is emotional rather than physical". Kempe, (1978), claims that sexual abuse robs children of their developmentally determined control over their own bodies.

The long and short-term effects of incest on victims are described as anxiety, depression, anger and hostility, inappropriate sexual behaviour, self-destructive behaviour, anxiety, feelings of isolation and stigma, poor self-esteem, a tendency towards victimisation and difficulties with substance abuse (Follett, 1989; Harter, Alexander & Neimeyer, 1988; Jehu, Gazen & Klassen, 1988; Tsai, Feldman-Summers & Edgar, 1979). Follett (1989) also points out that difficulty in trusting others, sexual maladjustment in areas such as sexual dysphoria, sexual dysfunctions, impaired self-esteem, and avoidance or abstention from sexual activity have also been reported by empirical researchers.

Renowned author Finkelhor, together with Browne (1985:530), in attempting to develop a model that would provide a systematic framework for identifying and understanding the effects of childhood sexual abuse, proposed that the experiences of sexual abuse can be analysed in terms of four traumatic-causing factors: traumatic sexualisation, betrayal, powerlessness and stigmatization. The authors claim that these dynamics "alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view and affective capacities" (p531). They go on to describe the four factors: Briefly, they explain that traumatic sexualisation results in the developmentally inappropriate shaping of the processes of a child's sexual

feelings and sexual attitudes. They describe betrayal as the dynamic by which children discover that someone on whom they depended and trusted has betrayed them. Powerlessness is described as disempowerment, the process "in which the child's will, desires, and sense of efficacy are continually contravened"(p531), and stigmatization refers to negative connotations, such as "badness, shame and guilt" that are "communicated to the child around the experiences and that then become incorporated into the child's self-image" (p 532).

In summary, given the serious and far-reaching effects of the trauma of incest on the child, it is not surprising that, on disclosure of the abuse, the family as a unit is consequently faced with serious and far-reaching decisions to make.

IMPLICATIONS FOR THE INCEST FAMILY

Briggs (1986) believes that, in a situation where a girl has been abused by her father-figure and abandoned by her mother, the child is psychologically orphaned and the long-term effects on her mental health likely to be devastating. Giarretto (1981) says that if incest is left unattended, it is likely that the victim and the family as a whole will be critically traumatised.

Addressing the disclosure of intrafamilial sexual abuse, however, can cause further trauma. The family is faced with the dilemma of whether to report the abuse. Unless there is no mandatory reporting relating to sexual abuse, the incestuous family seeking assistance from agencies set up to deal with the effects of the abuse, will be reported to the authorities.

Research in Australia (Lamond, 1989; Shamley, Kingston & Smith, 1984; Webberley, 1985) and overseas (Besharov, 1987; Faller, 1985) has cast doubt on the value of mandatory reporting. Lamond, however, claims that appropriate training of new mandatory reporters in Victoria has ensured there has been no increase in indiscriminate reporting. He concedes, though, that this has been achieved at the expense of an increase in the number of families that are inappropriately described as abusive.

The introduction of mandatory reporting of sexual abuse across Australia (with the exception of Western Australia), does appear to have resulted in an increase in levels of reporting, although the substantiation rate of cases has not increased proportionately (Angus & Woodward, 1995). The authors claim that only 44% of all finalised child maltreatment cases were substantiated. The Legislative Review Committee of the (then) Department for Community Services (1989) concluded that the introduction of mandatory reporting appears to dramatically

increase the notification rate, and the amount of resources spent on the investigation of cases that are unfounded or have already come to notice (p25). The review also concluded that families may be discouraged from seeking help, that mandatory reporting may lead to unnecessary and harmful intrusion into families, and result in biased investigating of the poor. However, although there seems to be doubt about the advantages of mandatory reporting, Clark (1995) claims that it has resulted in a significant increase in the recognition of sexual abuse within the community, and a greater public awareness of the problem.

Ringwalt and Earp (1988) express concern that some child protection services' interventions may have an adverse effect on the daughter, if the child protection workers see themselves as serving either the victim or the perpetrator, and urge that they should be encouraged to examine their own pre-conceptions about the relative complicity of the various parties involved in such acts. In other words, if the workers align themselves with the offender in a way that indicates to the victim that she played some part in the abuse, then further trauma to the child may occur. Conversely, if the workers align themselves with the victim to the point that the child fears the break-up of her family, or the loss of a parent or caregiver that she does not necessarily want to have removed from her life, the child may be further traumatised.

Awareness of the potential for further trauma to victims and their families led to the development of programmes to deal with the problem of intra-familial sexual abuse, based on a holistic approach that considers the issues of each family member. Such a programme is the community based Child Sexual Abuse Treatment Program (CSATP) of Santa Clara County, California, which encourages incestuous families to seek treatment, and provides comprehensive in-depth therapy to all members of the family. Giarretto (1982), believes that reporting the situation to the authorities may aggravate the family's troubled state, depending on the perceptions of law enforcement officials, and claims that sharp increases in the referral rate of the CSATP can be attributed to its reputation as a resource for help, rather than punishment for sexually abusive families. Other programmes aimed at providing services for incestuous families are described later in this chapter.

TREATMENT APPROACHES

In early behavioural approaches the offensive behaviour of sex offenders was understood to be entirely sexual in motivation, so that, in many cases treatment simply attempted to reduce deviant arousal. With the inclusion of procedures aimed at modifying distorted cognition, treatment packages are now more commonly described as "cognitive-behavioural" (Marshall, Laws and Barbaree, 1990). They suggest, however, that the most pressing problem facing clinicians

in this field is the need to develop indices of treatment effectiveness, and that future treatment evaluations need to go beyond a simple appraisal of outcomes by providing information on changes produced by treatment on the detailed features of sexual preferences, social competence and cognitive distortions. Kroth (1979:191) states that a research focus is "an absolute priority in pursuing further understanding of the problem of child sexual abuse, its incidence, cause, and treatment."

The cognitive-behavioural approach described above usually involves the use of group therapy, which, as well as being cost-effective, can also be therapeutically effective as group members will support and challenge each other. The use of group work has been in existence since the days of Freud, and is currently supported by writers such as Andrews (1995), and Senior (1988) who particularly advocates the use of groupwork for working with offenders. Both authors caution, however, that the personal style of group leaders can have an effect on the atmosphere and psychological safety of a group, and that group leaders, therefore, need to be aware of their leadership styles, and their personal and therapeutic biases. Senior (1988, p.112) emphasises, for instance, that "the leader is particularly employed in a mediating role, supporting people within the group as appropriate".

In reviewing treatment programmes that involve the family, two main approaches emerge: (a) the family systems approach, where the whole family is seen as contributing to the incest, and (b) the ecosystemic model, which views incest as resulting from a number of factors from a variety of systems.

Lanyon (1986:180) reviewing the family systems approach, suggests that the major assumptions underlying the family systems approach are that the psychodynamic interplay among family members is of prime importance, and should be the focus of treatment, that the father needs to accept responsibility for his acts, and the mother also needs to accept her share of the responsibility. Kroth (1979:17) in describing the philosophy of CSATP, also supports the notion that both parents need to “accept and admit their joint responsibility for the molestation” even though 37% of spouses who participated in his research exonerated themselves of any responsibility for the abuse of their daughters, at the termination of treatment (p134). The main difficulty that many therapists and clinicians have with this approach is that it places responsibility for the incestuous acts on the mother as well as on the father, sometimes colloquially referred to as “mother-blaming”, as discussed earlier in this chapter. Finkelhor (1986) also criticises some versions of the family systems approach that reflect harsh, inverted value judgements that place

responsibility for the abuse on the mother. He suggests that the behaviour of the mother and daughter become relevant only after the father himself has taken steps to initiate the incestuous relationship, and concludes that the responsibility clearly lies with the father.

Ringwalt and Earp (1988) further argue that if mothers are seen to share the responsibility for the sexual abuse, then perhaps the perpetrator of any other crime should be held less responsible if he were assisted by an accessory.

Trepper and Barrett (1989) claim that incest activity is the *product* of a problematic family system rather than the *cause*, and describe their programme as being an ecosystemic model, having a Multiple Systems perspective:

While it is tempting to see incest as resulting solely from the psychopathology of the perpetrator, research and clinical experience suggest the etiology is far more complex, and includes sociocultural, family, individual personality, and family of origin factors. (Trepper and Sprenkle, 1989, p 94).

They say that they “evaluate factors including (1) socioenvironmental, which includes chronic stress, social isolation, and membership in a subcultural group that is tolerant to abuse against women and children; (2) family factors, such as adaptability and cohesion as measured by Circumplex, family sexual style (which

would include affection-seeking, hostile intent, or violent rape, and family communication); (3) individual personality factors, such as sociopathy, obsessive-compulsive sexual behaviour, locus of control, and the presence of psychosis or other severe psychopathology of the offending parent; and (4) family of origin factors, such as the occurrence of abuse in the childhood of the offending or non-offending parent. Also assessed are precipitating events that “may have directly preceded the incestuous episodes and the family’s coping mechanisms” (Trepper and Sprenkle, 1989, p.96).

Trepper and Sprenkle (1989) state that they found the Circumplex Model useful in measuring structural changes in incestuous families as a result of therapy. They describe the incestuous families who present to their programme as dysfunctional, in that they lack important skills usually found in healthy families, such as open communication, trust, and ability to problem solve and resolve conflict.

Salter (1996), however, argues that it is untrue that sexual offending is a symptom of family dysfunction, and that this perspective does not hold offenders responsible for their behaviour, but, instead, blames the victim and non-offending family members. She states that family therapy should be used only to assist

those families who wish to reunite, by sorting out relationships that have become distorted, and by repairing the mother-daughter relationship.

The programme under review, namely the SAIF programme, is loosely based on the ecosystemic model, however, the main thrust of the programme is to provide therapy for offenders, and counselling and support for the other family members. A full description of the SAIF programme can be found in chapter 3.

CURRENT SEX OFFENDER TREATMENT PROGRAMMES

In attempting to address the problem of sexual offending, communities have tended to place offenders in prison, with little or no support for the mother and victim. However, following awareness of the potential for further trauma to incestuous families, particularly the victim, some communities responded by developing programmes that would offer support and counselling to all family members, particularly those who wished to remain as an intact family, without the offender necessarily going to prison. As previously discussed, the CSATP (Child Sexual Abuse Treatment Programme) of Santa Clara County, California, the treatment programme developed by Trepper and Sprenkle, the Gracewell Institute of Birmingham, England, and the New South Wales Pre-Trial Diversion Programme, were only some of the forerunners in this new approach, followed later by the SAIF programme in Western Australia.

The concept of developing programmes in Western Australia that would address the needs of intrafamilial child sex offenders is attributable to the Child Sexual Abuse Task Force report of 1987. The Task Force's recommendation No.45 states:

A system of pre-trial diversion of the perpetrators of intra-familial child sexual assault should be adopted in Western Australia. The task force recommends that:

(a) the State Crown Solicitor make detailed recommendations on the precise form that pre-trial diversion procedure should take, as a matter of highest priority; and

(b) the scheme be operated by the same body as now delivers probation and parole services.

It should be explained that a pre-trial diversion programme is one that services offenders who, having admitted their offences and been charged, face a panel including legal and health professionals, without first going to trial. A post-trial diversion programme is one that services offenders after they have been sentenced; such programmes may be conducted within the confines of the prison system, or, alternatively, in Community based Correction centres.

Consequently, a report on programme options for court diversion and community based treatment of sexual offenders, was produced in November 1989 (Johnson, Donaldson and Crake, 1989), recommending that a post-trial diversion be

developed that would treat all sex offenders. Part of the decision to develop a post-trial diversion programme was to avoid the lengthy legislative changes that would be required to develop a pre-trial diversion programme. The decision to include extra-familial sex offenders was based on concerns about limiting the service to a discrete group of the sexual offender population. As a result, prison and community based sex offender treatment programmes that would service extra and intra-familial sex offenders were introduced in Western Australia.

The concept of pre-trial diversion does not enjoy full support in the community, however. A strong critic of pre-trial diversion, Glaser (1988:154/5), describes it as "pseudo-sentencing", and claims that many child sex offenders may see a sentence of treatment as an indication that they did not really have any control over their behaviour, and therefore are not fully responsible for their actions.

EVALUATION OF PROGRAMMES

In determining the efficacy, or impact of treatment programmes for sex offenders, it is essential, as described earlier in this paper, that regular programme evaluations are carried out by service providers. A review of previous evaluations of programmes that provide services to incest offenders, and/or their families, follows.

One of the indices for measuring the impact of treatment programmes for sex offenders is whether the offender has reoffended after completing treatment. Statistical evidence of lower recidivism rates, although not proof that offenders have not reoffended, has nevertheless been presented by prison programmers as evidence that their methods are beneficial in reducing the levels of sex offending.

In a long-term evaluation of a cognitive-behavioural treatment programme for child molesters who presented at the Kingston Sexual Behaviour Clinic, Ontario, Canada, Marshall and Barbaree (1988) compared the recidivism rates of a group of treated child sex offenders, extra and intra-familial, with a similar group who were untreated, over a 10 year period. Findings revealed significantly lower recidivism rates and less offences for the treated compared with the untreated participants. The researchers also examined the possibility that the more extended the period of follow-up, the greater the likelihood of re-offending. They examined participants over three time periods, 1-2 years, 2-4 years and over 4 years, and found that there were no differences in the first period between treated and untreated participants, differences which approached reliable levels in the second period and clear significant advantages for the treated participants after 4 years or more follow-up. This outcome over the three time periods indicates that treated participants committed fewer reoffences than did untreated participants uniformly over the three time periods. The conclusion was that the

treated group fared better over the long-term follow-up evaluation, than did the untreated group, that recidivism increases over time, and that differences between treated and untreated groups are more pronounced the longer they are at risk, encouraging the continued application of cognitive-behavioural strategies to the treatment of child sex offenders. The researchers caution, however, that official recidivism figures are underestimates of actual reoffending, and that their estimates do not reflect precise recidivism rates.

Of more relevance to this study, the Child Sexual Abuse Treatment Program of Santa Clara County, (CSATP) was reviewed in 1977 by Dr Jerome A. Kroth, who surveyed comparable groups of clients at three stages in the treatment programme; intake, mid-term, and near termination. The evaluator's overall conclusion was that the impact of CSATP family therapy in the treatment of child sexual abuse was "positive, conclusive and unmistakable" (Giarretto, 1981, pp275-277); that child victims were returned to their homes sooner, there was a decline in their self-abusive behaviour, including drug abuse and promiscuity, their psychological health improved, and their relationships with peers and other family members, including their fathers, showed marked improvement. The evaluator also measured 'attitudinal changes' in both parents, and found that, near termination, 82% agreed with the statement 'I feel more open, honest, and in control of myself', and that all affirmed that 'things are a lot better now'.

Near termination '59% of the sample reported that their relationships had improved, whereas only 6% reported that their relationship had deteriorated'. Disappointingly, the author also reported that, by termination 50% of mothers admitted that they were 'very much responsible' as opposed to none who admitted this at intake, and attributes this change in attitude to mothers learning that 'incest is in part due to a failing marriage for which both spouses are responsible'. Many marriages fail without the male partner resorting to incest, therefore, to suggest that CSATP mothers are expected to assume some responsibility for the abuse because they failed to address their relationship problems, is tantamount to mother-blaming. This perspective also releases the offender from taking full responsibility for his offending behaviour.

Finally, the evaluator claims that the overall recidivism rate for CSATP families was 0.06%, and that 85% of the offenders treated by the CSATP return to their families, although Giarretto (1981.p276) claims that 98% of new clients will not repeat the offence merely on the basis of the fact that the molest has been reported and the family secret broken. The authors do not discuss methodology, except to say that it was a qualitative study, and that a computerized system for data collection has been developed to enable the future progress of the CSATP to be measured in terms of quantitative data.

PREVIOUS EVALUATIONS OF THE SEXUAL ASSAULT IN FAMILIES PROGRAMME

There have been three evaluations of the SAIF programme by the funding body, the Department for Community Development (recently renamed Family and Children's Services) in 1991, 1993 and 1994.

The first evaluation found that all of the 17 male participants said they would recommend the service. Fourteen said that it had been "extremely helpful", and three said that it had been "very helpful". The reasons most gave for their satisfaction were that the groups had helped them modify their behaviour, that they understood much more about their problem, that the victims' feelings were better understood, and that they now had more confidence and more hope. The evaluation was limited by (a) the small number of participants, (b) the methodology which involved data collected from participants using anonymous questionnaires only, and (c) other family members were not asked to participate in the research. The participation of other family members, for instance, may have increased the credibility of the findings.

The second evaluation of SAIF in 1993, was in the form of an extensive review by the funding body, the Department for Community Development, currently known as Family and Children's Services. The purpose of the review was to

determine SAIF's legal status, child protection capabilities, and the compatibility of SAIF's philosophy and procedures with those of the Department. As a result of this review SAIF was deemed by the Department "to add a valuable dimension to the treatment services available for sex offenders in Western Australia". (Department for Community Development, 1993, p20) and that the SAIF programme met all legal requirements.

The third evaluation was in the form of an agency review, and was carried out directly by the Department for Community Development's Child Sexual Abuse Treatment Services Scheme (CSATS), as part of the financial and service accountability requirements as set out in the Department's Funding Agreement.

Information gathered in relation to the review was by way of:

- * Anecdotal information collected from the agency over a period through formal and informal contact;
- * Background information obtained from existing service files, agency progress reports and financial and annual reports;
- * Departmental agency check list.

Twelve adult clients participated in the study, all of whom said that SAIF had either been helpful, very helpful or extremely helpful, and had benefitted from their participation in the programme. The responses from Family and Children's Services' staff who participated in the study were also very positive. They stated

that SAIF provided a professional programme with limited funds, and that clients gained what they needed from SAIF. The evaluators concluded that SAIF demonstrated overwhelmingly that client consumers perceived they had received services which were effective and valued. They also stated that there had been no negative comments from clients or Family and Children's Services Staff.

The results of the CSATSS review were that "it appears that the agency is providing a high quality effective service and offers a valuable dimension to child protection in Western Australia" (Crake, 1994:17). The review went on to say that insufficient funding is a major concern which is reflected in the agency having had to reduce its service from five to three days per week, in spite of increasing the rate of fees paid by clients.

SUMMARY

The literature referred to in this chapter demonstrates the importance of evaluation of human service delivery, and of selecting a methodology that will answer the evaluation questions. The reviewed literature also illustrates the complex issues that exist in relation to intra-familial child sexual abuse, and service providers' difficulties in addressing those issues, if further trauma to the family is not to occur.

It has been shown that the goal of programme evaluation is to determine the value of whatever is being assessed (Stufflebeam and Shinkfield, 1989), and that the evaluation of programmes is important if they are to address and remedy deficiencies in the quality of human life (Rossi and Freeman, 1989). Evaluation is also fundamental if professionals are to be accountable for providing efficient services that are directed to clients' needs. The importance of being accountable to funding bodies has also been demonstrated, if the service is to continue to attract an adequate level of funding.

In conducting an evaluation of a service the literature emphasises the importance of the evaluator's awareness of the methodological alternatives and options, and draws attention to the efficiency of a combination of data collection. This combination of various quantitative data, or various qualitative data, or a combination of both, is called triangulation, and, the more the methods contrast with each other, the greater the researcher's confidence in the findings.

Although providers are basically united in their desire to provide adequate and appropriate services, it has been demonstrated that some of their underlying philosophies show some dissimilarity. These differences are particularly evident in relation to mandatory/non-mandatory reporting of child sexual abuse, and of mother-blaming. The arguments for mandatory reporting are not supported by

the research, as described in this chapter, in that the number of substantiated cases of child sexual abuse has not increased, since the introduction of mandatory reporting across most of Australia. The literature review also highlights the plight of mothers of incest victims who are blamed for the abuse, or are seen to be co-conspirators to the incest. The literature demonstrates that some service delivery models reflect this view, namely the family systems approach, while other approaches, such as the ecosystemic model perceive incest as resulting from a number of factors from a variety of systems. In conclusion, the literature argues for efficiency in programme evaluation, and safety for programme participants

CHAPTER THREE: DESCRIPTION OF THE SAIF PROGRAMME

This chapter describes the SAIF programme, its inception, goals and objectives, focus, philosophy, practice and procedures. It also describes levels of reoffending, and difficulties experienced by the programme.

The SAIF Programme was founded in 1989 by Les Harrison, then a senior clinical psychologist with the Department for Community Development, Perth, and Jacqui Vince, welfare officer, Armadale, W.A., and became the first community-based service for incest offenders and their families. It is a private agency, partially funded by The Department for Family and Children's Services, with a strong child-protection focus. It offers an anonymous crisis telephone line for families where incest has occurred, and provides group therapy, counselling and support to the offenders, their partners and victims. SAIF differs from other programmes that provide services to incest families in that it does not exclude families who are unknown to the statutory authorities, provided they do not breach their contract with the SAIF programme. These families are referred to as 'non-statutory' in this thesis, whilst other families, who have been reported to the child protection authorities or to the police, are referred to as 'statutory'.

GOALS OF THE SAIF PROGRAMME

SAIF aims to reduce the incidence and extent of intrafamilial child sexual abuse by providing an early intervention process for families where incest has occurred, or where there is a concern that it will occur. Also, as less than 10% of all sexual abuse is reported to police or other statutory agencies (Finkelhor, Hortling and Yilo, 1988), and, as there is no mandatory reporting of sexual abuse in Western Australia, SAIF developed a service where families could ask for help, without fear of coming to the attention of the authorities.

SAIF is also committed to reducing the high levels of family disintegration that follow disclosure of sexual abuse, and to reduce "that portion of the trauma experienced by family members and victims which is attributable to current intervention procedures" (Harrison and O'Keefe, 1994:22).

CRITERIA FOR ADMISSION TO THE SAIF PROGRAMME

The programme is offered to adult male caregivers who have committed child sexual abuse within a family setting. SAIF includes stepfathers, de facto fathers, adoptive fathers, uncles, or grandfathers. Foster fathers, however, will only be accepted on to the SAIF programme if the abuse has been reported to the authorities, as the child in this situation is usually a ward of the State.

Anonymous callers, before disclosing their identity, are therefore advised of the limited nature of SAIF's confidentiality guarantee. The offender must have acknowledged some responsibility for his incestuous behaviour, and must not be seriously intellectually handicapped, or unable in some other way, to benefit from the group treatment process. SAIF does not accept offenders who have a serious psychiatric illness, or who are seriously addicted to drugs. Men who have a severe alcohol problem may be accepted into the programme, provided they receive treatment for their alcoholism. SAIF also accepts men who have not offended, but who believe they are at risk of sexually offending against their children, however, SAIF does not accept men whose primary sexual orientation is towards children.

CHILD PROTECTION FOCUS

Child protection from sexual abuse is given primary and unconditional priority within the SAIF Programme. SAIF does not condone the sexual abuse of children; the incest that led the family to SAIF must stop. Men who enter the programme are required to leave the family home for up to 12 months, if the victim or other children who may be considered to be at risk, are still living there.

SAIF enforces a client contract (Appendix 1) which has conditions designed to protect children from further abuse. To ensure the conditions of the contract are

being adhered to, SAIF has regular weekly contact with the partner and victim, particularly with non-statutory client families. Male clients who reoffend, either during or after treatment, will be reported to the authorities.

SAIF therapists remain continually alert for indications of any changes in group members' circumstances that may put a child at risk. They are also alert to other breaches of the clients' contracts. Therapists are trained to deal sensitively, but firmly, with such issues, and will immediately report any potential breaches to the programme co-ordinator. SAIF therapists are also trained in encouraging the men to respectfully challenge statements of denial or minimisation made in the group, as this is usually more effective than for the group leader to do all the challenging.

FAMILY REUNIFICATION

Family reunification is always secondary to child protection. The offender's partner must also wish to have the family reunited, however, although family reunification is a goal of the SAIF Programme, this does not mean that SAIF actively encourages women to stay with their offending partners. If the woman wishes the family to reunite, and if SAIF judges that the offender's risk of sexual has been significantly reduced, it will assist them to deal with issues surrounding reunification. Women who wish to reunite with their partners are required to

participate in the Partners' Group, although women who are not planning to reunite are also encouraged to participate. SAIF conducts reunification sessions between men and their partners, after the man has completed the Relapse Prevention module. Mother-daughter sessions are conducted at this time to improve the relationship between the mother and her daughter and to strengthen the mother's protective behaviour towards her children. Finally, reunification sessions for all the family members are held prior to the offender obtaining written permission from SAIF to return to the family home. The intact families are required, as are all offenders in the programme, to attend follow-up interviews at three, six and twelve months after completion of treatment.

CONDITIONAL CONFIDENTIALITY

Approximately half of the SAIF Programme's clients have been reported to the police or to the government child welfare authorities prior to entering the programme. SAIF maintains the confidentiality of self-referred clients if they are able to abide by the terms of the treatment contract; that is, they are required to leave their homes until they are given written permission by the SAIF programme to return, and they are at no time to be left alone with children under the age of sixteen.

It should not be assumed that SAIF protects men from criminal prosecution. On the contrary, SAIF believes its approach is effective because, where breach of contract involves child protection issues, SAIF is committed to report to the authorities. The SAIF Programme does not discourage family members from reporting to the police or authorities, either prior to entering the programme, or later. In such cases SAIF will assist the victim and the victim's mother to approach the police, if they so wish, and SAIF staff co-operate fully with the police investigation. SAIF also actively encourages men to plead guilty to obviate the necessity of the victim appearing in court.

The justification for the confidentiality offered by the SAIF Programme is that its provision encourages many offenders and their families who would otherwise remain unknown to the authorities to come forward and seek help.

THERAPISTS' ATTITUDES

SAIF believes that the attitude of the therapists is of crucial importance when treating incest offenders. Most incest offenders are highly sensitive to disdain, contempt or critical judgement of them as persons. SAIF believes that if there is any hint of this in the therapist, the client will retreat into denial and minimisation of the offending however,

if the therapist recognises with compassion that the client is in a desperate struggle to salvage his self-worth and to regain the respect of others, it is possible to question and challenge in a

respectful way, without losing the rapport which is so crucial for effective therapy (Harrison and O'Keefe, 1994, p.27).

SAIF believes that it is possible for the therapist to establish and maintain rapport with the offender without losing empathy for the child victim, and without loss of focus on the victims' needs. SAIF also believes that an effective therapist will need to have a conviction that for most incest offenders profound personal change is possible; that most incest offenders have considerable positive potential that can be mobilised; that they can take full responsibility for their offences; and that they can contribute positively to their family and society. In conclusion, SAIF maintains that two basic attitudes need to coexist to enable the therapist to have a positive impact - a complete rejection of the offence of incest, and the conviction that the offender himself can rehabilitate, because:

a hostile, non-compassionate, over-conforming therapist will simply intensify the man's shame and self-hatred, inadvertently blocking motivation and inducing him to withdraw (Harrison and O'Keefe, 1994:28).

TREATMENT SERVICES FOR OFFENDER CLIENTS

Offender clients are involved in the following stages of treatment:

1. Anonymous telephone contact and information giving;
2. Crisis intervention with offender and family;
3. Assessment of offender and detailed assessment of child protection issues.
4. Group treatment, involving four ten-week treatment groups;
 - Introductory Group
 - Empathy Group
 - Relapse Prevention Group
 - Positive Sexuality Group

5. Individual therapy as required
6. Follow-up sessions at 3, 6 and 12 months

ASSESSMENT

Offenders are assessed by a psychologist, having completed the following questionnaires:

1. An autobiographical outline: this questionnaire provides a detailed social and sexual history of the client.

2. The Multiphasic Sex Inventory (MSI) (Nichols and Molinder, 1984): This questionnaire is designed specifically for the assessment of child sexual abusers, exhibitionists and rapists. It includes a number of validity scales which help to determine whether the client is being truthful in his responses, whether he is justifying his sexual offences, and whether he is motivated for treatment. The validity scales also serve a second function - they include whether the client is sexually obsessed, accepts responsibility for his behaviour, or engages in distorted thinking about his offending.

The MSI also indicates whether the client engaged in precursors to offending, including fantasising about offending, grooming the child to accept the sexual assaults, and progression from less to more serious offending. Information is also provided about additional atypical sexual outlets, sexual dysfunctions, knowledge of sexual matters, and sexual history.

3. The Clinical Analysis Questionnaire (CAQ). This questionnaire provides a personality profile and diagnostic information on a number of clinical variables.

4. The Abel and Becker Cognitions Scale. This questionnaire identifies distorted thinking and beliefs of the offender about sexual contact with children.

5. The Wilson Sex Fantasy Questionnaire. This provides information about the content and frequency of the client's sexual fantasies.

6. The Interpersonal Reactivity Index (IRI) (also known as the Davis Empathy Scale) This scale gives an indication of the client's ability to respond empathically by measuring four different types of empathic ability (Davis, 1983).

THE INTRODUCTORY MODULE

The aims of the Introductory module are:

- * to establish regular group attendance and to teach the men how to use the group process;
- * to establish an atmosphere of trust, support and honesty;
- * to encourage clients to take responsibility for their sexual exploitation of children;
- * to challenge, and to teach the clients to challenge, instances of denial or minimisation of responsibility for incest.

The educational content includes a detailed consideration of the stages of incest and the effects of incest on victims and families.

The consideration of the stages of incest examines (a) how the offender prepared the child for sexual contact, (b) how this progressed to actual offending, (c) how more serious offending developed, and (d) how various forms of threat, intimidation, or bribery were used to maintain secrecy. Finally, it looks at how all the family members reacted to the disclosure, including attempts to blame and discredit the victim, and to deny or minimise the effects of abuse.

As part of the above process, group participants describe their sexual offences against children with increasing detail and from various points of view. They are also helped to examine at a preliminary level the effects of their abuse on their

victims and to explore their childhood and early sexual experiences in order to gain some insight into their offending. Through the group discussion process, minimisation is identified and increasingly confronted.

SAIF claims that men often report that they are terrified at the prospect of relating their abuse and facing up to the judgement of the group facilitators and other group members, however, once they have done this, they report a great sense of relief and feelings of being supported. For the majority, it is the first time in their lives they have been able to talk openly about their greatest fears in a supportive atmosphere. Whilst their behaviour is clearly labelled as unacceptable, the clients do not find that they are devalued as human beings.

THE EMPATHY MODULE

The goals of the Empathy Module are:

- * to assist clients to identify and re-experience the emotional climate within their family of origin during their childhood and adolescence;
- * to assist clients to identify with the feelings and experience of their child-victims;
- * to assist clients to write a detailed letter of apology to their child-victims; and
- * to encourage clients to explore and deal with their feelings of guilt and shame as incest offenders.

SAIF believes that, as it is widely held by writers on child sexual abuse that incest offenders have limited ability to appreciate the full emotional impact of their

offences upon their victims, that developing empathy with others, particularly with their victims, is seen as an essential part of avoiding further offending.

SAIF's Empathy Group is highly experiential and has a strong focus on emotions. Initially clients are helped to identify and re-experience the emotions they felt as children in their family of origin. This is the basis for their learning to identify with the emotions of their own children and victims.

Methods include the use of videos, role plays, art therapy, exercises in guided imagery, writing exercises between group sessions, and the sharing within the group of their feelings and emotions. Some of the role plays help the men to understand the way they have misused their power within their family, and to appreciate the powerlessness of their victims.

RELAPSE PREVENTION MODULE

The Relapse Prevention Module, based on the work of Marlatt, 1982; Marlatt & George, 1984; and Pithers, Marques, Gibat and Marlatt, 1983) , has the following goals:

- * to describe in detail the factors that contribute to incest;
- * to assist clients to identify the specific circumstances and personal problems that contributed to their sexual abuse of children;
- * to assist clients to write a practical strategy to deal with each personal problem identified; and
- * to assist clients to identify the stages in their offending cycle, and a plan to deal with each stage.

This group has a very practical behavioural focus; content includes reinforcing the client's commitment to avoid relapse, identifying situations in which the man is at high risk of re-offending, developing personal strategies to avoid or escape these situations, identifying sexual arousal problems and developing ways of overcoming them.

The men are helped to plan lifestyle changes to reduce stress in their lives, and to provide alternative means of satisfying personal needs.

Participants receive training in self monitoring of their sexual feelings and stress levels as a lifelong practice. They are taught to recognise early warning signs of relapse and to take preventative action. Although the group setting is used to develop preventative strategies, the relapse prevention plans of each participant are highly individual.

POSITIVE SEXUALITY MODULE

The goals of this module are:

- * to help the participants recall their sexual development, and to assist them to develop insights into both positive and negative aspects of their current sexuality;
- * to increase the sexual knowledge of each participant;
- * to assist clients to identify and challenge the myths about men, women, sex and power that are common in our society;

- * to promote the values of equality, caring, and responsibility in sexual behaviour; and
- * to assist clients to view sexual expression as one aspect of intimate, responsible and caring adult relationships.

Although there is an educational component in this group, learning occurs predominantly through interactive discussion and through group and individual exercises. Topics include sexual development of children, gender conditioning (sexism), stereotyping, power and oppression, and intimacy and love.

PARTNERS' GROUP

The aims of this ten week group are:

- * to support partners during the family upheaval following disclosure;
- * to provide partners with an opportunity to discuss the issues and decisions they face arising from the sexual abuse;
- * to provide partners with information about incest, the effects of incest on the child, the rights of partners and victims, the options available to partners and victims, and the SAIF treatment programme for offenders and victims;
- * to provide partners with an opportunity to discuss family interaction patterns both before and after disclosure; and
- * to encourage partners to identify and use community resources that will assist them in their changed circumstances.

This group is conducted by female facilitators who have considerable knowledge and experience of the impact of incest on the offender's partner. Leaders avoid in any way blaming the partners for the incest, and do not suggest or imply the the woman should have known about the abuse and could have stopped it. SAIF has found that most partners were completely unaware that sexual abuse was

occurring in their home, that they generally experience severe and paralysing emotional shock when the abuse is disclosed, and that their self-esteem as women and as mothers is seriously shaken for a considerable time afterwards.

This group relies upon information-giving, emotional support, and group discussion as its main methods. The group process enable partners to realise they are not alone in their predicament, and that with information and support many partners can mobilise their personal and family resources to address their radically changed circumstances.

GIRLS' GROUP

The Girls' Group is for girls aged 11-15. In contrast to other SAIF groups, the Girls' Group does not continue for a fixed number of weeks, and most of the time girls may join or leave after consultation with the leaders. Most girls, especially those from non-statutory families remain in the group for 9-12 months.

The aims of this group are:

- * to provide a safe place where girls who have suffered sexual abuse from family members can express their feelings and concerns;
- * to allow girls to express the emotional impact of the incest through the medium of art therapy;
- * to provide girls with information about incest and its effects in a form that will help them;
- * to provide support and personal validation for these girls.

This group is led by two female therapists with post-graduate training and a detailed knowledge of the impact of incest on girls. They have found that the use of different expressive media and the group sharing can help many girls to deal with the effects of sexual assault.

EFFECTIVENESS AND EFFICIENCY

Since its inception 6 years ago SAIF has provided therapy to over 300 offenders and many of their family members, with a good success rate, and at a low cost. The programme is staffed by appropriately qualified professionals, some of whom are mature age university students in the final stages of post-graduate study. As SAIF does not enjoy an adequate level of funding however, staff are awarded low sessional rates for counselling and facilitating the various groups. Most staff, therefore, work in other agencies or in private practice, and support the SAIF programme on a part-time basis.

Group therapy also contributes to cost effectiveness in that many more people can receive treatment with a limited number of therapists. The group process is also more therapeutically effective than individual counselling, as group members will both support and challenge each other.

As described in chapter two, SAIF has been evaluated three times in six years, by its funding body, Family and Children's Services, formerly known as the Department for Community Development, with positive results and recommendations for increased funding.

RE-OFFENDING

It is impossible for SAIF, as it is with other similar programmes, to be completely sure of the numbers of clients who have reoffended. SAIF can only obtain this information if family members are willing to disclose further offences. Since its inception SAIF has been made aware of four clients who completed the programme, and subsequently re-offended.

DIFFICULTIES ENCOUNTERED BY THE SAIF PROGRAMME

Lack of adequate funding has caused SAIF to reduce its operation from five to three days per week, which leads to difficulty in providing a full service to clients, and liaison with statutory bodies. Dependence on an answering machine is inevitable, often causing stress to anxious families wishing to make contact with the agency, and frustration to outside agencies and professionals.

At the time of writing, SAIF is in the process of negotiating a more adequate level of funding, with the Department of Family and Children's Services.

SUMMARY

As can be seen by the descriptions of other reported programmes in chapter two, SAIF's philosophy, procedures and practice are comparable with other programmes that offer services to incest offenders and their families. A comprehensive literature search, however, does not uncover any service that offers a confidential crisis telephone line, nor one that will accept incest families who are unknown to the authorities. SAIF's emphasis on the effectiveness of group work for offenders is supported by Senior (1985), who observes that although there is an increasing investment in groupwork training, not enough groupwork for offenders is taking place. He also cautions on the attitudes of group workers, stating that "too often we decide what the needs of our clients are (Senior, 1985:103). The effectiveness of group work and the attitudes of therapists is endorsed by Andrews (1993). He claims that, in contrast to individual therapy, group support:

- (a) provides an opportunity for multidirectional peer support,
- (b) provides an opportunity to monitor clients' behaviour,
- (c) provides an opportunity for the client to demonstrate and observe patterns of behaviour with a greater variety of people,
- (d) provides an environment where non-productive therapist-client relationships have a better chance of being avoided, or altered if they do occur.

He insists that therapists need to be aware of their own issues, values and personal problems in order to avoid damaging the client:

The leader's inappropriate needs for control, seduction or approval, to name just a few issues, create problems for everyone, not just the one individual who might be the target. (Andrews, 1993:162).

In conclusion, the SAIF programme claims to be committed to programme development, and to accountability, evaluation and ethical responsibility.

CHAPTER FOUR: METHODOLOGY

As discussed in chapter 2, two or more methods of data collection are described as triangulation. The triangulation methodology used in this study consists largely of the collection of: (a) qualitative data utilising a semi-structured, open-ended interview schedule, (b) a structured written questionnaire, and (c) a recognised measure of families' perceptions of their adaptability and cohesion, namely FACES III. The questionnaires were designed and selected in order to address the research questions described in chapter 1, which were:

- * Has SAIF intervention had an impact on the functioning of participating intact families?
- * What are intact families' perceptions of changes in family functioning since SAIF intervention?
- * What are the levels of cohesion and adaptability in intact families?
- * Is there evidence that the risk of offending has been reduced?

As research into the functioning of incest families is particularly sensitive, ethical issues are addressed in the first part of this chapter, followed by a descriptions of the participants, and the qualitative methodological paradigms.

ETHICAL ISSUES

Every effort was made to ensure that participants were not unduly stressed. This was accomplished by an undertaking of the researcher that there would be no questions about the sexual abuse. The researcher was known to all the male participants and many of the female participants, but was unknown to the three children who participated.

Permission to interview participants was granted by Edith Cowan Ethics Committee and Sexual Assault In Families Treatment Committee prior to the commencement of the study. As an experienced counsellor in dealing with the trauma of incest and its impact on all family members, it was deemed that the researcher would conduct the research empathically and sensitively. Confidentiality was maintained by allocating a code number to each participant; no other records have been kept which identify participants by name. Collected data will remain secured in the possession of the researcher for a period of five years. The researcher guaranteed participants that data would be reported anonymously, and that she would seek their permission before any possible publication of results. Participating family members were interviewed individually in their own homes.

PROCEDURES

Intact families who had completed the SAIF programme were invited, by letter (Appendix 2) to participate in the research. The rationale for including partners and former victims was to address the issue of bias in the self-reporting of offenders. Out of an anticipated 25 families, 12 families agreed to take part in the study, however, only three daughters were willing (or eligible according to age) to participate. This brought the total number of participants to 27, including 12 couples and three children. Of the 12 offenders, one had been to prison for the sexual abuse, two were known to the Department of Family and Children's Services, and the rest were "non-statutory", having volunteered for treatment without the prior knowledge of the authorities. The number of participants, although too small for empirical analysis, was considered large enough to achieve adequate variation, and reflected the assumption that in-depth information from treated families, particularly non-statutory families, would provide valuable information regarding the consequences and usefulness of the service.

In accordance with Holman's (1991) views on the principles of informed consent, each family member was issued with informed consent forms (Appendices 3 & 4), which gave them an opportunity to learn about the objectives of the research, and to advise them that they could agree or refuse to participate, or to withdraw at any time before completion of the interviews. The consent forms also advised

the participants that disclosure of further sexual abuse would be reported to SAIF's Treatment Committee. The researcher undertook to explain this point to participants, in order to ensure their understanding and approval of the importance of the issue.

DATA COLLECTION

Whereas quantitative data provides meaningful information to service providers, academics and policy makers by verifying *whether* a particular programme is producing results, or that adequate numbers of people are being serviced by the programme, qualitative data provides an opportunity to learn *why* a programme works, or fails to work. The use of a triangulated qualitative methodology addresses the needs of service providers, professionals, and funding bodies by providing data that may justify new or continued funding by gaining insight into the clients' experiences of the service. Also, triangulation presents an opportunity to discover whether the various qualitative data will provide congruent findings, as it is qualitative data that 'most often bear the greater burden of proof when doubts are raised or conflicts emerge' (Patton, 1982:206).

As the purpose of the research included the description of what was valued within the SAIF programme from the perspectives of programme participants, a phenomenological approach was implemented to generate this knowledge, as

described in Chapter two of this study. Extensive literature is available to justify the use of this method in social research (Benner, 1985; Knack, 1984; Munhall and Oiler, 1986; Omery, 1983; Parse, Coyne & Smith, 1985) as it offers a way of viewing the human experience in human service delivery. Participants were provided with an opportunity to respond in their own language, in their own way, and, importantly, were given permission to report negative experiences. Research participants who are made to feel valued by the evaluator, and whose responses, positive or negative, are respected and recorded, and who feel safe in the interviewing environment, will be more likely to provide data that are insightful, useful and relevant. Although useful, anonymous questionnaires that provide no opportunity for discussion, can narrow the scope of the research and limit the value of the data gathered.

The researcher constructed an open-ended interview schedule (a) (Appendix 5), to be used with all participants, plus a structured confidential questionnaire (b) (Appendix 6), to be used by male participants only. Both questionnaires were tailored to the research questions as the basis for gathering qualitative data. This is consistent with Patton's (1982) view that standardised, open-ended interviews make analysis easier, organise questions and answers that are similar, allow for careful consideration in wording the questions, and address time limitations of the participants and of the researcher. As discussed at the beginning of this chapter,

these questionnaires were supported by a standardised measure of family functioning, namely FACES III (questionnaire c) (Appendix 7).

The 27 family members were interviewed in their own homes, at a pre-arranged time with the researcher, with the exception of one couple who suggested that they be interviewed at the SAIF premises, to coincide with a visit to Perth from their home in the country. Participants were asked to join the researcher at their dining table in order to complete the FACES III questionnaire (c), each completing the FACES III questionnaire independently. On completion of the FACES III questionnaires, the researcher then interviewed each participant separately, using the questions from the open-ended interview questionnaire (a). Participants' responses were recorded verbatim by the researcher without prompting or help from her except to clarify questions and statements. Male participants were handed questionnaire (b) at the conclusion of their interview with the researcher. Each of the questionnaires is described in the following paragraphs.

The interview schedule (a) was designed to be used with all participants and asked questions relating to the families' experiences at SAIF, i.e. whether SAIF had helped them stay together, if there were advantages or disadvantages in attending the SAIF programme, what the families had learned there, and what

they had found most, or least, useful. This questionnaire also contained a question (number 2) relating to the FACES III questionnaire, that attempted to discover any perceived differences in family functioning from the period prior to the families attending the SAIF programme, as none of the participants had been tested using FACES III prior to entering the programme.

The second questionnaire carried no identifying information, and was presented to each male participant at the conclusion of his interview with the researcher, together with a stamped, addressed envelope. Each male participant was asked to complete the questionnaire and post it to the researcher at the SAIF programme. The questionnaire asked if there had been any reoffending, or thoughts of reoffending, since participation in the SAIF programme, and, if so, how they had dealt with the problem.

The third questionnaire was a standardised measure of family functioning, namely FACES III from the Circumplex Model of Family Assessment (Olsen et al,1989). FACES III measures the levels of adaptability and cohesion in families, which are hypothesized to be related to family functioning in a curvilinear manner, and categorizes them into Balanced, Mid-Range and Extreme (Appendix 7). The manual reports that reliability of FACES III measures from $r = .77$ to $.87$ for cohesion, and $.62 - .73$ for adaptability. Construct validity was established by the

low correlation between cohesion and adaptability scores, $r = .03$. FACES III is a 20 item scale which was developed from FACES II, a 50 item scale normed on 2,412 individuals in a national survey (Olsen et al, 1983).

A central hypothesis derived from the Circumplex model is that balanced families will function more adequately than extreme (problematic) families. This assumes a curvilinear relationship on the dimensions of cohesion and adaptability, which means that too much, or too little cohesion or adaptability is seen as dysfunctional to the family system. It was discovered by the researcher, however, after completion of data collection, that there were claims that FACES III does not accurately measure the Circumplex Model. Green, Harris, Forte and Robinson, (1991:71) stated that there was support for the Circumplex Model for the cohesion dimension, but that the adaptability dimension "may need some conceptual as well as measurement attention". These claims were supported by Olsen (1991), who advised that a FACES IV questionnaire and a three-dimensional (3-D) Circumplex Model were in the process of being developed to address the error. Having failed to trace studies of FACES IV and the 3-D Curvilinear Model, the researcher contacted Professor Olson's staff by telephone at the University of Minnesota in July 1996, and was advised that FACES IV and the 3-D Circumplex would be available for use in a few months' time. It was

necessary, therefore, for the researcher to treat the results of the FACES III in this study with caution.

The FACES III questionnaire contains 10 questions (odd numbers) that measure cohesion, and ten questions (even numbers) that measure adaptability. There are two items for each of the following five concepts related to the cohesion dimension: emotional bonding, supportiveness, family boundaries, time and friends, and interest in recreation. There are two items for each of the following concepts related to the adaptability dimension: leadership, control, and discipline; and four items for the combined concept of roles and rules. Totals of these scores are plotted on a grid which highlights whether families fall into categories of Balanced, Mid-Range or Extreme, as described in Appendix 8.

The advantages of using FACES III are that it is easy to administer, easy to score and takes a short time to complete. It can be administered to children as young as 12, can be used in a variety of settings, and can be anonymous.

Trepper and Sprenkle (1989) report that most incest families who have received treatment and who are assessed using FACES III, fall within the Balanced or Mid-range levels on the Circumplex Grid. The rationale for using FACES III, as one of the measures in this study, is to test the hypothesis that participating SAIF

families, who have completed treatment for the incest, will fall within the Balanced and Mid-range level on the Circumplex Grid.

The third questionnaire was non-identifying, and was presented to the fathers and stepfathers, together with a stamped, addressed non-identifying envelope, to be returned anonymously to the researcher, care of the SAIF programme. This questionnaire provided an opportunity for male participants to report on reoffending, or, if they had been tempted to reoffend since participation at SAIF, how they had dealt with the problem.

LIMITATIONS OF THE STUDY

In discussing quantitative versus qualitative data and inference validity issues in impact assessments, Rossi and Freeman (1989) point out that data collected from unstructured interviews tend to be less easily summarized in numerical form, that high reproducibility is dependent on randomized controlled experiments with large numbers of observations, and that for an impact assessment to be generalizable, the intervention tested must be a faithful reproduction of the programmes as they actually are, or will be, implemented. Valid inferences about whether the SAIF programme is having significant net effects in the desired direction are limited by the small number of participants, qualitative rather than quantitative data, and SAIF's unique philosophical approach, (i.e. anonymous

crisis telephone line, and the inclusion of non-statutory clients); therefore, this impact assessment will have both low reproducibility and low generalizability.

Another limitation is that there was no pre-testing of participants utilising the FACES III questionnaire, so that comparisons of before and after-treatment measures cannot be compared. The questionable validity of the adaptability scores on the Circumplex grid, as discussed above, also limits the strength of the findings.

DATA ANALYSIS

The data from the FACES III questionnaires were scored and placed on the Circumplex grid for categorization of family type. This included the scoring and plotting of (a) all participants' individual scores, (b) combined couples' scores, (c) individual scores from the three families whose children had participated, and (d) their combined scores. The comparison of individual scores with combinations of scores tested Olson et al's (1989) theory that the mean of combined scores draws individual scores towards the Balanced level on the grid, when, separately, they may lie farther from the centre.

A *t* test was also carried out on couples' scores to determine levels of correlation between male and female perceptions of their family's cohesion and adaptability.

The data from the open-ended questionnaire were collected by the researcher asking each question to participants on an individual basis, and recording the responses verbatim. The researcher was careful to ask each question literally, without any prompting, in order to project and maintain an objective perspective and to obtain uncontaminated responses. At the conclusion of data collection, responses were analysed and clustered into five emerging themes, which were compared to the adaptability and cohesion scores on the Circumplex grid. The hypothesis that treated families would fall into the Mid-Range or Balanced ranges was tested, as were the triangulated methodological results for congruency.

Data from the father/daughter questionnaire were gathered from ten questionnaires that had been returned anonymously to the researcher at the SAIF programme. Self-reports as to whether offenders had reoffended were recorded, and their comments regarding any temptation to re-offended (i.e. 'lapses') were reproduced in their entirety.

CHAPTER FIVE: EVALUATION OF TREATMENT PROGRAMME BY PARTICIPANTS

The purpose of this chapter is to present the experiences of the families who participated in this study. It is based on a thematic content analysis of the interview schedule and the written questionnaire. The chapter addresses three of the four research questions posed in the study, namely:

1. Has SAIF intervention had an impact on the functioning of participating intact families?
2. What are intact families' perceptions of changes in family functioning since SAIF intervention?
4. Is there evidence that the risk of offending has been reduced?

IMPACT OF SAIF PROGRAMME ON FAMILY INTACTNESS

When families were asked whether the SAIF Programme had been instrumental in assisting them to stay together, 80.8% said "Yes" (Table 1).

Table 1: Analysis of subjects' responses to whether the SAIF Programme had been instrumental in assisting them to stay together

	MALE	FEMALE	CHILD	TOTAL
	N = 12	N = 12	N = 2	N = 26
YES	9 = 75%	11 = 91.7%	1 = 50%	21 = 80.8%
NO	3 = 25%	0	1 = 50%	4 = 15.4%
UNSURE	0	1 = 8.3%	0	1 = 3.8%

The three males who gave a "No" response stated that they and their partners had already decided to stay together. One said:

After disclosure we decided that there was nothing to be gained by separating. We (my partner and I), also my daughter and son, discussed staying together as a family, although I was prepared to 'disappear' if they didn't want me.

The one female partner and one child "No" responses, both from one family, stated that, following disclosure, they had been determined to stay together as a family.

Apart from participation in the SAIF Programme, several male subjects stated that they had had other support in deciding to stay with their families. One of

them said that sessions with an outside counsellor had helped support him while he waited to join in SAIF's group therapy modules. Some of the female subjects also identified other means of support, apart from the SAIF Programme. One said the support of her son assisted her in staying with the offender; another that her religious faith assisted her:

I stayed with my partner because I am a committed Christian; I regained my peace after my initial shock, and this enabled me to facilitate communication between family members.

Commitment to a long term marriage was mentioned by some participants. As one woman stated, "Having been married for 35 years was another good reason for trying to stay together" as was respecting the wishes of the victim. One mother stated that the victim wanted the family to stay together:

My daughter, then 11 years of age, said she might have felt guilty if the family had split up - the police had told her the offender might go to jail if she signed a statement, so she did not press charges. I stayed with him on condition that he go to SAIF.

SAIF was perceived to be instrumental in assisting families to stay together for a number of reasons. The predominant category had to do with issues of safety, while other themes included the provision of understanding, education and support.

The male respondents who said "Yes" to the question of whether SAIF was instrumental in assisting them to stay together indicated they had found SAIF to

be a safe place where they learned about the effects of sexual assault on victims, where they gained a better understanding of relationships in general, and where they were enabled to understand themselves in order to change their behaviour.

As already discussed, SAIF is a non-statutory agency, a major attraction for incest families who do not want to come to the attention of the authorities. As one offender put it "If I didn't attend I was out the door and probably in jail". Another said "SAIF was somewhere to go that was not a statutory body, to deal with this problem". Others said SAIF was a safe place where they could learn how other men cope in this situation, where they felt supported, realising that they were "not the only one with this problem".

One male participant stated:

I learned about empathy. I saw myself when I watched the video in the Empathy Module - sneaky; set my victim up. It helped me face the consequences.

Other male respondents reported that they were enabled to understand the problem, and therefore to change their behaviour; "I learned that I was the problem. SAIF helped me to deal with me". Many were able to identify patterns from their own past experiences, that led up to their offending behaviour: "I found I wasn't born that way - I was living a pattern - a vicious circle". Some mentioned that, having learned to understand their behaviour they were now able to make decisions about their present and future behaviour: "SAIF helped me

learn to control my actions in future, and how to go about it". Identification of feelings of low self esteem were also reported by some offenders.

A better understanding of relationships, in general, drew responses from male participants, many of whom were able to recognise the importance of effective communication, particularly between themselves and their partners. They claimed that SAIF had helped them improve their levels of communication with their partners, enabling issues relating to finance to be discussed and shared. In addition, such issues could be discussed without the male partner bottling things up until they "exploded into an argument". One respondent claimed he could now understand issues surrounding his incestuous behaviour: "I believe SAIF helped my partner to understand instead of clashing. We learned to work through it". Another said:

SAIF helped me to see and understand things I was unaware of, such as my feelings and attitudes towards family members - particularly my victim.

Female responses to the question of how SAIF helped their families to stay together contained themes that mirrored male responses - that SAIF was a safe place to go, and that it had enabled their partners to understand their offending behaviour patterns and make positive changes. The female respondents also

stated that they had learned to understand and deal with their own reactions, and that the abuse was not their fault.

Some of the female respondents also said that SAIF had supported them in their decisions to stay with their husbands, to help their whole family to maintain cohesion, love, affection and communication, and to resist separating by enabling both partners to make progress in the situation. The issue of SAIF as a non-statutory organisation was raised again:

We are a 'non-statutory' family; going to SAIF was better than going to the police who do not deal with the problem. My family felt happier that there was treatment instead of punishment.

The issue of SAIF as a non-statutory body which is willing (within its guidelines) to support partners who do not wish to separate from their offending partners, was compared by one of the female respondents with statutory agencies which did not support her wish to stay/reunite with her husband:

I was told to leave my partner by other agencies I rang up, but I didn't want to pass on the problem to some other future partner of his.

Some women mentioned changes in their partners' attitudes and behaviour as a result of participation in the SAIF Programme. One said that her partner's volunteering for treatment had a major effect on being able to stay together in order to cope. Another stated that, had she not been able to see positive changes

were being made by her partner, she might have left. Others mentioned that having participated in the SAIF programme, they and their partners would be able to continue to make changes. One said that she would not have been confident about staying together if her partner had not done the programme.

Learning to deal with their own issues was an important factor for some women. "SAIF helped me to 'act' on my anger instead of 'react'", stated one. Another said that SAIF had helped her understand that the abuse was not just sexual; that there was also a "power and control" component.

In stating that the abuse had not been her fault, one mother said:

The Partners' Group helped me to learn I was not to blame - that my husband was responsible, and that it was a learned behaviour. People are not born that way, and one can learn not to behave like that.

Another stated that, at SAIF, her partner had learned the offending was totally his responsibility, and that he got the help he needed at SAIF. One woman said:

SAIF helped my partner come to terms with what he'd done, and its seriousness. Because of getting help it made it easier to stay together.

Of the two child respondents who participated in this part of the research, one said that her family had stayed together because of participation in the SAIF programme:

We stayed together because of the help we received from SAIF. I had left home for five months, then moved back because we were able to talk to each other as a family. I thought my stepfather was now more trustworthy.

Apart from the four participants who stated that they decided to stay together because of their determination or commitment or outside support (See Table 1), the remaining 22 participants stated that SAIF helped them make that choice. Their responses suggest that 22 of the 26 participants believe they would have been unable to make the decision to remain intact without the support of the SAIF programme. The child subject who returned to the family home after being away for five months clearly believes that the decision to reunite as a family came as a result of perceived changes in her step-father's behaviour, because of his participation in the programme - making her feel it would be safe to return.

The main theme that emerged in response to this question was the 'safety' of participating at SAIF. As there is no mandatory reporting of sexual assault in Western Australia, SAIF offers anonymity and confidentiality to families who are unknown to the authorities, provided the terms of SAIF's contract with the

offender is not breached. Families often do not wish to come to the attention of the authorities, because of the perceived risk of further trauma by health, welfare and police officials, and because the family does not want the offender to go to prison. This is consistent with concern expressed by Ringwalt and Earp (1988) and Giarretto (1982) that child protection services' interventions may have an adverse effect on the daughter, particularly if the child protection workers see themselves as serving either the victim or the perpetrator. Safety was, understandably, a particularly pertinent issue for the nine non-statutory participating families.

In addition to providing a safe alternative to intervention by statutory bodies, SAIF provides emotional and psychological safety by virtue of its policy of treating incest offenders respectfully. This policy is considered to be of crucial importance by Harrison and O'Keefe, (1994, p27) who state that "...if the therapist recognises with compassion that his or her client is in a desperate struggle to salvage his self-worth and to regain the respect of others, it is possible to question and challenge in a respectful way, without losing the rapport which is so crucial for effective therapy". Treating offenders respectfully is also supported by Briggs (1994), Giarretto (1981), Jenkins (1990), Kroth (1979).

In order to support the offender in taking full responsibility for his abusive behaviour, SAIF's group therapy modules include educational and experiential components with a strong focus on victim empathy. It is of relevance to the SAIF programme, therefore, that as well as feeling safe, participants have described themes of understanding, education and support, as reasons for their belief that the SAIF programme enabled them to stay together as a family.

IMPROVEMENT IN QUALITY OF LIFE OF PARTICIPATING FAMILIES

When families were asked if participation in the SAIF Programme had helped to improve the quality of their lives, all the adult participants, and one child who answered this question agreed that SAIF had improved the quality of their families' lives. (See Table 2).

Table 2: Analysis of subjects' responses to whether participation in the SAIF Programme had improved the quality of their lives

	MALE	FEMALE	CHILD	TOTAL
	N = 12	N = 10	N = 2	N = 22
YES	12 = 100%	10 = 100%	1 = 50%	21 = 95.5%
NO	0	0	1 = 50%	1 = 4.5%

Themes that emerged from the male responses to positive changes in their families included *communication*, *adaptation* and *self-knowledge*, and on their having become more understanding of the needs of their families, more honest in their dealings with their families, and having improved their parenting skills. One said "we talk more; there's more communication and understanding". Another stated that it had improved their relationship and enabled them to come closer together, because of improved communication. Some mentioned that they now went out more with their partners, and as a family. "I became more empathic towards other family members' feelings", and, "my partner and I go out together more - dining, etc", also, "I now take the children bowling - sometimes my partner comes too, when she can".

Some of these subjects focussed on the changes in their own behaviour, i.e:

Participating at SAIF helped me deal with the children better, to parent better. I don't exercise so much power and control; I allow them to be angry. I don't manipulate. They are able to grow - they're going to be whole. There's more happiness now, and communication is better, so that I can own my own feelings and share them.

The female respondents reported that the programme had improved the quality of family life primarily through changes related to their partners' improved levels of understanding and attitude, and, significantly, a reduction in their authoritarianism and aggression.

It's become more of a partnership. We've put aside mores/behaviours of old style authoritarian marriage; it has helped us make decisions to stay in our marriage for the future as well as the present.

One female respondent said that her partner was more understanding and less volatile. Another said her partner was now easier to live with. Issues of improved parenting skills also raised by the female respondents also.

It opened our eyes to things like raising our children better; about learned behaviour. We now realise that children can learn to a greater extent. My partner used to make all the decisions - now we consult and share the decision making.

Some of the women said that the quality of their families' lives was better, because of their partners' improved understanding of and dealing with, their own childhood issues. One woman said that because both she and her partner had attended group therapy at SAIF, the mother/daughter relationship had improved.

One of the child subjects stated that the quality of her family's life had improved because "we communicate better". The other child participant simply answered "No" to the question.

Twenty one participating family members claimed that SAIF had helped them improve the quality of their lives, describing communication as the main theme that helped them do this. Examination of family of origin patterns of behaviour

that had been carried forward into current relationships, and the development of empathy were claimed to be the factors that enabled their levels of communication to improve.

The identification of improved communication as the major theme emerging from participants' responses to this question is also a reflection of offenders' new awareness of the rights of other family members to be heard, and a result of SAIF's encouragement to partners to be assertive. SAIF's Empathy module assists group members in identifying and re-experiencing the emotional climate within their family of origin during their childhood and adolescence so they can be enabled to identify patterns of behaviour that have been carried forward into their current relationships, and family functioning. Harrison and O'Keefe (1994:p31) believe that it is SAIF's Empathy module which "initiates change in the client's attitude to his offending and which often brings about profound changes in his life and the way he relates to his family". Families who claimed improvement in their lives by describing changes in parenting styles that are different from that of their parents, who have become less authoritarian, who have become less isolated demonstrate a departure from the stereotypical incest family by becoming more flexible and adaptable to change. (Olsen, et al, 1982).

Levels of communication in problem families were compared by Rodick, Henggler and Hanson (1985) with non-problem families. They found that non-problem families have more positive communication skills than problem families. SAIF's practice of including communication skills as part of their model in treating incest families appears to be of value to the majority of participants who answered this question. Given that 95.5% of the participating family members in this study claim that there has been an improvement in the quality of their lives because their levels of communication have improved indicates a shift away from low levels of family functioning.

CHANGES IN FAMILIES' LIVES

Eleven males, nine females and two children responded to the question that asked if there had been any changes for the better since participation in the SAIF Programme. Of the 22 subjects who answered this question, 90.9% said there had been positive changes (see Table 3). The major theme that emerged as a result of asking this question, was *trust*, followed by *honesty* and *openness*. Some of the male responses mentioned group therapy modules that had had a particular impact on them, for instance, one said that participation in the Relapse Prevention module helped him to become more open in his interactions with his family:

There is more trust between my partner and myself, and the children trust me more now, although they know I am human and can make mistakes. I found out more about myself; I was abused as a child, which had impacted on how I interacted with my family. I'm more open now; I've learned to take barriers down from around myself. I discovered this in the Relapse Prevention module. I'm still working on removing barriers in all areas of my life.

TABLE 3: Analysis of subjects' responses to whether there had been changes for the better in their families, since participating in the SAIF Programme.

	MALE	FEMALE	CHILD	TOTAL
	N = 11	N = 9	N = 2	N = 22
YES	11 = 100%	8 = 88.9%	1 = 50%	20 = 90.9%
NO	0	1 = 11.1%	1 = 50%	2 = 9.1%

Issues of *trust, openness and honesty* were mentioned as changes for the better by many of the other male respondents, because of improved communication and understanding. One said that his family were "starting to communicate better; I'm more understanding of people around me, and their feelings". Another stated that he has learned to recognise old behaviour patterns when they "creep in" and that he now has more understanding of his partner and children; "we own our own stuff, and share more".

One reflected on the impact of the Positive Sexuality module on his relationship with his partner:

I learned about intimacy in my relationship with my partner in the Positive Sexuality module. There's a lot more honesty and openness from me in this side of our relationship.

Another focussed on his relationship with his victim by stating that he now treated her as the child she is, instead of an adult. Other male respondents also spoke of improved relationships with their victims; one said that his (now adult) victim had invited him to her home for a visit. He said that "this wouldn't have happened before my participation in the SAIF Programme". Another said "there are no more secrets left".

Family harmony was mentioned in that the families did things together more, went out with friends more, which they hadn't done before. One of the male respondents stated that he was helped by the honesty and strength of the other men in the group, and said that, as a consequence, he was now easier to live with.

I am more peaceful; happier. We have more fun now, spending quality time together. I'm more in touch with my own feelings.

The female responses also reflected themes of improved trust, honesty and openness:

There is more honesty from my partner to the whole family. There has been the beginning of a healing in our relationship - his

changing so quickly - some of that can be attributed to SAIF, as his feelings of himself as a person have changed for the better.

One said that openness and honesty had improved their relationship with each other:

When my partner was in the Positive Sexuality module the intimate side of our relationship changed for the better. There was more intimacy - not just sex. We can now be more open and honest without the other person feeling hurt. My partner can now disclose his own feelings about what's happening for him. I don't feel threatened any more.

Improved communication was also identified as one of the changes for the better:

My partner is more tolerant towards our son. Communication is now improved. I was close with our daughter, and had broken away at disclosure, but we have regained our bond. It is just as strong now as it was before disclosure. Communication is the biggest improvement.

One said that improved communication had made it possible for her to now have a say in how money is spent. Another said that a change for the better was her partner now trying to take responsibility in the family by sharing chores and picking up the children to bring them home.

In responding to the question of whether there had been any changes for the better, the child who responded positively said "Dad is more trustworthy".

The one female and one child who gave a "No" response did not elaborate on why they thought there had been no changes for the better in family functioning. One possibility is that they may have been in denial that any change was needed, in other words, they wanted to believe that their respective families had not been dysfunctional in the first place. Alternatively, SAIF may not have contributed to changes in family functioning for these families.

To summarize, identification of positive changes that involve *trust*, *openness* and *honesty* demonstrates a major change in the dynamics of the typical incest family, given that the abusive relationship depends on deception and secrecy (Renvoize, 1982; Vormair, 1992). As secrecy and dishonesty are traditionally introduced by the father, or father-figure, into the father-daughter relationship (Renvoize, 1982; Gurry, 1991), it is imperative that trust is regained by the perpetrator, if the family as a unit is to survive. Eleven males, nine females and two children responded to this question, claiming positive changes since SAIF participation. All of the males who answered the question claimed that there had been positive changes directly related to issues of their own trustworthiness, often referred to in terms of openness and honesty. Eight out of nine of the females and one of the children, who answered the question, supported these claims of improved

trustworthiness. The mother who talked about the impact of the abuse on her relationship with her daughter, supports the findings of Renvoize, 1982, in that one of the effects of the father's incest is the damage sustained by the mother-daughter relationship. It was important therefore that some of the mothers identified the healing of the relationship with their daughters as one of the positive changes.

The issue of trust in the literature usually refers both to the secrecy of the abuse and to the general family functioning. It is interesting therefore, that the issue of trust, together with openness and honesty, has also been raised within the context of a couple's intimate/sexual relationship. This may be attributable to the design of the questionnaire, in that its open-ended semi-structure allows for issues that may not otherwise be discovered by administering a test that may fail to "capture all relevant aspects of the topic under study" (Pietrzak, et al, 1990, p29).

Indications of increased cohesion (the emotional bonding that families have for one another), are described by participants in that they say they now communicate more effectively, share more, are more understanding, happier, and peaceful. This indicates a positive change, in that previous research indicates a

lower level of cohesion or intimacy among incest family members (Alexander & Lupfer, 1987, Carson, et al 1990, Dadds et al 1991, Harter et al, 1988, Lanktree et al, 1991, Olson et al, 1982) as opposed to non-problematical families. It would appear therefore that the SAIF programme is successful in enabling families to improve their levels of cohesion by assisting offenders to develop trustworthiness.

NEGATIVE CHANGES

The section in the questionnaire that asked families if there had been any negative changes in their family life as a result of having participated in the SAIF Programme drew 96.2% "No" responses. (See Table 4).

Table 4: Analysis of subjects' responses to whether there had been negative changes in the family, as a result of participating in the SAIF Programme.

	MALE	FEMALE	CHILD	TOTAL
	N = 12	N = 12	N = 2	N = 26
YES	0	0	1 = 50%	1 = 3.8%
NO	12 = 100%	12 = 100%	1 = 50%	25 = 96.2%

The child who answered "Yes" to this question stated that she was not allowed to be alone with her offending parent, making it difficult for her mother to go out without her. (In the interest of child protection SAIF does not permit offenders, while they are in the Programme, to be left alone with those victims, or other children, who are still under the age of sixteen).

One of the male respondents stated that although there were no lasting negative changes, he had found it difficult to afford the fees, especially as he had lost overtime by attending the Programme. He felt that his whole family suffered financially, although they were lucky that friends babysat free of charge. As SAIF receives limited funding it is essential that additional funds are generated from male participants, whose fees provide support and counselling for other family members as well as for their own counselling and therapy. SAIF requires all male participants to pay the fees regularly as part of their demonstration of taking responsibility for having perpetrated the abuse.

SPECIFIC THINGS FAMILIES LEARNED AT SAIF

In relation to enquiries regarding what specific learning had occurred through the SAIF programme, and how participants had put these things to use, themes that

emerged related to *victim empathy, self awareness and relationship issues.*

Sometimes these themes were related to the group therapy modules:

I learned of the trauma suffered by my victim. I learned how an offender's history of abuse can cause him to offend, i.e. the cycle of abuse. I learned how men are conditioned through their lives and how that can help men to offend in different ways against others.

Another said:

The effects of the Empathy module were traumatic for me, especially the meditation/video session, but I felt it was beneficial, and had the desired effect on me. I gained enormous empathy for my victim.

The Empathy module was also mentioned by others as having been powerful, "it opened my eyes - it makes you realise you have been selfish".

The effects of the Relapse Prevention module were mentioned as having been of specific use in learning to recognise individual high risk situations. The Introductory module was described as enabling participants to learn about others' feelings and the seriousness of the offending. Participants said that the Positive Sexuality module enabled them to learn about male conditioning, the meaning of friendship and the meaning of intimacy, "it helped me understand the way I am, and that I should not seek intimacy from a child". Another said "I feel that I grew up and started thinking and behaving like an adult again".

In describing how they put what they had learned into practice, some male respondents stated that because of their knowledge about the effects of sexual abuse on victims and their families, they now avoid high risk situations, they show empathy towards others, and they are attempting to rebuild trust with their victims and other family members.

I sit back and think about other family members and how they think about things. I take more of an interest, instead of taking them for granted.

Another said that he now puts his new skills into use in family, business and social life, and experiences positive results. Others spoke of better self control as a result of increased self awareness.

I try to use my new skills in everyday life, and deal with my negative behaviour patterns positively, i.e. controlling my anger.

Another stated:

I am more open and honest with my family. I trust them with my emotions, and explain to the children why I am upset, instead of rejecting them.

Some of the female responses to the question of specific things learned at SAIF were also related to victim empathy, self awareness and relationship issues.

Some of them said that the understanding gained by the offender helped them to

understand themselves and their relationships with the offender and with the victim.

I learned I wasn't alone - that other mothers experience this. It also gave me the skills to face the victim. The treatment my partner was having helped me begin to understand myself.

One subject said she learned more about protective behaviours (i.e. child protection) so that she was enabled to accept the blame that the victim felt towards her, and deal with it without being totally burdened by guilt. Another said that, having learned about assertiveness, she now puts the strategies to use by standing up for herself. Other mothers stated that they use what they learned to improve their relationships with their children: "I use what I learned to rebuild the relationship with my daughter", and, "I am more patient with my children; I see how it is for them. I change what my parents taught me". Others said they now handle things more confidently.

The child subject who responded to this question mentioned how self awareness had enabled her to deal with issues of guilt and anger.

As a result of being in the girls' group I learned that the abuse had not been my fault. I had been angry with myself - hated myself - felt guilty. But I felt better about myself when I learned it wasn't my fault. I felt angry with Dad, and going to SAIF and SARC (Sexual Assault Referral Centre) helped me express my anger to him.

This respondent went on to say that, having expressed her anger towards her father, and knowing the abuse was not her fault, she had now forgiven him.

The theme of victim empathy was claimed by male and female participants in describing specific things they had learned at SAIF. Fathers talked about how they gained empathy for their victims, and their partners commented that they had also learned to have empathy for the victim, by increased self-awareness, and awareness of relationship issues. The child participant who responded to this question indicated that she had gained empathy for herself as a victim, as a result of increased self-awareness.

In summary, most male participants referred to the group therapy modules, focussing on themes of *victim empathy* (Empathy module), *self awareness* (Introductory, Empathy and Relapse Prevention modules), and *relationship issues* (Positive Sexuality module).

Many incestuous fathers insist that no harm is caused to the child in order to rationalize their incestuous behaviour, and to put their own needs before the needs of their victims (Renvoize, 1982). It is the goal of SAIF's Empathy module to assist offenders to become aware of the consequences of abuse on the

child, family and himself (Giarretto, 1982), and to resist patriarchal domination (Alexander & Lupfer, 1987; Ben Aron et al, 1985; Edwards & Alexander, 1992; Harter et al, 1988; Levang, 1988) . SAIF's Empathy Module is "highly experiential and has a strong focus on emotions" (Harrison and O'Keefe, 1994:p31) to assist offenders develop empathy for their victims.

The claim by male participants in this study that they are also now extending empathy into other areas of their lives, as a result of the impact of the Empathy module, demonstrates a new awareness and respect for the feelings of others.

Understanding how participants came to offend by recognising behavioural patterns, identifying specific circumstances and personal problems, identifying stages of their offending cycle and drawing up individual plans to avoid relapse are the foci of SAIF's Relapse Prevention module, based on the work of Marlatt (1982), Marlatt & George (1984), Pithers et al (1983). The men are taught to recognise early warning signs of relapse and to take preventative action. (Harrison and O'Keefe, 1994:p32).

Responses from female participants regarding improved mother-daughter relationships reflect the damage that this relationship also sustains as a result of

the abuse. Victims often blame their mothers for the abuse, for leaving them alone with the offender, and for not noticing subtle signals from the offender to the victim (Renvoize, 1982). SAIF's Partners' Group offers support to mothers who are experiencing the effect of their daughters' anger towards them, and to assist them in repairing the relationship with their daughters.

WHAT FAMILIES REMEMBERED MOST ABOUT SAIF

When participants were asked what they remembered most about the SAIF Programme, the main theme that emerged was *group support*. Male participants also mentioned *the effect of the module content* and *victim empathy*.

I remember writing my offences on the board in the Empathy module - the embarrassment and anxiety about standing before the others to write on the board. The result was good; I realised how my family was almost blown apart - of how our whole lifestyle was at risk. The Empathy module helped me understand how it was for my victim, particularly the videos which gave insight into the victim's feelings. The Empathy module helped me to relate to my victim positively.

Another recalled the emotional adjustments necessary to cope with the Empathy module, and another said it was telling the worst he had done, during the Empathy module, "yet people still talked to me; it was safe for me; non-threatening".

The Empathy module made a great impression on me of the trauma suffered by child victims - how they can go on to suffer all

their lives. I had no idea it was as bad as that. It gave me a sense of responsibility for my actions - getting back into the real world.

The effects of the group process drew comments such as "I remember the bonding of the group", and

As facilitators were non-judgemental I was able to relax and open up to learn. The men in the group were so honest, enough of them, I drew on them for courage. They were not judgemental - we bonded well. We were all in this together. We came to accept that none was worse than another. I appreciate people who are prepared to give their time to people like me - to help us.

One man claimed that the Introductory and Empathy modules were memorable and that his empathy for his victim began in the Introductory module, and another that he particularly remembered his first night in the Introductory module, how, in disclosing to strangers "I realised what I had done; I felt angry with the facilitator, but felt I deserved it; she was telling me the truth".

Additional comments from this participant referred to sleepless nights, getting in touch with suppressed emotions stemming from his own past abuse at the hands of his father, and relief that there was an alternative to reporting to the authorities.

Female responses to this question also focussed on *group support*, in addition to the support they received at SAIF: "I saw SAIF as a life-line; it was there when I needed it, particularly at disclosure", and "there was support and help for the

family". Of support received from other mothers, one said "I remember the relief/safety valve in talking with people who felt the same. I had never discussed the abuse for the twelve years". Another said "It was good meeting mothers who had been through the same experience; I wasn't alone. I had felt so alone".

One mother mentioned the effects of the Empathy module; "My partner was more able to listen to what I was saying; he was less defensive and more understanding". Others emphasized learning about protective behaviours and gaining more awareness of sexual abuse issues.

The child who responded to this question also focussed on her experiences of the group process, and feeling safe with the facilitators. She recalled:

Art therapy and games the girls played at SAIF to help us understand what had happened in our family. Being in the girls' group helped me understand I wasn't the only one with this problem. I felt I could trust the group facilitators.

The participants' positive experiences of group situations endorses SAIF's policy that group therapy/support enables clients to experience the understanding, bonding and support of people in similar situations. Incest offenders are able to disclose their offences in progressively greater detail due to the support of the

group members, while experiencing a group pressure to be truthful and cooperative (Harrison and O'Keefe, 1994). The positive attitudes of group facilitators, as recalled by participants, is of significant importance to the SAIF programme, as SAIF is committed to providing a respectful, supportive environment for offenders and their families. which is of vital importance if offenders are to respond positively to therapy. The notion of treating offenders respectfully, and with compassion and understanding is supported by Renvoize (1982) who states:

For anyone who cannot see why fathers who have committed incest should be given sympathetic treatment, let them consider (leaving humanitarian reasons aside) the practical fact that imprisonment alone cannot cure such men.

Kroth (1979:16) also maintains that:

A punitive attitude toward the incestuous family only serves to reinforce the low self-concept/high destructiveness pattern already evident in individual members. Therefore, the counsellor's nonevaluative acceptance throughout the therapeutic process is an essential prerequisite in helping the client to attain the goals of self-assimilation and self-confrontation, self-identification, and self-management.

WHAT FAMILIES FOUND MOST USEFUL

When participants were asked what they had found most useful in the SAIF process, themes that emerged were *self awareness* and *self development*, often in

terms of what the benefits were. One listed these as:

Learning to be self-confident; acquiring communication skills; how to solve family problems; considering other people's feelings more than my own - especially my victim's; staying out of high risk situations whilst having a close relationship with my victim.

Another also listed benefits, stating that having had a choice made this possible:

Understanding of how I came to offend; communication; I found staff input and the group process productive. Because I volunteered for therapy the therapy was more beneficial, i.e. because it was a choice.

One said "it was the first time I could talk about myself - I found me." Another stated that it was "education - learning to deal with feelings. I never knew how to express them. I kept them locked up".

Another respondent stated:

It made me look at myself so I was able to make changes. I had been narrow-minded, but the Programme opened up my thinking about everything - myself, my lifestyle, family interactions and my interactions with my partner.

Others spoke of awareness of human frailty: "I made a terrible mistake and my daughters have to suffer", and "I discovered that other men had the same weaknesses, softness and human frailties". One mentioned that the Empathy and Relapse Prevention modules "had me take a look at myself". Another spoke of the empathy and understanding of other group members, and of learning of the

impact of mental abuse on the victim. One simply said that the Programme was “pretty good overall”.

Female subjects focussed also on their own self awareness and self development, plus the overall effects of the Programme on the family.

* I got rid of pent-up feelings. I learned to swear more - express myself verbally. Expressing suppressed feelings provided relief

* SAIF's a place to go to get knowledge. It was somewhere my partner could go for help - going to jail would not have solved the problem.

One said that the SAIF Programme had enabled her to build people skills for herself. Another said that socialising with other women over a cup of coffee and gaining information on how to deal with her daughter had both been useful.

The positive effects of the Programme on their partners' behaviour drew comments from some of the women, such as “the overall effect on my partner; also helping to keep the family together; we wouldn't be together otherwise”, and “my partner seems happier and more positive; I feel happier in some ways”.

Learning protective behaviours and gaining more awareness of sexual abuse issues were also mentioned as having been most useful in participating at SAIF. There were no comments from either of the child participants, as neither of them responded to this question.

The responses to this question support Briggs' (1986) findings that most offenders are fathers who wish to be identified in order to receive help, are concerned about the children, and worried about a number of different aspects of their marriage and family relationships.

It is evident that the participants' responses to this penultimate question began to overlap with responses to other questions, by describing themes of safety, communication, understanding, module content and the group process, in terms of self awareness and self development.

WHAT FAMILIES FOUND LEAST USEFUL

This question was included in the questionnaire in order to give participants an opportunity to express negative experiences of the programme, or to gain information that might enable SAIF to improve its service.

All responses to this question have been reproduced individually, so that each complaint has an opportunity to be viewed and assessed on its own merit. The male responses relating to what respondents had found least useful in participating in the SAIF Programme focussed mainly on experiences with various facilitators and the time taken to complete psychometric tests.

I feel that facilitators should ensure participants are counselled/stable before leaving, after the meditation/video session in the Empathy module.

There was a criticism relating to the Introductory module also:

The video session in the Introductory module should have been shown earlier in the session, to let the group 'cool down' before leaving.

The Positive Sexuality module came in for some criticism as well:

I was uncomfortable with the Positive Sexuality module in the first session. I felt all my hard work had been wasted. It seemed smutty to me.

One man complained that a male facilitator had stated that "Playboy/pornographic material was 'OK', depending on what you did with it" and that a female facilitator had described oral sex with her boyfriend. Another complained about the "bad coffee", and that one of the facilitators had been forceful in her manner:

I felt I was being interrogated and could not trust her. This held me back in that module until that facilitator left.

Another stated that he had felt resentful with the female facilitator who had first interviewed him at SAIF: "I felt judged, dirty - her aura is false".

Two male respondents said they thought the psychometric tests took too long to complete, one saying that he had had to take three hours off work to do them.

The signing of the SAIF contract also drew criticism from one male respondent who stated:

I think that people could feel blackmailed by the contract. There should be other ways to protect children. It's very hard for non-statutory clients - I felt I was 'SAIF's' by signing. I felt threatened by the (male) staff member on duty. I think things could have been explained in a softer way.

Another said that he had had to wait 7 weeks for the Programme to recommence following Christmas School Holidays so had found his own counsellor for the interim period. He also complained that SAIF had not fulfilled its promise to offer couples counselling and family sessions "so I could explain what I had done".

There was a comment that a lot of time had been spent discussing semantics in one of the group sessions and another stating that it is not a good idea to mix two groups of people together because it does not work. The mixing of two

groups occurs when, due to attrition, a group becomes too small for group therapy, and is integrated with another group.

The aspects of SAIF that were considered to be least useful by the female respondents focussed mainly on the Partners' Group, and SAIF's answering machine:

The women's group did not work for me at the time, but I would like to go now; I'm ready for it now. I felt the women's group was focussed on self-esteem - drawing little pictures on how we were feeling to-day. There was no direct focus on dealing with the effects of the abuse on me, or how to live with the abuse. There was no real information on the psychology of an offender. I wasn't helped to keep the peace at home, and there was no connection or information relating to what was happening in the men's groups.

Another female respondent also commented on the Partners' Group:

Least useful was the art work in the Partners' Group, also, forgiveness was not addressed. I was told it was not necessary to forgive, but I felt I needed to make that choice and would have appreciated strategies to help me do this.

One other said:

I received some help and understanding, but would like to have been able to learn how to help my daughter. I may do something more later.

One of the female respondents who expressed their frustration with SAIF's answering machine said:

I got frustrated, emotional, when I rang and got the answering machine. I felt abandoned and became more emotional.

Another said:

My calls were not returned when I left messages on the answering machine. It was distressing at the time. I felt I was not valued.

One of the women stated that she had been uncomfortable with one of the female counsellors, and felt she "was against the men; angry; her skills are not effective".

Other comments included:

* There could have been a leaflet given to the women to remind them of the services available to them. We forget what we are told in the early, more traumatic stages. I also felt that the Partners' Group was too rushed; there was no time to be listened to - it was a set routine.

* There needs to be more for the whole family as a unit, and families need to be treated individually as needs are different. It can also be a struggle for families with men on low incomes to survive the fees and costs of petrol to attend. Families are punished again.

Additional comments suggested that there should be a group for adult victims who do not wish one-to-one counselling; and, another, that it would have been helpful to have been assured of one-to-one counselling.

When answering the question relating to what was least useful in the SAIF Programme, one of the children responded:

SAIF offered me counselling and Girls' Group, but I was frightened they would ask me about things I didn't want to talk about".

The comments in relation to this question need to be addressed by the SAIF programme, particularly in relation to facilitator attitudes, given that SAIF's policy is to provide a safe environment for client families. SAIF also needs to address other issues raised, such as the content of the Partners' Group, an adequate telephone answering facility, and monitoring of individual families' needs. It should be recognised, however, that some offenders are slower than others in learning to take responsibility for their abusive behaviour, and are often resistant in the early stages of programme participation.

In comparison with the positive responses, the negative responses were very much in the minority. The provision of a question that would provide an opportunity for families to report any grievances, however, has proved useful in that SAIF clients felt safe enough to report them to the researcher, and supports

SAIF's philosophy that incest families are sensitive to the attitudes of service deliverers, particularly to therapists.

RESULTS OF FATHER/STEPFATHER QUESTIONNAIRE

The second qualitative questionnaire, was designed to help address research question 4, to determine whether there was evidence that the risk of reoffending had been reduced. The questionnaire asked male participants if they had reoffended, or been tempted to reoffend since participation in the SAIF programme. The questionnaires were unidentifiable, and male participants were asked to return them by post to the researcher, care of the SAIF programme, using the accompanying stamped, addressed envelope.

Ten of the father/stepfather questionnaires were returned anonymously to the researcher out of a possible 12. All ten stated that they had not re-offended since having participated in the SAIF programme. Eight stated that they had not been tempted to re-offend; two said they had been tempted. Of the two who admitted that they had been tempted, one said he was able to resist by remembering his relapse prevention strategies:

..by refusing to dwell on this subject - staying active - remembering victim trauma - the repercussions, jail, etc., and all the other things learned at SAIF, especially empathy to my wife and victim.

The second stated that he found the courage to disclose his temptation to his partner:

One day whilst I was having a shower a thought/image came into my mind; it started to grow, but then I became overwhelmed that "what am I doing?" I stopped thinking about it, but felt guilty. I cried and wondered how I could even think like that, knowing the consequences for the victim/myself/my family. I resolved to share this with my partner, which was really risky/scary for me. But it was good, because I felt better in that I felt cleaner/honest and this is what it is like for me. So it was a whole new way of dealing with it.

The 100% negative response to the question of whether male participants had reoffended since the commencement of treatment at the SAIF programme is consistent with Marshall & Barbaree's (1988) findings that recidivism rates for treated child sex offenders increases over time. As the SAIF programme is only six years old, and the participants in this study had concluded their treatment under two years prior to being interviewed, it was not expected that there would be reports of reoffending. Also, as the rationale for including other family members in the study, was to provide an opportunity for evidence of reoffending to be disclosed by participants other than the offender it is unlikely that families would have volunteered to participate if the abuse had continued, or had reoccurred. Given that participating families, particularly the offenders, would be

anxious to present themselves favourably to the interviewer, it was interesting that two male participants disclosed 'lapses' of thinking patterns that they recognized as having led them into abusive behaviour in the past. Their responses reflect their understanding of relapse prevention, in that a 'lapse' is not a 'relapse', i.e. that certain thinking can lead them into abusive behaviour, but that by engaging in learned prevention strategies, they can interrupt the abuse cycle, by addressing their thinking patterns. Both these participants had focussed on the negative consequences on themselves and their families, in order to gain control of their thoughts of reoffending. This feedback is valuable to SAIF, in that it indicates the programme content addresses the needs of offenders who wish to change their abusive behaviour, and that the relapse prevention strategies learned by participants in the Relapse Prevention module, are useful in times of vulnerability to reoffending.

SUMMARY

The tables and responses to the interviews show that participants perceived their participation in the SAIF programme as having been an overwhelmingly positive experience. That many of the responses were framed in the terminology used to describe the content of the various group modules demonstrates that the module content was relevant to the needs of participating families, that they had identified with the issues presented, and that it had had a positive impact on them.

It will be of significant importance to the SAIF programme that 80.8% of the participants (21 of 26 family members who participated in this part of the research) claimed that SAIF had been instrumental in assisting them to stay together (Table 1), given SAIF's commitment to assist families to reunite, if this is their wish. Table 4 indicates the major themes that emerged in the analysis of the interview transcripts:

TABLE 4

Question	Main Theme	Secondary Themes
How SAIF helped families stay together	SAFETY	Understanding, education and support
Perceived improvements in families' lives	COMMUNICATION	Adaptation and self knowledge
Perceived changes in families' lives	TRUST	Honesty and openness
Specific things learned at SAIF	VICTIM EMPATHY	Self awareness
What families remembered most about SAIF	GROUP SUPPORT	Effect of module content and victim empathy
What families found most useful at SAIF	SELF-AWARENESS	Self development

The responses gained from this part of the study clearly demonstrate that participating families found that SAIF intervention had had a positive effect on their functioning. The responses also demonstrate that positive changes have occurred and clearly described what those changes are. By identifying emerging developments of trust, with the emphasis on victim empathy, respondents gave a positive response to the research question which asked if the risk of offending had been reduced. These comments supported the results of the father-daughter questionnaire, which claimed that there had been no re-offending, and that the two participants who admitted that they had experienced lapses in their thinking, had coped positively with the situation. The overriding and significant message that can be gained from these findings is that the SAIF programme delivers an effective service by providing a safe environment for participating families to address the effects of the incest.

CHAPTER SIX: IMPACT OF TREATMENT ON FAMILY FUNCTIONING

Patton (1982) states that triangulation methodology presents an opportunity to discover whether various data will provide congruent findings. Therefore, in order to test the findings of the interview and written questionnaire described in the previous chapter, this chapter describes the results of measured levels of cohesion and adaptability in families' lives since their participation in the SAIF programme, and compares them with the findings of the previous chapter.

The FACES III questionnaire was completed by all 27 participants in this study in order to address research question 3 (what are the levels of cohesion and adaptability in intact families?). This standardized measure was included in the study as part of the triangulation methodology described in chapter four, although the small sample precludes any conclusions based on quantifiable results.

COHESION AND ADAPTABILITY

Family cohesion is the emotional bonding that family members have towards one another. There are four levels of cohesion within the Circumplex model (see Appendix 8), including *disengaged* (very low), *separated* (low to moderate),

connected (moderate to high), and *enmeshed* (very high). It is hypothesized that the central levels of cohesion (separated and connected) make for optimal family functioning. The extremes (disengaged or enmeshed) are generally seen as problematic (Olson et al. 1983).

Family adaptability is defined as "the ability of a marital or family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress" (Olsen, et al. 1983:p70). In other words, adaptability focuses on the ability of the marital and family system to change. The four levels of adaptability include *rigid* (very low), *structured* (low to moderate), *flexible* (moderate to high), and *chaotic* (very high). As with cohesion, it is hypothesized that central levels of adaptability (structured and flexible) are more conducive to marital and family functioning, with the extremes (rigid and chaotic) being the most problematic for families as they move through the family life cycle.

Trepper and Barrett (1986) claim that most incest families who have received treatment and who are assessed using FACES III, fall within the balanced or mid-range level on the Circumplex Grid. The rationale for selecting FACES III as one of the measures in this study, therefore, was to determine whethe

participating treated SAIF families would fall within the **Balanced** or **Mid-Range** levels on the Circumplex Grid (See Appendix 8).

INDIVIDUAL SCORES

Individual scores of all participants were plotted on the Circumplex grid in Figure 1. It can be seen that 25 participating family members have scores which fall into the **Balanced** or **Mid-Range** levels of adaptability and cohesion, whilst 2 remain in the **Extreme** level (**Chaotically Enmeshed**). Each family is identified on the grid by a code number with one of the letters **M** (male), **F** (female) and **C** (child) for each family member.

In order to discover whether the combination of each family's individual scores might influence the perceived level of family functioning on the Circumplex grid, couples' and families' combined scores were also plotted on the grid.

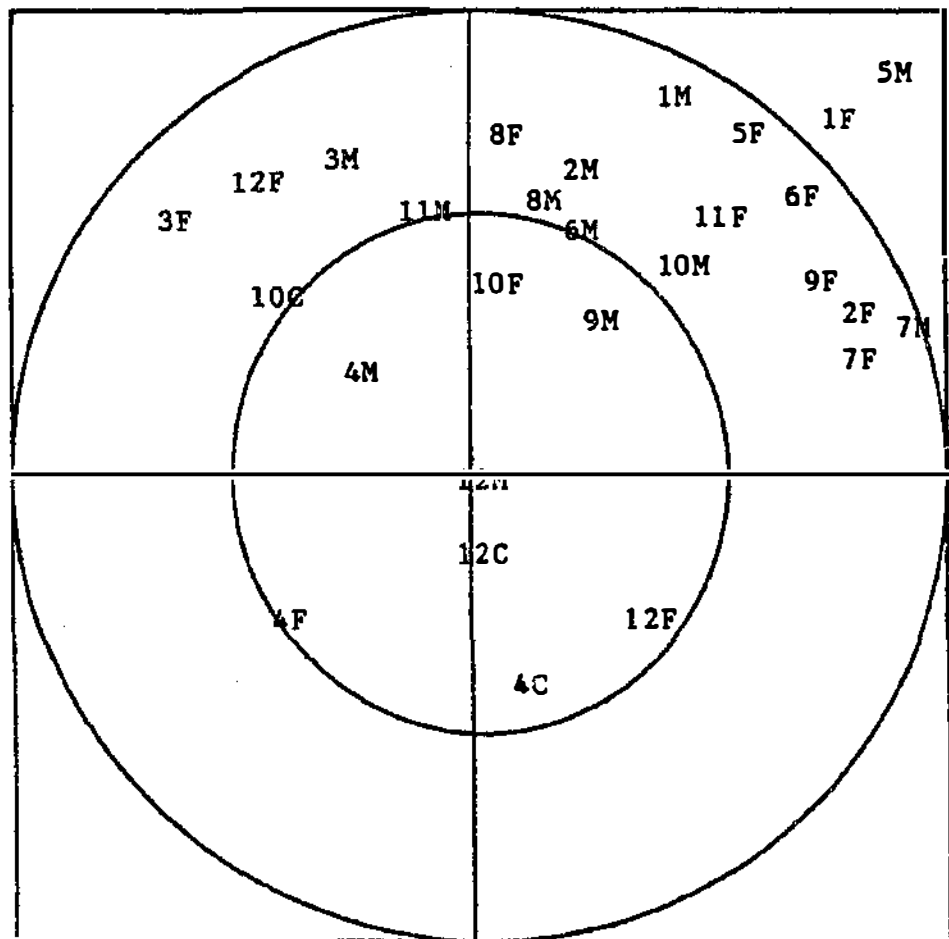


Figure 1. Individual Scores

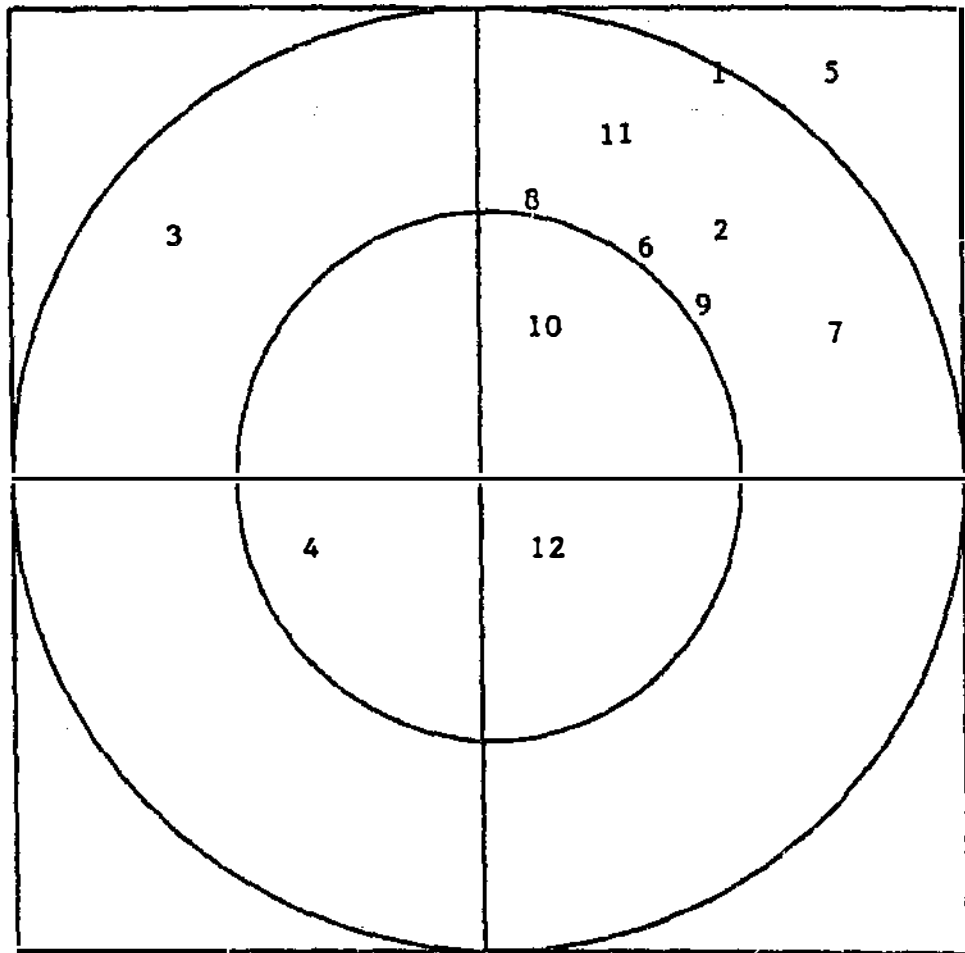


Figure 2. Combined Couples Scores

COUPLES' SCORES

Couples' scores were combined and plotted on the Circumplex grid as illustrated in Figure 2. Paired couple scores showed a moderate correlation of cohesion ($r(12) = .56, p < .056$), and a strong correlation of adaptability ($r(12) = .81, p < .001$). The correlation on cohesion is consistent with Olson et al's (1989:22) findings which supported correlations in the .30 to .40 range between family members using the FACES scale. However, the correlation on adaptability with SAIF participants is much higher at .81, compared with Olsen's findings of .13 to .33, based on a study of married couples from across the life cycle.

FAMILY SCORES

Individual results from families where a former child victim had participated in the study were plotted on the Circumplex grid as illustrated in Figure 3, i.e. families 4, 10 and 12.

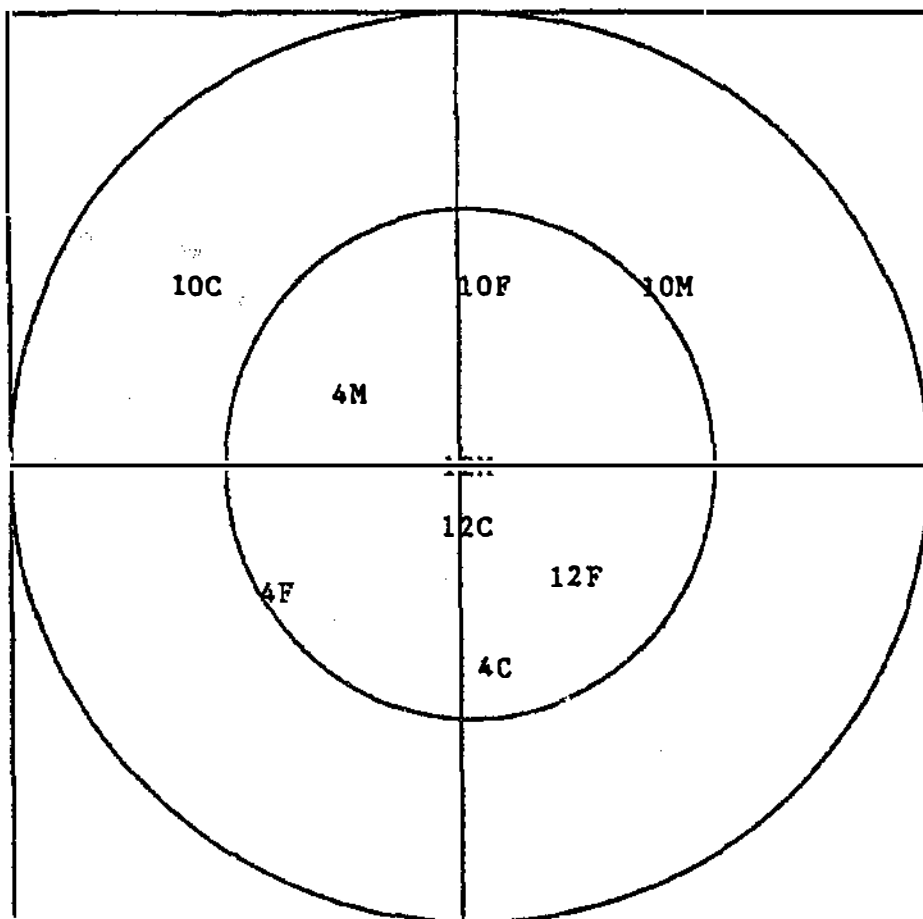


Figure 3. Individual Scores of families 4, 10 and 12

Individual scores from these nine participants fell within the **Balanced** level, with the exception of 10C which fell into the **Mid-Range** level. However, when the three families' scores were combined to produce family scores, all three families fell into the **Balanced** level, as depicted on the grid in **Figure 4**.

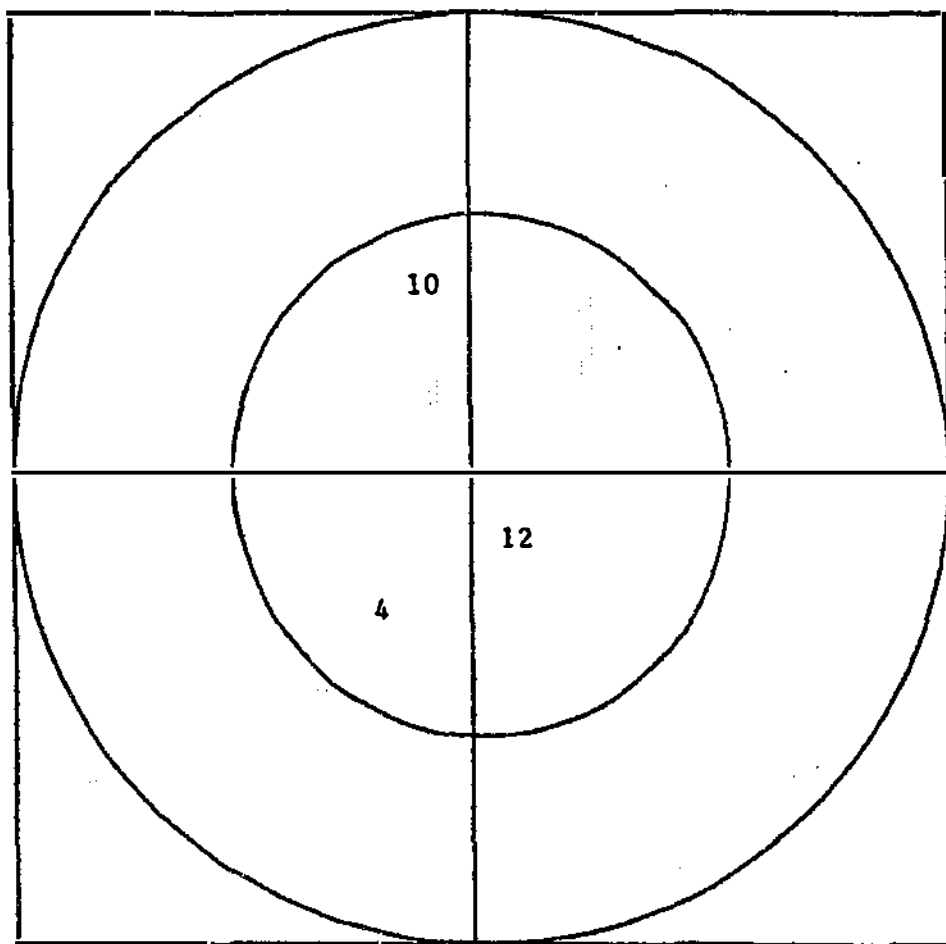


Figure 4. Combined Scores of Families 4, 10 and 12

Olson et al (1983) caution against analysis based on combined couple or family scores, because of the tendency of the mean to push scores into the Balanced level on the Circumplex grid, therefore, in this study, individual as well as combined scores from family members are discussed and compared, as follows.

The individual scores illustrated on the Circumplex grid in Figure 1 show that all of the 27 participating family members, except two, perceive their family functioning to be at the Mid-Range or Balanced level. This result supports Trepper and Barrett's (1986) claim that most treated incest families will fall within these ranges. That 25 of the scores are high, both on adaptability and on cohesion, suggests they now perceive themselves, in the family context, as being able to change the power structure, role relationships and relationship rules in times of family stress, and that their feelings of connectedness within the family are moderate to high. These high scores, which fall into the central levels on the Circumplex grid are seen as necessary for optimal family functioning. (Olson et al. 1989). The two extreme scores, however, (5M and 1F) suggest that SAIF intervention has failed to assist two families in dealing with the level of dysfunction in their respective family situations.

The comparison of combined couples' scores on Figure 2, with those of individual scores on Figure 1, supports Olson et al's (1989) theory that the mean

of combined scores draws individual scores towards the Balanced level on the grid, for instance, the extreme scores of (5M and 1F) combine with their partners' scores to position themselves closer to the Balanced level. The remaining couples' scores, by being drawn closer to the centre of the grid, reflect higher levels of adaptability and cohesion than they do separately, as hypothesized by Olsen et al (1989).

It is unclear why SAIF couples' scores show a correlation of .81 on adaptability, compared with Olsen et al's (1989.p22) findings of .33, using a sample of married couples from across the life cycle. One possibility is that SAIF's sample is exclusively incest offenders and their families who have recently received treatment for the effects of the abuse, and may be anxious to present themselves as 'balanced' or 'normal'. Their wish to present positively may have as much to do with wanting to convince themselves as much as the researcher or the SAIF programme that they are changed, and therefore no longer a problematic family. Perhaps the intensity of participating in the programme, combined with anxiety over reunification, compelled families to communicate, thus causing them to be more in agreement. On the other hand, given that these participants have identified positive changes in their family life since participation in the SAIF programme (see chapter 5), it is not unreasonable to conclude, without making any claim, that the SAIF model of treatment has been successful in assisting these

families to make the desired changes. It also needs to be pointed out that families who have experienced incest, are under pressure to change if they want to remain together and be seen as normal, compared with families who regard themselves as normal, and are therefore less inclined to examine their levels of family functioning.

The comparison of scores from the three families whose teenage daughters contributed to the research confirms the findings from individual and combined couples' scores; the combination of scores draws individual scores towards the centre of the Circumplex grid, in this case right into the Balanced level (Figures 3 and 4). The inclusion of 10C's individual score draws her parents' combined score on in the Mid-Range level (see Figure 2) to the Balanced level when all three scores are combined. Couples 4 and 10 remain in the Balanced level when their combined scores are further combined with their daughters' scores in Figure 4.

In conclusion, the use of FACES III with the Circumplex model has been useful in determining how treated families perceive their levels of cohesion and adaptability, having participated in the SAIF programme. The Circumplex model has also been useful in distinguishing between couples and families whose individual and combined scores legitimately place them in the Balanced or Mid

Range levels, and those who are placed there by virtue of their combined scores. This reinforces Olsen et al's (1989:23) statement that it is important to obtain data from multiple family members in order to "capture the complexity of marital and family systems".

Following the completion of the FACES III questionnaire, participants were asked if they would have answered any of the FACES III questions differently, if they had been interviewed prior to participation in the SAIF programme. Many of the participants indicated that they would have answered some of the questions differently, however, when individual estimated scores were plotted on the grid, no significant differences emerged for the sample overall (see Figure 5), with the exception of IIM whose estimated scores would have placed him in the extreme range prior to entering the programme, and on the border of the Balanced and Mid-Range levels at completion of treatment (see Figure 1). Combining the male and female estimated scores (Figure 6) also shows no significant difference with couples' post-treatment scores as depicted in Figure 2.

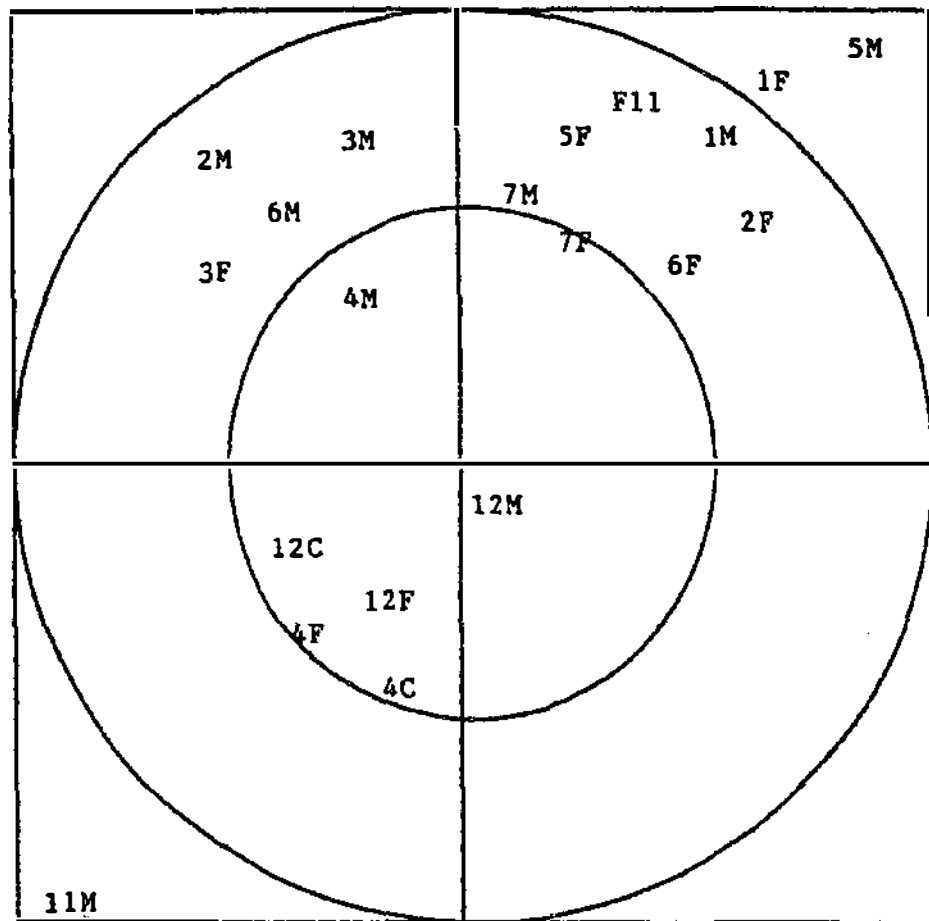


Figure 5. Estimate at Pretest for Participant 11M

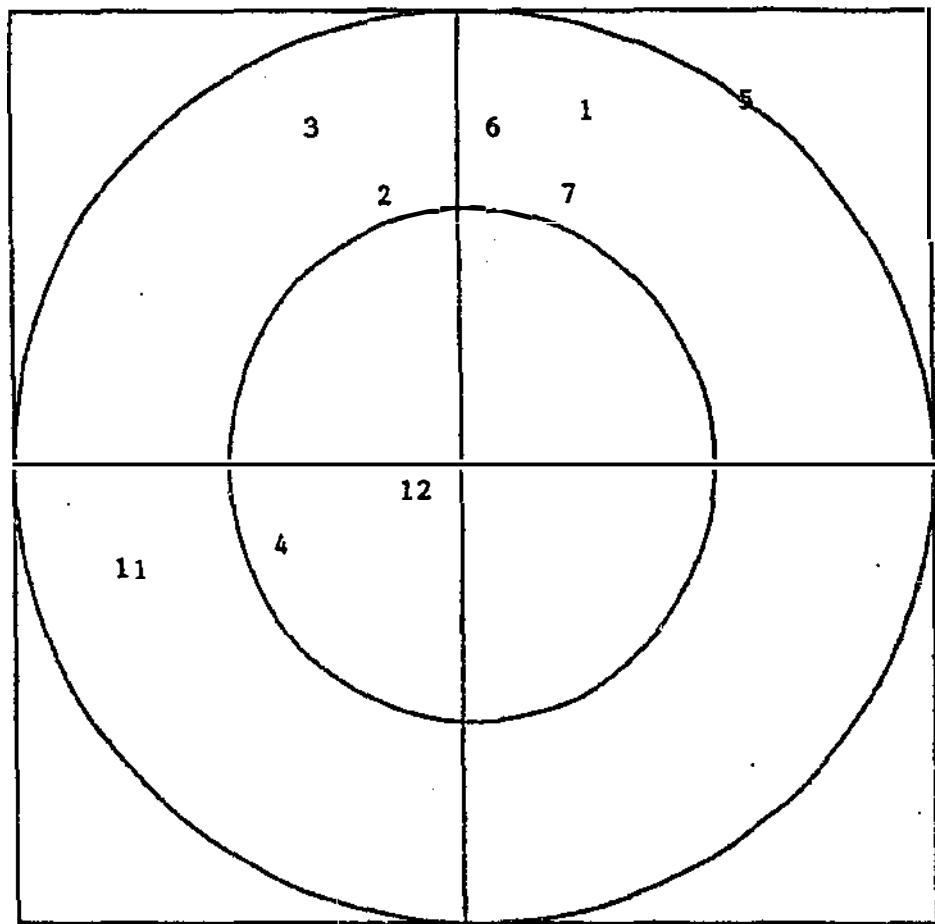


Figure 6. Couples' Perceived Pretest Scores

This result is not supported by the findings of the interviews, as families stated clearly that things had changed for the better as a result of SAIF participation, and were able to describe these changes in detail. It is possible that the participants had not understood the task, however, they asked for little clarification of the test questions, which indicates that they appeared to understand them. Another possibility for this result is that these families were not as dysfunctional as assumed, prior to participating in the SAIF programme. The estimated pre-treatment scores, as depicted in Figures 5 and 6, therefore, with the exception of 11M, must be interpreted with caution.

SUMMARY

The results of the FACES III questionnaire support the findings of the two qualitative questionnaires, in that families were able to identify positive changes within their functioning since participation in the SAIF programme. Their claims that the power structure, role relationships, and relationship rules had changed, and that levels of cohesion had improved in that they now felt more connected to each other are described as themes of increased communication, trust, empathy and self-awareness in chapter five, and are supported by the the high adaptability and cohesion scores on the Circumplex grid.

In addition, the responses to the FACES III questionnaire confirm Trepper and Barrett's (1986) claim that treated incest families who are assessed using FACES III will fall within the Balanced or Mid-Range levels on the Circumplex grid. These results, whilst not of statistical significance, indicate that SAIF intervention has helped participating families make the desired changes in their levels of cohesion and adaptability.

In conclusion, although the results of the FACES III scores on the Circumplex grid must be interpreted with caution, the inclusion of a recognised, standardised measure as a contrast to open-ended, semi-structured questionnaires has strengthened the researcher's confidence in the positive outcomes of this study. This supports Cohen et al's (1980) claim that triangular techniques in the social sciences explain more fully the richness and complexity of human behaviour by studying it from more than one standpoint. It would appear, therefore, that the triangulation methodology selected for this study has provided congruent findings as described by Patton (1982).

CHAPTER SEVEN: CONCLUSION AND DISCUSSION

The purpose of this chapter is to summarize the findings and results of this evaluation study in relation to the research questions set down in chapter one, and to discuss the findings in relation to salient issues raised in the literature review of chapter two. This chapter also discusses the appropriateness of the methodology selected, and what bearing the outcomes have on the overall issue of treating families where incest has occurred.

The evaluation/research questions as described in chapter one were as follows:

1. Has SAIF intervention had an impact on the functioning of participating intact families?
2. What are intact families' perceptions of changes in family functioning since SAIF intervention?
3. What are the levels of cohesion and adaptability in participating intact families?
4. Is there evidence that the risk of offending has been reduced?

Participating families overwhelmingly claimed that it was the safety that SAIF offered that enabled them to remain intact, by providing limited confidentiality and a safe, therapeutic environment that on the whole was provided by appropriately experienced therapists, with a non-judgemental, non-biased attitude

towards offenders and their families. As most of the participating families in the study were non-statutory, this response is a strong indication that incest offenders can be enabled to change their attitudes and behaviour, without necessarily being involved with the authorities or the judicial system, whilst keeping child protection as a first priority. Therefore, incest offenders and their families who are prepared to meet strict conditions as described in earlier chapters of this study, and who do not wish to report to the authorities, could benefit from an opportunity to address the problem, provided the victim is not put at risk of further abuse in the process.

The findings clearly show that participation in the SAIF programme had a positive impact on the functioning of their families' lives, as participants identified themes of increased communication, trust, victim empathy, group support and self-awareness, as a result of having participated in the SAIF programme. The results of the FACES III questionnaire confirmed that the scores of the treated participating families measured within the desired Balanced and Mid-Range levels of adaptability and cohesion on the Circumplex grid, as anticipated. However, although the results were strong, they must be treated with caution according to the validity studies referred to in earlier chapters. The high scores on cohesion and adaptability on the FACES III questionnaire, do

confirm the participants' claims that positive changes had occurred in their functioning since participation in the SAIF programme.

Evidence that the risk of offending has been reduced was demonstrated by the female and child responses, particularly by the daughter who moved back into the home after her stepfather had participated in the SAIF programme. The comments from the two offenders who admitted that they had been tempted to reoffend, offer confirmation to the programmers that strategy plans learned in the Relapse Prevention module to avoid reoffending, appear to have been useful to at least two of the programme's participants. It is unfortunate that two of the male participants failed to return their father/daughter questionnaires.

NEGATIVE FINDINGS

Although the findings and results of the study were largely positive, it is important to address the negative comments that were made. It is to be expected that, in addressing the effects of incest, and/or dysfunctional family dynamics, participants will experience some degree of discomfort, or guilt. Criticisms of some of the module content, the psychometric tests, the SAIF contract, and the under-resourced telephone service were not unexpected. It is unlikely that SAIF will discontinue utilising psychometric tests; neither should SAIF discontinue the requirement for offenders to sign a therapy contract designed to protect children.

SAIF should, however, examine the criticisms relating to the module content in relation to group support following the showing of the video in the Empathy module, also the content and focus of the Partners' Group, particularly in relation to women who may wish to forgive their partners for their abusive behaviour. This could be done by asking participants to complete a brief evaluation at the end of each session, with an opportunity to report what had been most or least useful, or what still needs to be addressed. Facilitators of the Partners' Group need to be careful about making assumptions about the needs of the women in the group. It should not be assumed, for instance, that, having worked through the issues surrounding the abuse, a woman will not want to forgive her partner. It is important that facilitators do not, inadvertently, project their own values on clients.

SAIF ought also to pursue ways of providing a more adequate telephone answering service, so that distressed families do not feel abandoned. Additional funding, or an improved staff roster system may help SAIF to ensure that its unique anonymous crisis telephone line is kept open during operating hours, and that calls are returned as promptly as possible. A request could be made to Family and Children's Services, or some other group, for additional funding, detailing the difficulties of providing an adequate telephone service.

Of all the negative comments that were reported, the most serious complaint referred to facilitator attitudes. As SAIF aims to provide a safe process for participating families, and puts a strong emphasis on the attitudes of its staff, the reporting of these negative experiences needs to be addressed. The complaints about staff attitudes were made by three offender participants who each made one complaint against one facilitator. These three facilitators, two female and one male, were no longer employed by SAIF prior to the completion of this study.

The negative responses confirm the significance of facilitators' attitudes in delivering services to incest families. The participants who complained described each of the three facilitators as forceful, judgemental and threatening. This is contrary to Brem's (1994:31) assertion that "therapy is no place for rigid value judgement", and Andrew's (1995) statements that therapists ought to avoid imposing one's own values on the group.

As described in chapter 3, the SAIF programme insists that facilitators are to be non-judgemental, respectful and supportive. Andrews (1995) says it is important for group leaders to be appropriately trained, and to be aware of their competence level and limitations of their techniques. He also states that groups are risky for leaders with personal problems and conflicts, as this may lead to

professional ineffectiveness, or harm to the client. In order to screen potential leaders, therefore, he advocates the use of the FIRO-B questionnaire (Schutz, 1978), which was designed to provide clues about interpersonal factors and the leadership styles people use in groups. The questionnaire measures three 'factors' in leadership styles:

Inclusion: The need to establish and maintain a satisfactory relationship with people; the need to like and be liked.

Control: The need to establish and maintain a satisfactory relationship with people by exercising control and power; the need to influence.

Affection: The need to establish and maintain a satisfactory relationship with others based on love and affection; a need for intimacy.

It may be useful for the SAIF treatment committee, therefore, to ask prospective group leaders to complete a questionnaire, such as the FIRO-B as part of the assessment for their suitability for working with SAIF groups, in addition to ascertaining their level of training and/or experience. This may help SAIF to encourage prospective staff to discuss their own strengths and weaknesses, and how these may affect their interactions in working with groups. SAIF should also discover whether prospective staff have been sexually abused themselves, come from a family where there has been sexual abuse, or whether they have

other issues that may affect their interactions with incest offenders, so that they will feel encouraged to seek support should their own issues threaten the effectiveness or safety of the group process.

Currently, the SAIF programme pairs new group facilitators with experienced group facilitators, in order to monitor their progress and competence, so that difficulties can be addressed during the post-group de-briefing sessions. When this proves unsuccessful, the new facilitator is asked to talk to a member of the treatment committee, which oversees facilitator selection and provides supervision. If the new facilitator is still in disagreement, he or she may request a meeting with all of the members of the treatment committee, or request that the matter be raised at the monthly staff meeting.

Since their experience of dealing with facilitators whose forceful, judgemental or aggressive behaviour was seen not to be compatible with SAIF's philosophy, SAIF has implemented a three-month probationary period for new facilitators, whereby new staff are aware that they may not be asked to continue, if they are found to be unsuitable in some way. This was also introduced to give new staff an opportunity to discover if they are suited to working with SAIF's offender clientele, before committing themselves to the programme. New staff are also required to read SAIF's Policy and Procedures manual, and to sign a Code of

Conduct declaration to the effect that they have read the manual and agree with the SAIF philosophy.

During this three month probationary period, however, the new facilitators could also be encouraged to use a test, such as the F.I.R.O.-B, to evaluate their own progress, strengths and weaknesses, and what factors they need to work on.

This, combined with feedback from the trainer, could help them to:

- (a) discover what they have to offer the programme;
- (b) discover what progress they are making during the probationary period; and,
- (c) offer a full appraisal of their strengths, weaknesses and progress at the completion of the probationary period.

As part of the negative findings of this study are due to the failure of SAIF to provide adequate staff supervision, it could also be recommended that facilitators receive regular individual supervision with the Programme Director, and monthly peer supervision group sessions in order to avoid the development of inappropriate behaviour from therapists in the future. Individual supervision sessions would also give therapists an opportunity to discuss issues of a personal nature that they might be reluctant to discuss in the peer group. This is particularly pertinent, for instance, for therapists who may have been sexually abused as a child, and who are now working with child sex offenders.

EVALUATION METHODOLOGY

The findings and results of this study suggest that the selected triangulated methodology has been successful in gathering data that has been meaningful and useful in determining the impact of the SAIF programme on participating families. By combining a standardised measure of family functioning (FACES III) with an open-ended, semi-structured interview, and a questionnaire, information was gathered that showed congruency in the participants' responses (see chapters 5 and 6). Although the findings do not prove that changes in family functioning can be attributed only to the intervention of the SAIF programme, the results are persuasive in suggesting that SAIF intervention played a major role in assisting participating families address the problems caused by incest. In effect, although it cannot be claimed that SAIF intervention *caused* the perceived changes, it can be claimed that SAIF intervention *enabled* families to make the changes. Although the FACES III standardised measure was of limited value, the high scores on cohesion and adaptability strengthen the qualitative findings of the interview and the questionnaire, which while very positive, may be biased in that the evaluation (a) was carried out by a member of the treatment staff, and (b) treated families would have wanted to present themselves as being normal, rather

than dysfunctional. Nevertheless, the triangulated methodology utilised in this study, has proved to be useful in determining the impact of the SAIF programme on participating families. This particular triangulation method was used to gather data from predominantly non-statutory families, therefore its replication properties are limited, as all other states in Australia are mandated to report child abuse. Thus, other treatment programmes are made up of statutory families who are *required* to attend for therapy as opposed to *seeking* it voluntarily.

ISSUES RELATING TO THE TREATMENT OF INCEST

There are a number of issues related to the treatment of incest that have been raised in this study. As discussed earlier, some of the participating mothers mentioned that their daughters blamed them for the incest. It was also evident that some of the mothers blamed themselves. As described in this study the SAIF programme provides a Partners' Group that, in addition to addressing child protection and relationship issues, offers support for the mothers while they work through this blaming process, and mother-daughter sessions to help victims place the responsibility for the offending on the offender.

Earlier in this thesis the family systems perspective was criticised as a model which promotes the view that mothers have to bear some responsibility for the incestuous behaviour of their partners. On the one hand, a systemic perspective

is important in treating incest because it attempts to address the needs of the whole family, and not just the offender's behaviour, by focusing on the family dynamics. On the other hand, the overt and covert assumptions of 'mother-blame' do not sit well with the philosophy of SAIF. Although the SAIF model is loosely based on a systemic perspective by addressing the needs of the whole family, SAIF believes that it is unethical and unreasonable to apportion responsibility for the offending on the mother. This stance is supported by the findings of this evaluation, in that the participating treated offenders stated that they were solely to blame for the abuse. It has also been the experience of SAIF that, while many offenders initially make excuses for the abuse, they later disclose in detail how they managed to keep their abusive behaviour a secret from their partners. Finally, the participating female partners spoke of their relief at not being blamed by the programme's facilitators, and of being supported in helping their daughters place responsibility for the offending on the offender.

Another topical issue relating to the treatment of incest offenders, and raised in this study, is that of mandatory reporting. The SAIF programme responds to the 'no mandatory reporting' law of Western Australia by offering a therapeutic service to incest offenders and their families that includes those who would otherwise remain undetected, using the legal and correctional systems as a leverage to gain commitment to programme participation.

The participants in this study claim that it was the safety that the SAIF programme offered as an alternative to intervention by statutory bodies that attracted them to participate. They said that it was the limited confidentiality and safe environment that attracted them to the programme, and enabled them to reunite. This information confirms the view that many families are reluctant to seek help from the authorities. Mandatory reporting has failed to increase the number of substantiated cases that are brought to the attention of the authorities (see chapter 2), and the costs involved in introducing and implementing mandatory reporting includes mis-identification of innocent families. If the major advantage of mandatory reporting is greater awareness of the issues within the community, then perhaps the money would be better spent on education programmes, and the development of safer procedures and services for incest families, particularly those who wish to be supported in reuniting after treatment.

It could be argued, however, as Glaser (1988) points out, that other kinds of offenders should also be provided with an opportunity to be 'treated' rather than punished, if this is what their families want. The SAIF programme does not believe that the perpetrators of intrafamilial child sexual abuse should avoid the legal consequences of their actions, and does not dissuade families from reporting. Importantly, however, as already discussed in this study, it has been

proven that mandatory reporting does not result in an increase in the number of substantiated cases of intrafamilial child sexual abuse (Angus & Woodward, 1995), although Clark (1995) argues that the introduction of mandatory reporting of child sexual abuse across most of Australia attributed to greater public awareness of the problem. However, mandatory reporting does not leave an avenue for families who will not report for fear that the whole family unit will be punished by being broken up, or because the victim or her mother will be punished by the family for reporting the abuse. SAIF therefore offers support to families who are not yet ready to report, or may continue to resist reporting, by placing strict conditions on offenders to ensure that child protection is a first priority. SAIF also points out that punishment alone does not rehabilitate and does not necessarily lead to the offender accepting responsibility for his criminal acts, nor to a change in his abusive behaviour. As the SAIF programme appears to be successful in attracting intra-familial child sex offenders and their families, who would otherwise remained undetected, then it may not be unrealistic or unethical for authorities to consider developing low-cost, limited-confidentiality programmes for other kinds of intra-familial child abusers, providing they were to adhere to strict conditions that included a treatment contract, similar to the SAIF contract, in order to maintain child safety during treatment.

SUMMARY OF RECOMMENDATIONS

In order for the SAIF programme to maintain and improve the provision of an effective, safe service to incest families, the following points are recommended:

- * That SAIF implements a screening procedure for prospective therapeutic staff, such as FIRO-B (Schutz, 1978) to assist in assessment of leadership styles;
- * That SAIF utilizes a recognised measure of leadership styles, such as FIRO-B to assist in the monitoring and support of staff progress.
- * That SAIF improve the level of supervision of staff by offering regular individual and peer group supervision sessions;
- * That SAIF introduce an anonymous evaluation questionnaire that provides an opportunity for all clients at the completion of therapy to state what was most useful, and what was least useful about the SAIF programme. This could be based on the semi-structured, open-ended questionnaire utilised in this study;
- * That SAIF introduce an evaluation questionnaire that provides an opportunity for group members to evaluate each group therapy session, including facilitator attitudes.
- * That SAIF commit to ensuring an adequate crisis telephone line resource;
- * That SAIF families complete the FACES III (or similar) questionnaire, both at the beginning and end of participation in the programme.
- * That SAIF ensures that overall programme evaluations are carried out on a regular basis.

These recommendations, if implemented, will ensure that SAIF continues to provide a safe therapeutic environment for client families.

LIMITATIONS OF THE STUDY

The study was limited in various ways, not least by researcher bias, in that the researcher is a long-standing member of the SAIF programme. However, although hopeful that the findings would be positive, the researcher had not expected that they would be as positive as they have been. An external evaluator may have been more at liberty to prompt participants who were unsure of how they might answer questions. When participants seemed to need some help in continuing, the researcher limited her prompting to "some participants talked about the content of the modules". When participants were addressing the question about what was least useful in the programme, the researcher made no suggestions and offered no prompting, writing the responses carefully and in a respectful manner. The question of what was least useful had been included in order to avoid researcher bias, and to find out the truth about participants' experiences of the programme, however, the researcher had anticipated only that there may have been criticism of module content. It was of concern that something as important as facilitator attitudes was raised, but proved that questions about possible negative effects of programme delivery should not be excluded from programme evaluations.

The study was further limited in that there were no FACES III pre tests. This made it impossible to test Olson's (1983) theory that untreated dysfunctional families will fall into the extreme range on the Circumplex grid. The retrospective question that asked how participants might have scored on the FACES III questionnaire prior to treatment was unhelpful, as only one participant's retrospective perceived score was negative. The other scores suggested that family functioning, now positive, had been similar prior to programme participation. It was interesting, then, that most participants contradicted this during the interview, by saying that there had been positive changes, and giving clear descriptions of what those changes were.

The study was also limited by the small number of participants. As discussed earlier, incest families are highly sensitive, and, ethical issues aside, opportunities of interviewing families who have experienced incest, and who are willing to share those experiences, will be limited. Therefore, in volunteering for this study, the participants are to be commended for their willingness to participate in obtaining what is first-hand knowledge of the experiences of non-statutory incest families who have had the courage to attempt reunification, following treatment.

DIRECTIONS FOR FUTURE RESEARCH

Future evaluations of the SAIF programme should include as many family members as possible, in order to gain insight into the experiences of family members in addition to the offender. Triangulation methodology utilising quantitative and qualitative data would provide an opportunity for congruency of findings. This could be achieved by including pre and post test results of a recognised and valid measure of family functioning, or of the psychometric tests that are given to offender clients, in combination with qualitative questionnaires, similar to those developed for use in this study. It is essential in evaluating a service that questions relating to negative as well as positive experiences be included in order to avoid researcher bias.

The pre and post results of the psychometric tests described in chapter five could also be utilised in conducting evaluations of the programme based on offender clients' progress - particularly those clients who are no longer part of a family unit, and therefore unable to participate in family research. The scores of these tests, in combination with the development of open-ended questionnaires similar to those developed for this study would offer a useful triangulated methodology, that might strengthen the findings of the research.

It was discussed earlier in this thesis that it would be untenable and unethical for an external evaluator to interview SAIF families, however, it may be feasible for a new staff member with demonstrated professional attitudes and research ethics, but who has not worked with the participants, to conduct interviews sensitively and objectively in order to minimise researcher bias.

As SAIF offers an innovative service to incest families by way of its confidential crisis telephone line and its inclusion of non-statutory families, it has an important role to play in providing data that is unique and relevant to the issue of treating families where incest has occurred. It is important, therefore, that SAIF continues to evaluate its service regularly, and that researchers be encouraged to publish results of SAIF evaluations.

EVALUATION CONCLUSION

In volunteering to participate in this research, the participants are to be commended for their willingness to share their experiences of attempting to address the effects of the abuse, and their courageous attempts at reunification. They have provided a valuable insight into the therapeutic needs of incest families by describing their experiences of the SAIF programme.

The results of this study show that low-cost community programmes are feasible, and, carefully and ethically conducted, can be an effective, efficient and safe intervention for families where incest has occurred. The triangulated methodology utilised in this study has been useful in obtaining congruent data that shows that participating families perceive the SAIF programme to be delivering an adequate, professional service, that meets their therapeutic needs.

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APPENDICES

SAIF THERAPY CONTRACT

1. I hereby affirm that I will cease all child sexual abuse as of the signing of this contract. I also accept that for the welfare of my children, attendance at therapy sessions is more important than any other commitment I may have.

2. (a) I agree to attend the SAIF Programme for psychological testing and assessment interviews. I understand that non-identifying information from these tests may be used for research purposes.

(b) I agree to attend any of the following, as determined by the SAIF Programme Treatment Committee:

- * The Introductory Group Therapy module
- * The Victim Empathy Group Therapy module
- * The Relapse Prevention Group Therapy module
- * The Positive Sexuality Group Therapy module
- * Individual therapy sessions
- * Family reunification sessions, if appropriate

(c) I understand that each Group Therapy module takes 10 weeks to complete, and that I am obligated by this contract to attend for that period. Failure to do so will (a) negate the obligation of the SAIF Programme to maintain confidentiality regarding my offending (see below); and (b) result in my being required to repeat the entire module.

3. If it is impossible for me to attend a therapy session I will contact the SAIF Co-Ordinator (Tel: 09-3301702) as soon as possible after I know I am unable to attend the session. A doctor's certificate is required for failure to attend on grounds of illness.

I understand that to ensure children are being protected the SAIF Programme will consider breaking confidentiality if I do not contact the Co-Ordinator when I cannot attend therapy. Confidentiality will also be broken if there is repeated failure to attend therapy sessions.

4. For the protection of children, I agree to follow the conditions set out below. I understand and accept that if I break any of these conditions, the SAIF Programme will inform the Department for Family and Children's Services that children are at risk, and that in the event of further sexual abuse the SAIF Programme will also inform the Police Child Sexual Abuse Unit.

5. I agree that any contact I may have with any child under the age of sixteen years will be supervised by an adult who knows that I have sexually abused a child.

6. I am aware that the fees I am required to pay are \$400 (\$200 for unemployed) for each 10-session Group Therapy module; \$20 for each individual therapy session for myself; and \$30 per session where other family members are included. It is my responsibility to pay these fees on time. I also note that the fee structure may be revised from time to time.

7. If my family wishes to remain together and the Department for Family and Children's Services is NOT involved with my family, I also agree to the following:

(a) I will move out of my home until it is assessed by the SAIF Programme that it is safe for me to return and have given me written permission to do so. This clause does not apply if there are no children under 16 years living in my home.

(b) I give permission for SAIF Programme staff to visit the home of my family as part of the process of assessing the safety and wellbeing of my children.

(c) I give permission for SAIF Programme staff to interview my children and for my children to be involved in the children's group or other therapy as determined appropriate by the SAIF Programme.

(d) I give permission for SAIF Programme staff to interview any of my family members to assess child protection issues. I understand that this will happen at least once per school term.

NOTE: Although your acceptance into the SAIF Programme may also depend on your partner and family's participation, by agreeing to the conditions in this clause you are indicating your acceptance of the conditions. The SAIF Programme will seek your wife's acceptance separately.

8. Following the completion of my treatment programme, I agree to attend a three-month, a six-month and a twelve-month follow-up interview.

9. I will inform the SAIF Programme Co-Ordinator of any change in my address or telephone number up until I have completed my final follow-up interview.

10. I have asked for and received a signed and witnessed copy of the contract.

11. I accept that for the protection of children other reasonable conditions may be added to the list below. My signature immediately below each added condition shows that I have accepted it. I also agree that if I break any of these added conditions the SAIF Programme will inform the Department for Family and Children's Services that my children are at risk.

ADDITIONAL CONDITIONS TO PROTECT CHILDREN

NAME: SIGNED:

ADDRESS:

WITNESS:..... DATE:.....



PO BOX 387 MELVILLE WA 6156
TELEPHONE: 330 1702

Dear

Anne Blair of the SAIF Programme, wishes to conduct a Process Evaluation of the SAIF Programme as part of her Masters degree in Social Science. To find out if the SAIF Programme is effective in assisting families to stay together, if this is what they want to do, Anne wishes to interview SAIF families (who are still together) after having completed the SAIF Programme. The information she obtains may help your family understand what changes have taken place, and what other changes you may wish to make in the future. The information will help SAIF to know what changes, if any, to make in their procedures in assisting families who wish to remain together.

Anne wishes to ask families if their way of life has changed since they participated in the SAIF Programme, and, if so, in what ways, and what things are different.

Anne wishes to talk to both partners and also to former victims who are now over the age of 12 and still living at home with their parents. She expects to spend between 1 and 1½ hours approximately with each couple/family.

Anne offers the following guarantees to families who are willing to take part in her research:

- * She will ask no questions about the abuse.
- * All information will be confidential, except if there are any voluntary disclosures of new abuse, in which case Anne will be obliged to report to SAIF.

If you think you and your partner would be interested in taking part in this valuable research, please ring the SAIF Programme and leave a message with myself or Geoff, so that Anne can ring you and answer any questions you may have. If you do ring to find out more about the research, you will not be obliged to take part, if you decide you do not wish to.

Thanking you

[Redacted signature]

JACQUI VINC
Co-Ordinator
Sexual Assault in Families Inc.

10 August 1993

RESEARCH INTO FAMILY FUNCTIONING

CONSENT TO BE INTERVIEWED

I understand that this is research into the functioning of families who have completed the S.A.I.F. programme, and who are still together as a family unit.

I understand that I and my partner, and (if applicable) our child will be interviewed, and the information will be recorded on answer sheets, so that it can be analysed for the research.

I understand that our responses will be confidential to the researcher, and will not be available to anyone else.

I understand that I can change my mind at any point, or not answer questions I don't like.

I also understand that the researcher will have a responsibility to report to the SAIF programme any disclosures of re-offending that have occurred since the family finished the SAIF programme.

SIGNATURE: DATE:

SIGNATURE:..... DATE:

RESEARCH INTO FAMILY FUNCTIONING

CHILD CONSENT FORM

I understand that I will be asked questions about how happy I was at home with my family before my father/stepfather went to S.A.I.F., and how happy I am now at home with my family.

I will not be asked questions about the abuse.

I can talk to Anne on my own, or with my parents present, if that is what I would prefer.

It will be all right for me to change my mind about talking to Anne if I decide that I don't want to.

SIGNATURE:

SIGNATURE OF PARENTS:

DATE:

FAMILY QUESTIONNAIRE

OPEN-ENDED/SEMI STRUCTURED

1. DO YOU BELIEVE THE SAIF PROGRAMME WAS INSTRUMENTAL IN ASSISTING YOUR FAMILY TO STAY TOGETHER? IF SO, PLEASE SAY WHY. IF YOU STAYED TOGETHER BECAUSE OF OTHER REASONS, PLEASE STATE:

2. WOULD YOU HAVE ANSWERED ANY OF THE "FACES III" QUESTIONS DIFFERENTLY BEFORE STARTING THE SAIF PROGRAMME? IF SO, HOW?

3. DO YOU BELIEVE PARTICIPATION IN THE SAIF PROGRAMME HELPED TO IMPROVE THE QUALITY OF YOUR FAMILY'S LIFE? IF SO, HOW?

4. HAVE THERE BEEN ANY CHANGES FOR THE BETTER IN YOUR FAMILY, AS A RESULT OF ATTENDING THE SAIF PROGRAMME? IF SO, WHAT ARE THEY?

5. HAVE THERE BEEN ANY NEGATIVE CHANGES IN YOUR FAMILY AS A RESULT OF HAVING PARTICIPATED IN THE SAIF PROGRAMME? IF SO, WHAT ARE THEY?

6. WHAT SPECIFIC THINGS DID YOU LEARN FROM SAIF?

7. HOW DID YOU PUT THEM TO USE?

8. WHAT DO YOU REMEMBER MOST ABOUT THE SAIF PROGRAMME?

9. WHAT DID YOU FIND MOST USEFUL ABOUT THE SAIF PROGRAMME?

10. WHAT DID YOU FIND LEAST USEFUL ABOUT THE SAIF PROGRAMME?

FATHER/STEPFATHER QUESTIONNAIRE

1. **HAVE YOU BEEN TEMPTED TO RE-OFFEND SINCE PARTICIPATION IN THE SAIF PROGRAMME?** YES..... NO.....

2. **IF YES, HOW DID YOU COPE WITH THE TEMPTATION?**

.....
.....
.....
.....

3. **HAVE YOU RE-OFFENDED SINCE PARTICIPATION IN THE SAIF PROGRAMME?** YES..... NO.....

4. **IF YES, IN WHAT WAY HAVE YOU TAKEN RESPONSIBILITY FOR YOUR OFFENDING BEHAVIOUR?**

.....
.....
.....
.....

FACES III

David H. Olson, Joyce Portner, and Yoav Lavee

1	2	3	4	5
ALMOST NEVER	ONCE IN A WHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

DESCRIBE YOUR FAMILY NOW:

- _____ 1. Family members ask each other for help.
- _____ 2. In solving problems, the children's suggestions are followed.
- _____ 3. We approve of each other's friends.
- _____ 4. Children have a say in their discipline.
- _____ 5. We like to do things with just our immediate family.
- _____ 6. Different persons act as leaders in our family.
- _____ 7. Family members feel closer to other family members than to people outside the family.
- _____ 8. Our family changes its way of handling tasks.
- _____ 9. Family members like to spend free time with each other.
- _____ 10. Parent(s) and children discuss punishment together.
- _____ 11. Family members feel very close to each other.
- _____ 12. The children make the decisions in our family.
- _____ 13. When our family gets together for activities, everybody is present.
- _____ 14. Roles change in our family.
- _____ 15. We can easily think of things to do together as a family.
- _____ 16. We shift household responsibilities from person to person.
- _____ 17. Family members consult other family members on their decisions.
- _____ 18. It is hard to identify the leader(s) in our family.
- _____ 19. Family togetherness is very important.
- _____ 20. It is hard to tell who does which household chores.

 FAMILY SOCIAL SCIENCE, 290 McNeal Hall, University of Minnesota, St. Paul, MN 55108

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