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*Published in:*
Journal of Family Therapy

*DOI:*
10.1111/1467-6427.12397

*Publication date:*
2022

*Document Version*
Publisher's PDF, also known as Version of record

Received: 2 January 2022 | Accepted: 28 February 2022

DOI: 10.1111/1467-6427.12397

ORIGINAL ARTICLE

# ‘When it comes to relational trauma, you need people at the table’

## Therapist experiences of online therapy for families with a prior disclosure of sibling sexual abuse during Covid-19 pandemic lockdowns

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**Funding information**
This research received no specific grant from any funding agency in the public

**Abstract**

This study aims to contribute to the evaluation of online therapy during Covid-19 pandemic lockdowns, by exploring family therapists’ experiences of therapy for twelve Sibling Sexual Abuse (SSA) families in the Netherlands. Seven transcripts of interviews with highly specialised Dutch family therapists were analysed using thematic analysis (TA). Two main findings emerged from this study. First, the Dutch therapists reported no acute worries about their clients’ sexual safety during the pandemic lockdowns. Nonetheless, the switch to online therapy for the SSA families created concern regarding victim safety in speaking out freely at home. Second, while the sudden switch to online therapy enabled SSA therapists to stay connected with their SSA families, therapists experienced a decline in therapy quality and in their own well-being. In the therapists’ experience, it was almost impossible to conduct their most fundamental interventions online, such as intervening in family relationships.

KEYWORDS

impact of Covid-19 pandemic lockdowns, online family therapy, relational trauma, sibling sexual abuse

**Practitioner points**

- Online therapy sessions can help family therapists to stay connected with their SSA families during lockdowns. Specific security measures need to be taken to ensure clients' safety in speaking freely during online therapy sessions.
- Therapy to SSA families must continue face-to-face when it comes to the sexual trauma or intervening in the family relationships. Family therapists should estimate prior to a therapy session what kind of conversation it will be, and whether or not it can take place face-to-face or online.

# INTRODUCTION

## Covid-19 pandemic and families

The coronavirus disease 2019 (Covid-19) pandemic and the ensuing health-related social restrictions and lockdowns affected families worldwide. Schools were suddenly closed and parents were forced to keep their children at home for weeks or months, while parents themselves had to work from home (Fraenkel & Cho, 2020). For some children and their families, the lockdowns may have yielded some positive outcomes, such as reduced daily (school-related) stress and even improved wellbeing in some children (Zijlmans et al., 2021) or enhanced family closeness (Rivett, 2020; Teo & Griffiths, 2020). For others, the lockdowns and the restrictions are expected to have caused mainly negative outcomes, like increased stress levels, reduced wellbeing and a decline in mental health (Pereda and Díaz-Faes, 2020; Zijlmans et al., 2021). The structure of daily life normally afforded within the classroom and the school day is known to benefit children's physical health and fitness (Azzopardi et al., 2022; Proulx et al., 2021; Teo & Griffiths, 2020). The daily school structure disappeared completely because of the Covid-19 restrictions and caused a decline in social support and social interactions. The Covid-19 experience is in itself a stressful event which may have activated physiological danger responses and produced severe stress (Collin-Vézina et al., 2020). This may have created a sense of insecurity in children even as young as 2 years of age (Unni, 2020). The Covid-19 experience is even potentially traumatic for children, adolescents and families because of the unpredictability of the situation, and sense of unknown danger (Collin-Vézina et al., 2020). In sum, children, parents and families worldwide are expected to have experienced more negative than positive consequences from the Covid-19 pandemic with the ensuing restrictions and lockdowns.

## Impact of the Covid-19 pandemic on sexual abuse families

Vulnerable families with pre-existing mental health problems were more likely to have suffered during the pandemic (Collin-Vézina et al., 2020; Proulx et al., 2021; Rivett, 2020; Usher et al., 2020; Zijlmans et al., 2021). Families in the aftermath of a sexual abuse disclosure prior to the Covid-19 pandemic are at especially high risk of being more adversely affected by lockdowns (Amorin-Woods et al., 2020; Tener et al., 2020). For sexually victimised children, self-quarantining at home may mean being in continuous and close proximity to the abuser, which

can be extremely emotionally taxing (Unni, 2020). The constant sharing of living space by perpetrating adults or siblings and their victims has been a source of a major concern among surveyed professionals in Israel and the United States.

## Online family therapy

The impact of the pandemic is expected to be significant for victims of sexual abuse, as access to professional help for families with a disclosure of sexual abuse prior to the pandemic was suddenly interrupted at the time of the lockdowns. Organisations searched for effective ways to re-organise their services for clients and switched from in-person therapies to online therapy (Aafjes-van Doorn et al., 2021; Cronin et al., 2021; Lange et al., 2021; Lebow, 2020; Mc Kenny et al., 2021; Wilke et al., 2020). Janine,[1] a girl who had been abused by male family members, was in therapy when the Covid-19 lockdown took place in the Netherlands in March 2020. In the first weeks of lockdown, the family therapists were asked about the impact of the Covid-19 pandemic on Janine, her family and the therapy process. We were touched by the worsening situation of Janine, as disclosed in the narratives, and by the persistence of the therapists in their commitment to this family online. The family therapists continually explored what was feasible in ongoing treatment, despite all the sudden changes. Gradually, we became curious to learn more about the experiences of other professionals working with sexual (sibling) abuse families.

## Research to evaluate online therapy for sexual abuse families

Some studies have begun to examine the effects of online therapy for sexually abused children and their families; these include studies by Tener et al. (2020) and Azzopardi et al. (2022). Tener et al. (2020) surveyed thirty-seven US and twenty-three Israeli therapists working with child sexual abuse (CSA) families in the first lockdown about their professional experience of working with these families. The focus in online therapy for families already in treatment shifted to family maintenance/stabilisation (Tener et al., 2020). Azzopardi et al. (2022) reported how telemental healthcare was rapidly mobilised for sexually abused children and families in a Canadian paediatric hospital setting (Azzopardi et al., 2022). The implementation of trauma-informed telemental healthcare did not significantly compromise the therapeutic alliance and treatment. However, the reflections were described as 'anecdotal', and more research is required to empirically investigate the unique impacts of Covid-19 on virtual trauma treatments for sexually abused children and their families.

The studies conducted by Azzopardi et al. (2022) and Tener et al. (2020) need follow-up research to shed more light on the costs and benefits of online therapy during periods of lockdown that limit physical encounters. In addition, the experiences and views of family therapists regarding online therapy for sexually abused children and their families during the Covid-19 pandemic need to be closely examined (Amorin-Woods et al., 2020; Lange et al., 2021; Rivett, 2020). The present study is an attempt to gain deeper insight into the experiences of therapists in providing online therapy to families where sexual abuse had been disclosed prior to the pandemic. Understanding the experiences of this group of family therapists can contribute to the evaluation of online therapy and provide insights to inform future practice (Lange et al., 2021). The following research question was investigated: What has been the impact of Covid-19 lockdowns on

therapy for families with a previous disclosure of sexual sibling abuse, according to Dutch family therapists?

This study focuses on therapy for families with a disclosure of sexual abuse between siblings. Sibling sexual abuse (SSA) is sexual behaviour between siblings that is inappropriate for the developmental stage and involves a range of behaviours from non-contact abuse to contact abuse (Lafleur, 2009; Tapara, 2012). SSA often causes 'relational trauma' in the family's relationships (Sheinberg & Fraenkel, 2000). SSA is rather under-researched (Harper, 2012), and encompasses a 'silenced' group. The researchers and a team of family therapists from a specialised youth care organisation are collaborating in doing research on this 'silenced group' in a long-term research project. The case study research and the family therapist experience study are part of this long-term research project.

# METHODS

## Ethical considerations

The first author and Janine's mother discussed voluntary participation in a case study research project, and agreements were made about what data from the therapy process could and could not be collected and used by the first author. The mother said on behalf of the family members that they did not want the first author to be present at therapy sessions or to make recordings of therapy sessions. The family did give permission to follow the family's therapy process by means of interviews with therapists involved. In addition, permission was given for the use of fully anonymised data for scientific purposes and practice improvement. The verbal agreements between the first author and the mother were recorded in an informed consent form, and this form was signed by all family members older than 12 years and the parents as well as the first author. Data collection in the case study research on Janine and her family started in 2019.

All family therapists interviewed in the research project on giving online therapy to SSA families signed informed consent. Data collection was conducted in the summer of 2021. After data collection and data analysis, the results were sent to the therapist and the first author explicitly asked for the therapists' permission to use the, sometimes very personal, experiences in quotes in the results. All therapists gave permission to use the findings and the quotes for scientific publication. Therapists told the first author that it helped them to reflect on their experiences on giving online therapy during the interviews and to draw clear lessons for possible future pandemics or lockdowns.

This research project has obtained the approval of the School of Social and Behavioural Sciences Ethics Review Board (ERB) of Tilburg University (TiU) in the Netherlands.

## Sample description

Data were gathered from a team of highly specialised family therapists working from the contextual philosophy as developed by Boszormenyi-Nagy (Boszormenyi-Nagy et al., 1991). The therapists are working with families where sexual abuse has been disclosed and are specialised in treating 'sibling sexual abuse' families. The team consists of six therapists, three women and three men. A total of thirty-five families were in treatment following family sexual abuse during the lockdowns. Of these thirty-five families, twelve were sibling sexual abuse cases in treatment. The study focused on the brother–sister cases, but many of the therapists' statements also apply to the other families where abuse has occurred.

The family therapists normally work in a buddy system consisting of a male and female practitioner, known as 'therapist pairs'. A senior behavioural expert provides supervisory guidance to the therapist pairs. In an assessment period prior to the treatment programme, a family's problems and strengths are explored, and treatment goals and a personalised treatment programme are established. Normally, families receive both individual trauma treatment for the victim and treatment involving all family members. The individual treatment consists of eye movement desensitisation and reprocessing (EMDR) treatment or cognitive behavioural writing therapy (Pascoe, 2017) for the victim, sometimes also for the perpetrator. The family therapy is used to process the relational trauma caused by the sibling abuse. Three treatment goals are central in the family therapy: to create a safe family environment, to provide healing from the sibling incest trauma and to rebuild relationships.

Below is an overview of the family therapists interviewed; respondent 2 left the expert team in the summer of 2020. He was succeeded by respondent 5 (Figure 1).

## Data collection

A semi-structured interview format was conducted by the first author with three main topics: (1) impact of Covid-19 lockdowns on the SSA families, (2) SSA family's treatments during the lockdowns and (3) lessons learned about giving online therapy. This interview format was discussed with the second and third author and adjusted where necessary.

Three group interviews were conducted with the family therapists during the period April to June 2020. A group interview was chosen on the basis of therapist pairs, so that practitioners

| *# respondent* | *Working at SSA family therapy team since* | *Years of experience as SSA family therapist* | *Gender* |
|---|---|---|---|
| #1 | 2017 | 4 | Female |
| #2 | 2009 | 11 | Male |
| #3 | 2011 | 10 | Male |
| #4 | 2005 | 16 | Female |
| #5 | 2020 | 1 | Male |
| #6 | 2019 | 2 | Male |
| #7 | 2017 | 4 | Female |

**FIGURE 1** Overview of the interviewed SSA family therapists, later referred to as 'respondents'or 'therapists'

could respond to each other and thus achieve depth in the interviews. The group interviews were done online via MS Teams video conferencing because Covid-19 pandemic measures were still active in the Netherlands. The interviews were conducted by the first author, and all interviews lasted longer than an hour and were recorded via a voice recorder. The audio files were converted verbatim into transcripts of the conversations, which were then used in the data analysis.

## Data analysis

Thematic analysis (TA) is a method for identifying, analysing and reporting patterns within data (Braun & Clarke, 2006). A thematic analysis approach was chosen in the current study to analyse patterns in the narratives of the Dutch family therapists. TA consists of several inter-related stages in the data analysis. The researcher first went through the transcripts by reading and re-reading them. Four transcripts from the researcher's case study in the period from March 2020 and onwards were also read and re-read to assess the impact of the Covid-19 impact on families' treatment. The researcher decided to include four transcripts where therapists specifically spoke about the impact of the Covid-19 measures. Together with the three group interviews, seven transcripts were included in the analysis.

Atlas.ti is a qualitative analysis software which was used for data coding and analysis. Twenty-one codes were created on the basis of the research question. In the next stage, overarching themes were searched for, and the twenty-one codes were then subdivided under three code groups. The researcher started to report the results in the following stage. During the process of describing patterns in therapists' narratives, transcripts were re-read several times to check the context and to ensure that the researcher was really doing justice to the respondents' stories.

## Member checks

Member checking is a research phase when the report is taken back to the site and subjected to the scrutiny of the persons who provided information (Koelsch, 2013). Member checks were used in this study to ensure that therapists' experience was correctly reported. In addition, the member checks seemed to confirm the therapists' beliefs about when therapy should and should not be delivered to these families online.

Member checking was conducted on two occasions. First, the draft results described by the researcher were sent to the respondents. This gave the respondents the opportunity to indicate whether they could identify with the results. At a later stage, the conclusions drawn from this study were presented by the researcher to the treatment team. In this team meeting, there was agreement on the conclusions. From this, it is apparent that the conclusions actually reflect the experiences of this team, which was the initial purpose of this study.

# RESULTS

## Trauma therapy during and between Covid-19 lockdowns

A lockdown occurred in mid-March 2020 in the Netherlands because the number of coronavirus infections rose rapidly. All therapists were obliged to work from home in the early weeks of the

lockdown, and there was no possibility to meet clients face to face. This situation recurred in December 2020. Therapists found different ways to organise online contact with clients during both lockdowns.

## Safety dynamics

Family therapists were asked if they worried about the safety of the victims in the SSA families in therapy. All therapists found no worries about the safety of the victims at home, and safety risks were successfully assessed and managed in all families. Safety risks had already been tackled at the start of the therapy, before lockdown. Therapy is initiated only when it has been determined with certainty that the abuse has stopped.

New safety issues, however, arose during the online therapy.

## 'Talking in your own home'

Usually, therapy sessions are conducted at the offices of the child protection organisation because '*a separation is needed between the place where the abuse is talked about and the place where you then come home*' (respondent 7). This was confirmed by other therapists in their own words.

This is exactly why the switch to online therapy had profound implications for this population. This was reflected in respondent 5's words '*feeling free to speak out*' in online therapy sessions, a subject that emerged in all interviews with the family therapists. They reported how they were not able to monitor online if the client was alone in the room. '*Who is listening? Who's coming into the room? Does someone have their ear to the door?*' (respondent 7). Respondent 4 described a case in which the online therapy session became unsafe because of this lack of control. The therapist talked with a boy who abused his half-sister prior to the Covid-19 pandemic. '*There was already a lot of hassle. The tablet kept getting turned to the left, then to the right. It didn't feel right*.' The tablet screen was 'blurred', and a parent was listening in the background, which the therapist did not know although she could sense there was something happening in the room. At a certain point, the therapist asked, '*is there someone in the room?*' Then the parent intervened and got very angry about the topic they were going to talk about, stating the therapist wasn't doing a good job. This situation made the online session very unsafe. Ever since, this therapist shares her own background in an online meeting, and she asks her clients to do the same. Respondent 4 described how this had been discussed in a team meeting and the team decided to assess clients' safety in speaking out at the start of every online therapy meeting. Questions to assess online clients' safety in speaking out include: *'Are you in a separate room? Do you feel comfortable in the room you are in? Can others hear you?*' (respondent 7).

## 'Difficult to talk online about what happened'

All therapists spoke about the difficulty of talking online about topics directly related to the abuse and family members' feelings about the abuse. Talking about the abuse is, however, central to family therapy. Respondent 6 said: '*The whole emotional aspect actually, when it comes to talking about the abuse itself. And the emotions that this evokes in parents, when they are confronted with it. The sense that they were unable to prevent it, feelings of guilt play a part.*

*Then you realize that, yes, trying to do this online makes it very difficult.'* Respondent 4 confirmed this: *'The complicated themes that he mentions – breaking family patterns, intimacy, distance, closeness – normally you take your cue from what's happening in the room, before you bring up these issues. That kind of dynamic is virtually impossible'*. Respondent 7 described how, prior to Covid-19, she and her co-therapist used to ask more detailed questions about the complicated issues. *'I also noticed that in that period when you did the interviews online, you just don't get to those deeper feelings so quickly.'*

Mostly therapists therefore avoided talking online with clients about complicated memories related to the abuse, although respondent 6 reported that *'Looking at it in retrospect, it has developed in the sense that we have also become more comfortable with this way of providing assistance.'*

## Online contact was 'a way to stay connected'

The main objective in the early weeks of the first lockdown was to stay connected to the families and family members involved. Therapists talked about the Covid-19 crisis with clients and how it affected their lives. All interviewees stated (in their own words) that their main goal was to connect with what was going on at the moment in the families. Respondent 2 illustrated how during the initial lockdown he and his female colleague tried to stay in touch with Janine, the girl who prior to Covid-19 had been abused by male family members. The family therapists initiated a group for the three of them using WhatsApp. Respondent 2: '*We're also trying to find a way to connect... in case she feels alone and abandoned. A group app like this can help her to feel connected. So she doesn't feel she has to deal with it all by herself. Because she finds that really hard. And because we are in contact with her, we can collaborate with her. So she feels acknowledged*.' This therapist pair explained that a treatment goal with this girl was to expand her social network and contacts. The therapists wanted to teach her how to shape these social contacts, but the lockdown had changed this: '*You can tell us about your new shoes, or whatever. Otherwise I would say "Go practise with someone" or "tell someone else." But now I think she may as well just talk about it here. Because well, who else on earth is there for this child to talk to?*' Four other therapists also indicated that video calling with clients was a way to stay in touch with families.

## 'Difficult to establish real personal contact'

Therapists mentioned that, although they stayed connected with their clients, it was difficult to establish real personal contact or a personal connection, in particular with their younger clients. Four therapists stated that it was especially difficult with elementary-school-aged children to provide online therapy. Young children found it difficult to keep their concentration behind a screen, and were more easily distracted. Three respondents specifically mentioned a loss of personal contact during online sessions with adolescents; the adolescents were often busy with several things at once. The decrease in personal contact with children and adolescents was related to less opportunity to get to know each other non-verbally, according to respondent 4. She emphasised several times in the interview that she normally uses non-verbal communication from the client to signal that something is distressing the client. Respondent 6 illustrated an effect of this loss of non-verbal communication: '*We were discussing something exciting and the screen froze, but we didn't realize it straight away. The girl had got very emotional. But we didn't realize that in time.'*

Respondent 4 and 5 also talked about the loss of collegial non-verbal communication in online therapy. Respondent 4 illustrated this: *'When you're sitting next to one other you can catch each other's eye. Or you could give a nudge with a knee as if to say, "hey, something's happening here and we're going to deal with it." Online, you can obviously signal much less, and non-verbal communication is more difficult.'*

## Cooperation in therapist pairs

Family therapists of the SSA family therapy team work together in therapist pairs; each pair consists of a male and female therapist. All therapists described a decrease in alignment in the therapist pairs during the lockdowns. It was more difficult to find each other to have '*pre- and post-talks*' (respondent 6). The pre- and post-talks between therapists featured in every interview and seem to be very important for the family therapist. These conversations are important to '*discuss the progress in the families in treatment*' (respondent 5). Respondent 1 reflected on the importance of these talks to express her own experiences as therapist and the difficulty in doing so during lockdown: '*oh I was bothered by that conversation just now, so I'm going to call a colleague. Or if you've had a conversation that you find upsetting, it's good to talk to a colleague. But it's more complicated now.'* Therapists had to make more effort to find each other for these debriefings. Respondent 7 reflected that this resulted sometimes in collegial telephone calls in one's own time, after work in the evening. The reduced alignment during lockdowns has an impact on the alignment in the post-lockdown period, according to respondents 6 and 7. They observed that the alignment between colleagues has much improved, but is still less than before Covid-19.

Working together as a team of colleagues was a related subject that emerged in the interviews with four respondents. Respondent 3 reflected: '*I have been missing that for a long time, that connection as we used to have at team level.*' Respondent 7 described a loss of a sense of togetherness in the team: '*I really missed that. And I don't know how it could have been done any other way, because of course we had those measures.*' Respondent 1 gave an illustration of the importance of team support: '*yesterday we had a very complicated situation and then you talk about it online with your team. They (names of colleagues) were at the office and then (name of colleague) says "gosh (name respondent 1), I see it really affected you"*'. This illustration underlines the importance of working together as a team.

In addition to the loss of cooperation in pairs and in a team of therapists, therapists' own well-being declined by providing online therapy. Giving online therapy was experienced as 'intense and exhausting' (respondents 1 and 6), some missed the commute to home as recovery time (respondents 3 and 5) and others talked about the difficulty of giving 'proper self-care as therapist'. Finally, therapists seem to have found a working mode that helped them during the second lockdown in the winter of 2020.

## Post-Covid consequences according to therapists

At the end of the interviews, the family therapists were asked what conclusions they drew about online family therapy for SSA families and the lessons they learned from the two lockdowns. The therapists reflected on what can and cannot be done online in therapy for these vulnerable families *and* the lessons they personally learned as therapists.

All therapists indicated that conversations with other professionals could continue online. Online contact with other professionals like teachers or district team professional provides benefits: appointments are made faster, and it saves travel time. Therapists were asked for their opinion about online therapy for SSA families. All emphasised that the therapy sessions should really take place in the office. Respondent 4 said: '*Precisely when it comes to relational trauma you need people at the table to work things out... We can then feel our way through the relational issues in a way that helps things to change. That's a totally different dynamic that I don't think you have online.*' Respondents 1, 3 and 4 mentioned that conversations that evoke a lot of emotion or possibly a re-experiencing in the client should take place at the office. According to respondent 1, this always requires the therapist to estimate prior to a therapy session what kind of conversation it will be, and whether it can take place face-to-face or online. Respondent 1 illustrated: '*I think a lot more is expected of us. We have to judge what kind of conversation to expect, and whether the emotions can be dealt with at a remove or not. I'm thinking of this girl who immediately started to relive traumatic memories, as soon as we brought them up, right at the start of the process. That's very difficult to deal with online, to help someone from a distance. You have to be very well prepared.*'

All respondents indicated that an important matter they personally learned from both lockdowns was 'diary management'. The therapists appeared convinced that better diary management is needed: for respondents 4 and 6 it was the immediate answer they gave to the question about reflecting on lessons learned. Better diary management meant fewer appointments during the day and more 'transition moments' between online appointments to take a coffee or to have a little break. Better diary management could include more recovery time in a day.

## CONCLUSION

Risk of violence against children and adolescents and reports of family violence increased around the world since lockdown measures came into force (Azzopardi et al., 2022; Campbell, 2020; Pereda & Díaz-Faes, 2020; Usher et al., 2020). In families and children in a context of abuse preceding the pandemic, the risk of further abuse increased, while there was limited access to the usual support services (Tener et al., 2020; Wilke et al., 2020). Normal support services suddenly switched to online forms of help. Very few studies have been conducted so far on the switch to online family therapy for sexually abused children and their families during the Covid-19 pandemic (Azzopardi et al., 2022; Rivett, 2020). Little is known about the usefulness of online therapy to families with a history of relational violence (Lebow, 2021). The present study was an attempt to gain deeper insight into the experiences of therapists in providing online therapy to families where sibling sexual abuse had been disclosed prior to the pandemic. The experiences of seven family therapists in the Netherlands were closely examined to contribute to the evaluation of online family therapy and to inform future practice (Lange et al., 2021). This study has reached two main conclusions about the impact of Covid-19 lockdowns on family therapy for SSA families.

### New safety dynamics occurred in online therapy for SSA families during lockdowns

The Dutch therapists interviewed in this study had no acute worries about the sexual safety of their SSA clients during the pandemic lockdowns. The absence of concerns about clients'

sexual safety is in contrast to other studies, where professionals raised concerns about the victim feeling trapped with the abuser (Tener et al., 2020). Constant sharing of living space by siblings with inappropriate sexual behaviour and the children they abuse was thought to increase chances for further abuse, while reducing access to the usual support services (Tener et al., 2020; Wilke et al., 2020). A possible explanation for the contrasting findings is that these Dutch family therapists reported that safety measures had already been taken at the start of the family treatment prior to the pandemic and sexual safety was assessed online during the lockdowns. Another possible explanation is that this study focused on families already in treatment. It is likely that safety issues exist with newly registered families where abuse was only recently disclosed. Comments were made in the interviews by therapists about the complexity of starting treatment for new families during a lockdown.

New safety concerns emerged during online therapy to SSA families. Consistent with other studies like that of Azzopardi et al. (2022), therapists worried about clients' safety in speaking out freely at home (is anyone listening?). In addition, therapists found it risky to talk with clients about the sexual trauma from the same house or room where the trauma occurred, as opposed to the usual setting at the office of the youth care organisation. New security measures were taken by the Dutch family therapists to ensure clients' safety in speaking freely during online therapy sessions. The first new safety measure taken at the start of every online therapy session was to assess the client's safety in speaking freely. This was also reported by Azzopardi et al., where therapists stated that they schedule virtual visits '*for times when fewer family members are known to be at home and assess potential threats to confidentiality at the start of each session. We collaboratively explore alternative solutions for finding a quiet, calming, private therapeutic space to connect indoors or outdoors (e.g., bedroom, closet, car, park), while using headphones and text options when needed*.' (Azzopardi et al., 2020, p. 7). A second safety measure to ensure clients' safety was to avoid conversations about family relationships or exposure during online sessions. According to the Dutch therapists, this must be conducted in an office setting, or maybe during a walk in the park, but definitely not online.

## Online therapy impacted therapy quality in a negative way according to the therapists – though it helped SSA families and therapists to stay connected

Lockdowns impacted therapy quality in a negative way, according to the family therapists. Family therapists experienced difficulty in establishing real personal contact with their clients – especially the younger ones. A decline in real personal contact was caused by factors that included fewer non-verbal possibilities in online sessions. This decline in non-verbal therapeutic possibilities confirms the idea of Rivett (2020, p. 5) that *'it is almost impossible to notice the non-verbal changes and the micromovements that in a live situation may be explored to uncover alternative ideas and perspectives'* .

The core of family therapy with SSA families, according to the therapists, is '*breaking through family patterns, intervening in family relations, intimacy, distance, closeness*'. It was almost impossible to conduct the fundamental therapeutic interventions, and the Dutch family therapists concluded that their therapy quality declined during the lockdowns. This evaluation is not altogether surprising because therapists focus strongly on in-session relational processes and non-verbal communication. Psychotherapists find it harder to capture these subtle processes in an online

therapy setting, and this experience is likely to influence therapists' attitudes towards online (psycho)therapy (Békés & Aafjes-Van Doorn, 2020).

Online therapy sessions, however, helped the family therapists to stay connected with the SSA families during the lockdowns. This is in line with the findings of Tener et al. (2020) that the focus in online therapy for families already in treatment was shifted to family maintenance or stabilisation. In addition to a decline in therapy quality, therapists experienced a decline in their own wellbeing, their collaboration in therapist pairs and as a team.

## DISCUSSION

It is essential that treatment for SSA families is continued on site during a pandemic like Covid-19 with lockdowns. During a lockdown, family members are 'cooped up' at home together 24/7. It is crucial for children to have a safe home environment or for this to be restored, especially in this stressful period of lockdown. Ongoing therapy for SSA families helps to restore safety at home, to heal from the relational trauma and to rebuild relationships. Therapy on site means a safe and neutral place for victim, perpetrator and family to speak out freely. Talking about the sexual abuse trauma in a neutral place means that a therapist is physically nearby to give appropriate support when the trauma becomes painful or even causes dissociation.

This requires policymakers and managers of youth care organisations to speak out and make an exception for this vulnerable group, while searching for appropriate physical safety measures in the office to prevent transmission of the virus.

In this study, the focus was on therapy for SSA families. However, the therapists interviewed also work with families where other forms of family sexual abuse occurred. Thus, the conclusions from this study relate first and foremost to SSA families, but it is likely that they also apply to therapy for families with other forms of family sexual abuse.

This study identified a deterioration in the wellbeing of the family therapists, in part due to reduced collaboration between therapist pairs. Apparently, working in pairs is very important and is supportive for the family therapists themselves. A further study could assess the active mechanisms of this buddy system for child sexual abuse families.

A limitation of this study is the small number of respondents. The therapists' described experiences can be seen as complementary to the previously published 'anecdotal reflections' of Azzopardi et al. (2022). Besides, this study provides only a *rough picture* of therapy to SSA families during a lockdown. It did not examine, for example, the initiation of therapy with a family. Research is needed to understand if and how to establish a therapeutic relationship online with families in which sexual abuse has occurred. In addition, this study did not gain insight into the experiences of online therapy by the recipients of care, the children and their families. Therapy sessions concerning exposure and sexual abuse trauma should not be conducted online from the place where the abuse took place, according to the therapists. The questions concerning the perceptions and experience of the parents and children regarding these matters would constitute a fruitful area for further research.

### CONFLICT OF INTEREST

No potential competing interest was reported by the authors.

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## ENDNOTE

[1] Janine (pseudonym) and her family were already involved in a case study research project of the first author on sibling sexual abuse. Details on the informed consent for this research project are described under 'ethical considerations'.

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**How to cite this article:** Simons, A., Noordegraaf, M. & Van Regenmortel, T. (2022) 'When it comes to relational trauma, you need people at the table'. *Journal of Family Therapy*, 44(4), 490–503. Available from: https://doi.org/10.1111/1467-6427.12397