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Understanding Intrafamilial Sexual and Physical Violence and How Social Systems Can Support Persons Causing Harm (PCH) and Victims in the Community

Ms Arvina Manoo
Ms Charmaine Ch'ng
Ms Rashida Mohamed Zain
Ms Jane Quek

Psychologists from the Psychological and Correctional Rehabilitation Division (PCRD),
Singapore Prison Service

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SCOPE OF WORKSHOP

- What is Intrafamilial Violence?

<u>Intrafamilial Sexual Abuse</u>

- Who commits Intrafamilial Sexual Abuse?
- Factors Contributing to Intrafamilial Sexual Abuse
- Treatment Needs & Considerations
- Community Management Strategies
- Case Studies

<u>Intrafamilial Physical Violence</u>

- Treatment Needs & Considerations
- Community Management Strategies
- Case Study

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01

What is Intrafamilial Violence?

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WHAT IS INTRAFAMILIAL VIOLENCE?

Intrafamilial Violence refers to "*intrafamilial abuse that occurs within a family environment*". Persons causing harm (PCH) may or may not be directly related to the victim.

- Relative (e.g., father, uncle, brother)
- Someone close to the victim (e.g., stepfather, stepsiblings)

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INTRAFAMILIAL SEXUAL ABUSE (ISA)

Intrafamilial sexual abuse usually begins at an earlier age, rarely an isolated occurrence and may continue over prolonged periods of time, and be less likely to be reported to authorities.

Involves:

- Forcing/or enticing a child or young person to take part in sexual activities, whether or not the victim is aware of what is happening

Includes:

- Physical contact, including assault by penetration or non-penetrative acts such as masturbation, rubbing and touching outside of clothing
- Non-contact, such as involving victims in watching pornography/sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet)

(Loinaz, Bigas, & de Sousa, 2019; McNeish & Scott, 2018)

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Who Commits Intrafamilial Sexual Abuse?

Prevalence, Profile & Characteristics

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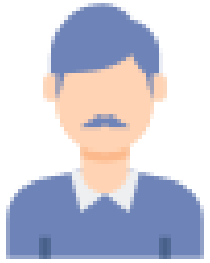
WHO COMMITS ISA? - Prevalence

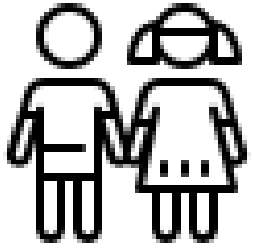
2/3

of detected child sexual abuse cases are carried out by a family member

Vast majority of PCH are male, although abuse by women does occur



Typically Fathers, Step-fathers, or Parent's Boyfriend



Inter-sibling abuse is also common (2-5x more likely than father-daughter in some studies)

(Carlson et al., 2006; Koçtürk & Yüksel, 2019; Latzman et al., 2011; Pusch et al., 2021; Rice & Harris, 2022)

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WHO COMMITS ISA? - Characteristics

- In comparison with extrafamilial PCH, intrafamilial PCH tend to:
  - Commit sexual abuse against younger female victims
  - Have less antisocial tendencies
  - Be less likely to present with sexual deviance towards children *(but some do)*
  - Be driven by situational factors (e.g., marital/family dysfunction) and facilitated by unsupervised access and opportunities

- Intrafamilial PCH generally have a lower recidivism rate than extrafamilial PCH

(Goodman-Delahunty & O'Brien, 2014; Loinaz et al., 2019; Seto et al., 2015)

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Factors Contributing to Intrafamilial Sexual Abuse

Based on Overseas Literature & Clinical Experience with Clients in the Singapore Prison Service

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UNDERSTANDING INTRAFAMILIAL SEXUAL ABUSE

Function of Sexual Abuse

Role of Family Dynamics

Individual Risk Factors

(Lack of) Protective Factors

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FUNCTION OF SEXUAL ABUSE

- ✓ Fulfil **Emotional Intimacy**
  - Satisfying the PCH's emotional needs for closeness & security, expressed through sexual acts

- ✓ Fulfil **Sexual Gratification**
  - Where PCH perceives that the mother is unable to fulfil sexual needs, they often turn toward their daughters with sexual intent

(Parker & Parker, 1986; Schwartz et al., 2006)

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Individual Risk Factors

Early Attachment / Victimisation

Poor sexual self-regulation and interests e.g., preoccupied with sex, deviant sexual interests

Maladaptive / Sexualised Coping

Antisocial behaviours

Intimacy deficits / Relationship difficulties

Attitudes supportive of sexual abuse

Poor risk management plans

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These are risk factors for sexual offenders, regardless of extrafamilial or intrafamilial contexts.

But what is occurring within the family context that plays a unique role in the commission of intrafamilial sexual abuse?

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ROLE OF FAMILY DYNAMICS

- Role of parental figure (or lack thereof)
  - Incest taboo might be weaker for stepfathers who are not blood-related to victims
  - Absence of *non-abusing* parental figure can increase victim access & opportunity
  - Absence of father and mother
    - Mutual care & affection between siblings and/or responsibility over the other increases risk of sibling abuse
- Permissiveness toward certain behaviours / Poor boundaries
  - Nudity, sleeping or bathing together, other inappropriate interactions
    - Important to distinguish between normative curiosity or problematic sexual behaviours (sibling sexual abuse)
- Dysfunctional family relationships
  - Conflictual, poor parent-child attachment, lack of communication skills and poor problem-solving strategies
- Other adverse childhood experiences (ACEs)
  - Psychological/domestic abuse in the family, parental substance abuse, incarcerated parent(s)

(Beard et al., 2017; Faust et al., 1997; Griffee et al., 2016; Koçtürk & Yüksel, 2019; Pusch et al., 2021; Stroebel et al., 2013; Tidefors et al., 2010)

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(LACK OF) PROTECTIVE FACTORS

- Active participation in child's upbringing as opposed to mere presence
- Marital satisfaction – adequate emotional & sexual intimacy
- Healthy parent-child boundaries (e.g., father no longer helps daughter bathe/get changed past prepubescence)
- Strong beliefs against incestuous behaviour

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Treatment Needs & Considerations

Principles & Best Practices

Based on Overseas Literature & Clinical Experience

with Clients in the Singapore Prison Service

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TREATMENT NEEDS & CONSIDERATIONS

1. Understanding the responsivity of individuals who commit sexual offences - **Working with shame, guilt & denial**
   - Further heightened in cases of intrafamilial sexual abuse
   - Understanding the function of the denial
   - High levels of shame can affect treatment motivation

2. Possible presence of comorbidities
   - Mental health difficulties (e.g., depression)
   - Neurodevelopmental disorders (e.g., Intellectual Disabilities)
   - Substance abuse (i.e., heavy drug or alcohol use)

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TREATMENT NEEDS & CONSIDERATIONS

Treatment Needs

SPS provides intensive interventions for PCH of intrafamilial sexual abuse via

- Psychology-based correctional programme
- Individual treatment for those with language barriers or mental health difficulties
- Access to other programmes to address general or coping needs
- Community-based supervision and monitoring

Psychoeducation of consent & sexual behaviours
Autobiography
Shame & Guilt
Self Esteem
Offence Pathway
CBT model
Thinking mistakes
Emotions and Coping Styles
Relationships
Healthy Sexuality
Empathy
Relapse Prevention Plan

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ROLE OF MULTI-SYSTEMIC & COMMUNITY APPROACH

In cases of intrafamilial sexual abuse, it is imperative that we work together to support the affected families. The work by our SPS psychologists and officers are only a piece of this puzzle in supporting PCHs, victims and their families.

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ROLE OF FAMILY IN RECOVERY

"When identified, sexual abuse within the family is experienced as a **crisis within the family**…The **responses of all family members need to be understood as having an impact on each other**; they cannot be understood in isolation.

They may commonly experience shame and denial, and feel overwhelmed. It is vital that services do not inappropriately pathologise what may be the family's coping strategies, but **help family members process and make sense of this new information about the family**… Central to offending effective family support is an **understanding of the culture in the context of the family system**, and **the role that family culture may offer in terms of support and recovery."**

(Yates & Allardyce, 2021)

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ROLE OF FAMILY IN RECOVERY

Treatment beyond the PCH – Multidisciplinary, integrated assessments and treatments for affected families

- Practice evidence has shown that the best outcomes for all involved include attempts at building strong relationships within the family, especially for cases involving sibling sexual abuse

- Navigating strong reactions and feelings
  - Family members may face feelings of shock, anger & betrayal
  - ISA considered a cultural taboo → stigma and shame
  - Non-abusing parent & victim may also feel guilt & stress → “It was my fault”

- Can take place concurrently while PCH is incarcerated

(McNeish & Scott, 2018)

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05

Community Management Strategies

Principles & Best Practices

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COMMUNITY MANAGEMENT STRATEGIES

Principles to guide a multidimensional and complex task

1. **Is the victim and family ready for reunification** (PCH returns to the family home in which identified victims or potentially vulnerable victims reside)?
   → Priority is to ensure the protection of others from harm
2. **Are there victim safety plans & protocols in place**?
3. **Are there risk-monitoring & supervision strategies imposed on PCH** to mitigate his risk of committing harm?

Process will involve support & collaborative efforts from a network of professionals and other key family and community members to implement protective measures

- Ensure victim safety (physical and emotional security)
- Rebuilding broken family relationships

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CONSIDERATIONS FOR REUNIFICATION

1. Is the family ready for reunification? Will the reunification be a **space for healing** or a source of **continued emotional pain**?

Victim's Perspective

- What are the victim's responses, following the abuse?
  - Extent of trauma, fear, shame, guilt
  - Look out for behaviours in different contexts
- What are the signs that tell us the above have been managed and the victim is ready to receive the PCH back into the household or ready to have interactions with the PCH again?

Family Members' Perspective

- Are family members supportive of the reunification?
- How has the family been responding since the ISA was known?
- What is the child/victim's attachment to the non-offending parent?
- What is the readiness of the non-offending parent(s)?

(Centre for Sex Offender Management, 2005; Firestone, 2018)

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VICTIM SAFETY PLANNING

Reduced victim access (e.g., sleeping in separate room; supervised contact)

Presence of attachment figure who demonstrates a willingness to provide safety and support

Access to support for physical and emotional security

2. Are there victim safety plans & protocols?

Adherence to victim safety plans since occurrence of ISA

Opportunities to build the victim's resilience during recovery process

(Schaffer, 2020)

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RISK-MONITORING & SUPERVISION FOR PCH

Monitoring usage of pornography (especially child pornography)

Adherence to treatment conditions and supervision

Recognition of the harm caused and understanding of prevention strategies

3. Are there risk-monitoring & supervision strategies to mitigate PCH's risk?

Supervised access to victim and/or other children

Supervision of places PCH frequents – child-related settings at home/work

Presence of support from family and professionals

(Schaffer, 2020)

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Intrafamilial Physical Violence

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INTRAFAMILIAL PHYSICAL VIOLENCE

Myth or Truth?

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INTRAFAMILIAL PHYSICAL VIOLENCE

1. Intrafamilial violence PCH are violent in general (i.e., he/she is also violent with other non-family members).

Myth!

While an offender who committed a violent offence may also commit family violence, not all offenders who commit family violence are violent. The propensity for violence is guided by childhood experiences, individual values and beliefs, the environment that a person is in, and substance use.

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INTRAFAMILIAL PHYSICAL VIOLENCE

2. All intrafamilial violence PCH are offenders (i.e., they are incarcerated for crimes).

Myth!

While we do see that intrafamilial violence PCH have criminal charges such as theft, rioting, drugs etc., not all incarcerated offenders commit family violence.

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INTRAFAMILIAL PHYSICAL VIOLENCE

3. Intrafamilial violence PCH who hit their children want to be good parents.

True!

Most incarcerated men, including family violence PCH, desire to be a good father. Southeast Asian men view themselves as being responsible for providing and disciplining their children. Behaviours such as scolding, controlling and spanking are believed to be a message of love, and fathers believed that children understand the meaning behind their actions.

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INTRAFAMILIAL PHYSICAL VIOLENCE

4. Intrafamilial violence PCH do not know the effects of violence on the children in their household.

True!

Research suggests that violent fathers are not aware that the long-term impact of their violence, directed at spouse or otherwise, will affect their young children. Some fathers may be aware of the violence exposure, but they thought the children were ‘too young’ to understand or thought the ‘violence was not severe enough’ to affect their children.

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Treatment Needs & Considerations

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TREATMENT NEEDS & CONSIDERATIONS

Principles

- Responsivity Issues – range and number of victims, age of victims, frequency of violent incidents
  - Who is the victim? Child, Parents, Uncle, Spouse
  - What is the age of the victim? <18 or > 18?
  - Frequency of violence – are the incidents chronic or episodic?
  - Was there substance use involved?

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TREATMENT NEEDS & CONSIDERATIONS

Treatment Needs

1. Violent thoughts and beliefs
   - Individual: ‘Unlearning’ the violent thoughts - Perception of situations, Introducing the “grey” areas
   - Fatherhood: Psycho education about parenting (especially on child discipline), child mental disorders

2. Emotion Regulation
   - Insights to triggers, Anger management

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TREATMENT NEEDS & CONSIDERATIONS

Treatment Needs

3. Conflict Resolution
   - Alternatives to violence, increase the use of prosocial coping strategies

4. Relationships
   - Drawing of boundaries, limited association with negative peers, growing prosocial networks.

5. Substance Use
   - Moderating or even stopping the use of alcohols and medication

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08

Community Management Strategies

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COMMUNITY MANAGEMENT STRATEGIES

As community agencies,

you play an important role in the detection of family violence!

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COMMUNITY MANAGEMENT STRATEGIES

Detection of FV

- Through Active PPO or official charges e.g., Ill-treatment of child
- Information from other agencies

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COMMUNITY MANAGEMENT STRATEGIES

Limitations

- Under-reported incidence of family violence
  - Criminal Intimidation charges – victims are not identified
  - PPOs – absence or revocation of PPO
- Distorted perception towards the relationship with victims
  - Inmate's account of the relationship is often different from their partners
  - Minimisation & denial

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COMMUNITY MANAGEMENT STRATEGIES

Principles

1. Are there plans for contact between the inmate and the victim(s)?
2. Do the victims (partner, child, family) feel safe?
3. Are there victim safety plans & protocols in place?
4. Are there risk-monitoring & supervision strategies imposed on PCH?

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SUMMARY OF WORKSHOP

- Whole of community approach is important in ***detection, prevention and treatment*** of intrafamilial violence cases in community

- ***Family-focused interventions*** should take place as early as possible while PCHs are incarcerated to facilitate family reunification, if assessed to be suitable

- ***Continuity of care, monitoring & supervision*** should be ensured for PCHs upon their release to address their needs and mitigate their risk, especially for higher risk PCHs

- To continue supporting victims in ensuring they have ***physical and emotional security*** → regular follow-ups

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Questions?

Thank you!

For any enquiries, please drop us an ✉ at:
Arvina_manoo_naraindas@pris.gov.sg
Charmaine_chng@pris.gov.sg
Jane_quek@pris.gov.sg
Rashida_mohamed_zain@pris.gov.sg
OR
sps_psb@pris.gov.sg