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Liberatory means to liberatory ends : a qualitative study of direct service providers' perceptions of transformative justice as an intervention in child sexual abuse : a project based upon an independent investigation

Dona K. Hirschfield-White
Smith College

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ABSTRACT

This study sought to explore direct service providers' perceptions of transformative justice (TJ) as an intervention in child sexual abuse (CSA). This qualitative, exploratory study explored how TJ informed direct service providers' work with people impacted by CSA (survivors, bystander, and offenders). Twelve direct service providers who had been trained in transformative justice participated in this study. Participants were interviewed for 50 minutes. The interviews were audio-taped and questions focused on the following topics: 1) What are direct service providers' perspectives about how transformative justice impacts their ability to work with offenders, bystanders and survivors? 2) What are direct service providers' perspectives about how TJ impacts how they understand CSA? 3) What are direct service providers' perspectives about how TJ differs from, impacts, or augments other theoretical frameworks that they use for intervention? Key findings were as follows: 1) Providers reported using an individualistic approach in their clinical work that divided the three populations and underutilized bystanders as sites of intervention; 2) Participants expressed discomfort about being a bridge between state institutions and clients and chose not to comply with mandated reporting; 3) TJ expands the options of response to CSA; 4) TJ brought together micro and macro perspectives that contextualized CSA.

LIBERATORY MEANS FOR LIBERATORY ENDS: A QUALITATIVE STUDY OF DIRECT SERVICE PROVIDERS' PERCEPTIONS OF TRANSFORMATIVE JUSTICE AS AN INTERVENTION IN CHILD SEXUAL ABUSE

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Dona K. Hirschfield-White

Smith College School for Social Work
Northampton, Massachusetts, 01063

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CHAPTER I

INTRODUCTION

In the last 40 years awareness and study of child sexual abuse (CSA) has increased, yet the prevalence of child sexual abuse remains chronically high, with 1 in 3 girls and 1 in 6 boys reporting being sexually abused by the time they are 18 years old (Wang & Daro, 1998; Pereda, Guilera, Forns & Gómez-Benito, 2009). There is a need for further examination of the assumptions that inform how CSA is understood and an exploration of interventions that may successfully interrupt and prevent CSA.

Long-held myths about CSA obscure its prevalence, impact CSA research, and inhibit the creation of effective interventions and prevention. Three of the most powerful myths about CSA are that offenders of CSA are strangers to their victims; that survivors, offenders and bystanders are distinct groups; and that CSA is an individual mental health issue. The first CSA myth that people who sexually abuse children are strangers to their victims, is refuted by the majority of studies about CSA offenders (Finkelhor, 1994; Comartin, Kernsmith, & Miles, 2010). Comartin, Kernsmith, and Miles (2010) note the scarcity of cases in which the offender of sexual abuse is a stranger--only 7%. Both community samples and report data clearly show that at least 85% of child sexual abusers are family or community members; despite this, social beliefs hold that abusers are unknown and unconnected to their victims (Finkelhor, 1994). Judith Herman (1992) noted this phenomenon and concluded that this is due to a level of social denial by which

people cannot tolerate our family and community members being "bad" people. It is apparently more palatable to imagine bad seeds in the pool of human beings than to imagine that social conditions allow a favorite family member or teacher to perpetrate intimate violence in the form of child sexual abuse. Research indicates that it is not just a few "bad" people sexually abusing children. The behavior is widespread. If the very people who perpetrate the crimes are unable to be rationally identified by society it is no surprise that adequate interventions to prevent their crimes have yet to be conceived or implemented.

A second CSA myth impacting research and inhibiting the creation of effective interventions is that survivors, offenders and bystanders are understood as separate and distinct populations. Every trauma scenario includes three roles: the victim (survivor), the offender and the bystander (Basham & Miehls, 2004). These three roles are intimately connected to one another and are present in every incident of violence. The victim (survivor) is the target of the violence, the offender is the perpetrator of violence, and the bystander is either a passive witness or an active agent intervening to stop the violence (Basham & Miehls, 2004). A survey of the literature reveals that CSA research is divided into two main groups, literature about survivors and literature about offenders. Bystanders are rarely mentioned in the literature or even perceived as part of the CSA scenario. The majority of CSA research centers on victim and offenders. CSA research about victims primarily focuses on victim's vulnerabilities to abuse, the impact of CSA on their life outcomes, and treatments addressing CSA and trauma (Finkelhor, 1994). Research about CSA offenders primarily focuses on precursors to becoming an offender, treatment, and recidivism (Whitaker, Le, Hanson, Baker, McMahon, Ryan, et al., 2008).

The research divides the groups into three distinct research populations that seemingly have no overlap. There are separate areas of focus for each group without reference to the interconnectedness of survivors', offenders' and bystanders' intimate relationships. Sexual offending, surviving sexual abuse, and being a bystander to sexual abuse are understood in the literature as separate individualistic instances, and not a connected single phenomenon. This is not the focus of this study but more research is needed that simultaneously studies all three groups impacted by CSA.

The third myth is that CSA is an individual mental health issue affecting only victims and offenders. In the prevailing conception of CSA the individual is the site of intervention and explanation for the abusive behavior. In the majority of studies about CSA the individual is the subject of investigation and their familial, communal, or social context are made invisible, or seen as secondary. Of the meta-analysis studies exploring prevalence of CSA that were reviewed for this research none included the social context of the survivors, offenders or bystanders beyond the relationship of the offender to the survivor and their socioeconomic status (Bolen & Scannapieco, 1999; Pereda, Guilera, Forns, & Gómez-Benito, 2009). This individualistic focus has vast implications for preventing adequate study of the phenomenon of CSA. From this approach, only one dimension of many interlocking complex dimensions of CSA is being explored. The prevailing understanding of CSA has given rise to the centering of survivors' experiences, at the exclusion of other agents' experience. Although the impact of CSA—like other forms of intimate violence, such as domestic abuse—reaches far beyond the survivor and offender to the family and community that surround the harmful interaction. A movement has evolved that recognizes CSA as a social phenomenon that affects

survivors, offenders and bystanders of sexual abuse. To continue to understand CSA as only an individual mental health issues is to see the trees while missing the forest.

As much as CSA is a complex social phenomenon that occurs in an intersection of micro and macro systems, this "forest" has the potential to be a site of liberatory transformation that promotes safety for both individuals and the community as a whole. Currently, however, CSA treatment models tend to treat each "tree" in isolation from the other: survivors of abuse, perpetrators of it, and other affected people are frequently treated individually and perhaps without attention to the complex dynamics that bind them.

Inline with the myth that CSA is an individual mental health issue, survivors of CSA are placed at the center of CSA intervention programs and are allotted the most social resources for transformation of the three groups impacted by CSA. The prevailing approach to addressing the harm enacted on survivors is two pronged: individual mental health services and/or legal punitive accountability for the offender. Unfortunately, an outcome of both of these approaches is the potential for unintentional stigmatization and shaming of the survivor. As CSA is framed as an individual mental health issue and not a social phenomenon within a social context, the survivor is often the only affected person with the opportunity to transform his or her experience. Yet without locating their transformation in a wider context, survivors may experience *themselves* and not the social system as "broken." Due to the impact of sexual abuse, survivors are particularly vulnerable to experiencing shame. Moreover, the isolation of the individual mental health model can unintentionally exacerbate this tendency to feel shame (Feiring, 2005; Feiring and Taska, 2005). The prevailing interventions for the interruption, cessation, and

prevention of CSA appear to be failing to meet the needs of survivors as prevalence rates remain high and the current interventions do not insure recovery from CSA.

Further interventions based on the myth of CSA as an individual mental health issue are apparent in the approach used with offenders. CSA offenders are the most feared and researched role in the phenomenon of CSA. In the current individual mental health model, CSA offenders are understood as the pariahs of society, pathological individuals worthy only of punitive intervention (Levenson, Brannon, Fortney and Baker, 2007). Holding CSA offenders accountable for their harmful actions is obviously necessary. Yet the prevailing methods of intervention that decontextualizes the socially learned "power over" dynamics of offender to survivors leave no opportunity for transformation. The lack of opportunity within the punitive criminal legal system for true transformation of the norms that allow and support the continued "power over" dynamics have lasting negative impact on the society at large.

Furthermore, the current punitive approach appears to be counterproductive because not only does it not transform offenders it also deters offenders from seeking help. These impacts seem to be in direct opposition to the goals of prevention and community security. In addition, the relationship between offenders and survivors is usually one of familial or social intimacy. Therefore if the offender has limited opportunity for transformation, the survivor has less security and is also less likely to transform, as they are likely to be locked in an oppressive intimate dynamic.

Finally, the myth of CSA as an individual mental health issue is further evident by the role of bystanders in CSA interventions. Bystanders are the third position in the CSA triad and are the family members, friends, and community members who orbit the

survivor and offender. Bystanders are the least utilized or addressed role in the prevailing interventions of CSA. However there is compelling research that finds that the social capital in intimate relationships is the most useful enforcer of accountability for offenders of all kinds of intimate violence (Sabol, Coulton, and Korbin, 2004; Miner and Munns, 2005). Bystander capacity to prevent violence is understood in terms of social interactions that lead to shared trust and a capacity for action within the community (Sabol, et al., 2004). Bystanders hold a position that includes the possibility of interrupting situations that could lead to violence before it happens or during an incident, speaking out against social norms that support sexual violence (Banyard, Moynihan, and Plante, 2007). The use of bystanders as holders of offender accountability points to the role of community norms as a major cause of sexual violence, and bystanders potential to shift communities towards liberatory norms (Schwartz and DeKeseredy, 1997, 2000).

Currently there are few interventions that utilize the power of bystanders and their role as witnesses. Bystanders are not neutral; they are forced to align with either the position of the perpetrator or the victim (Herman, 1992, p. 7). There is social pressure " to see, hear and speak no evil" forcing bystanders to passively align with perpetrators (Herman, 1992, p. 7). If the power of bystanders is not harnessed in support of cessation and prevention of CSA it defaults to passive support of perpetrators.

To stop and prevent CSA, bystanders must be given the opportunity to align with victims and their needs for "engagement, action, and remembering" (Herman, 1992, p. 8). In incidents of parental incest, the non-abusing parent is often a passive bystander ignoring the abuse and unintentionally aligning with the perpetrator. There is potential, with an intervention that highlighted and amplified the power of a bystander parent, to

empower the parent to resist the pressure to ignore the abuse and instead scoop the child up (engagement), protect the child from further abuse (taking action), and validate her experience (remembering). Bystanders as groups and as individuals create a social context that is the invisible force that either silently condones or actively resists the sexual abuse of children. Offenders do not act in isolation. Survivors, offenders, and bystanders are intimately connected.

The three previously noted myths inhibit CSA research and the development of more effective interventions. Based on the growing trend of community response models that utilize alternative justice models of intervention such as restorative and transformative justice to address community violence, this study hopes to explore the application of transformative justice to CSA clinical intervention and prevention. This study hopes to illuminate new areas of understanding in the field of CSA by exploring the application of transformative justice to the problem of CSA. Transformative justice appears to be a model well suited to the complex intersectionality of CSA; thus far it has yet to be applied in any widespread systemic way. GenerationFIVE is an international non-profit organization with a 125-year plan to end CSA within five generations (see Appendix A). GenerationFIVE is spearheading the use of a transformative justice framework to address CSA. The five intersecting program areas of generationFIVE's interventions are community capacity building, movement support, training and technical assistance, intervention development and application, and public education/consciousness raising to address the social norms and conditions that allow CSA to continue. As one aspect of their work generationFIVE provides trainings to first response community members in the TJ approach to addressing CSA. Improved models of intervention to CSA

have the potential of significantly enhancing social work practice and program development, as many of the populations served by the profession are casualties of CSA.

The purpose of this research and study is to explore the generationFIVE transformative justice approach to intervention on direct service providers' work with individuals, families and communities healing from CSA, by interviewing direct service providers who have been exposed to the transformative justice approach to CSA intervention. In Chapter II of this study the literature on CSA will be reviewed. In Chapter III the methodology of the study including data collection and analysis will be presented. In Chapter VI of the study the findings of the research will be described. Finally, in Chapter V a discussion of the implications of the findings will be presented.

CHAPTER II

LITERATURE REVIEW

While the focus of this study is on the exploration of transformative justice (TJ) as an ecological intervention for childhood sexual abuse (CSA), it is necessary to locate CSA and its treatment in a historical context and body of research. The literature for CSA is comprehensive with breath and depth, yet there is a dearth of research that explores the application of ecological interventions such as TJ. The following review will discuss the research and assumptions that inform the predominant understandings and treatment approaches to CSA and the people impacted by it, as well as works that explore TJ as an alternative. First, the scope of the problem will be reviewed. Second, a review of the literature on the prevailing treatment models for survivors, bystanders and offenders will be conducted. Third, will follow a review of alternative ecological interventions used for other forms of intimate violence. Finally, this chapter will conclude with a review of the literature about transformative justice and its applications, including the prevention and cessation of CSA.

Scope of the Problem

According to the literature, incest and other forms of CSA have occurred regularly throughout history and across cultures (DeMausse, 1974; DeMausse, 1991). However, public recognition of CSA has fluctuated. Over the last 100 years CSA has come in and out of public focus depending on the pressure of social movements to push

through public denial to create room for the uncomfortable truth of children's victimization (Herman, 1992). At times CSA has been entirely denied by the professional and social consciousness. Such an example was Freud's recanting of his seduction theory—initially hypothesizing that female hysteria was due to childhood sexual abuse—after he experienced professional ostracism for suggesting that his female patients (Viennese society women) were suffering from hysteria due to being sexually abused as children (Herman, 1992). However, since the 1970's impact of the women's liberation movement, there has been an international increase in public awareness and acknowledgment of the existence of all forms of intimate violence, including CSA. It has become a topic of concern and increased study: a search of the PsychInfo database returned almost 4500 titles published on the topic of CSA in the thirty year span between 1980 and 2010, compared to only 8 titles published in the thirty year span between 1950 and 1980 (PsychInfo, 2010). The increase of literature reflects, at least in professional circles, an amplified awareness of CSA, yet its prevalence and reach continue to be obscured.

One recurring theme in the literature about CSA prevalence is that CSA occurs in every community. CSA is a complex life experience that occurs in all cultures, cutting across socio-economic groups, across race, and across religions, with lasting negative implications for health of individuals and communities (Finkelhor 1994). CSA is therefore not an isolated, sporadic reality, but rather a complex and universal problem, one which results from the interaction of individual, family, social and cultural factors (Brown, Cohen, Johnson, & Salzinger, 1998; Fleming, Mullen, & Bammer, 1997).

Although there is growing acknowledgement of the existence of CSA there are conflicting reports of its prevalence due to different methods of data collection. One meta-analysis of the various studies on victim prevalence found that the overall prevalence of male children who are sexually abused is 13 percent, whereas the prevalence of female children who are sexually abused is 30 to 40 percent (Bolen & Scannapieco, 1999). This study also identified three noteworthy explanations as to why there is such a wide range in childhood sexual abuse rates, including the number of screen questions used to identify abuse victims, the size of the sample, and the years in which the studies were conducted. According to a meta-analysis of international CSA reports approximately 20% of women and 5 to 10% of men worldwide report experiencing CSA before the age of 18 (Finkelhor, 1994).

Frequency of abuse is challenging to accurately ascertain and is likely to be underreported due to the propensity of CSA cases that involve people in intimate relationship with one another such as family and known community members (Putnam, 2003). Finkelhor (1994) reported that 85% of CSA cases occur within communities and families, although the prevailing public attitude is that strangers commit CSA. Children rarely report incidences, as they may feel threatened by the person who is abusing them or wish to protect their abuser's positive social reputation. Exploration of the relationship between CSA victims and offenders and the likelihood of reporting appears to be neglected in research about CSA prevalence.

Other issues to consider when reviewing information about the prevalence of CSA is the difference between reported data and studies using community samples. Fahlberg and Kershnar (2003), found that:

> Report data is sampled from a limited group of survivors who were either willing to disclose, were "discovered" by a third party - who then reported the abuse, or were forced to disclose due to physical consequences of the abuse, such as pregnancy, sexually transmitted diseases, or physical trauma (p. 1).

They also noted that report data is different from community sampled data because it is abuse disclosed by a child that reached authorities through an adult who has chosen to report the disclosed abuse (Fahlberg & Kershnar, 2003). Most CSA is never reported and often ignored by bystanders when it is disclosed, making report data highly selective. Information collected from reported data can be useful, as it provides a starting point for validating the existence of CSA but it does not provide an accurate picture of victim or offender profiles (Fahlberg & Kershnar, 2003). More research is needed that uses community sampling to ascertain the prevalence of CSA.

Prevailing Treatment Models for CSA

Literature regarding the treatment of CSA is clearly divided between offenders, survivors, and occasionally bystanders. Each group has been studied in isolation from the other groups in the majority of research about CSA (Putnam, 2003; Oddone Paolucci, Genuis, & Violato, 2001; Hunter, 2006). In a meta-analysis study reviewing 37 studies published between 1981 and 1995 involving 25,367 people, the author exclusively studied the impact and treatment of CSA on survivors at the exclusion of offenders and bystanders (Oddone Paolucci et al., 2001). Absent from 3 meta-analysis studies exploring different treatment interventions for sexual offenders are victims or bystanders (Hall, 1995; Hanson & Bussiere, 1998; Norris, 1992). Interventions to CSA are generally characterized by individual treatment for the survivor of abuse, punitive legal action or no action for the offender, and nothing for the bystanding family and community (Terry &

Tallon, 2004). Sexual offending, surviving sexual abuse, and being a bystander to sexual abuse are understood in the literature as separate individualistic instances and not a single phenomenon.

Survivor treatment

The literature on the treatment of survivors of CSA is a well-developed body of knowledge. Yet it almost exclusively employs the individual mental health approach. Even when using group or family therapy the individuals' social context is not made central to the treatment. CSA produces a range of complex and often self-perpetuating symptoms that may require the use of multiple treatment methods to overcome. Individual and group psychotherapy continue to be the most popular forms of treatment using various theoretical approaches including psychodynamic, cognitive behavioral, EMDR (Eye Movement Desensitization and Reprocessing), and DBT (Dialectical Behavioral Therapy)(Kemp, 1998). A number of treatment protocols have been discussed in the literature, but few have received more than a superficial evaluation. Finkelhor and Berliner's (1995) review of treatment of sexually abused children identified only 29 studies in which five or more children received the same treatment with a standardized pre- and post-treatment evaluation. Almost all of the studies showed that CSA survivors improved over time.

Individual psychodynamic psychotherapy is among the most-utilized form of treatment for CSA survivors (Kemp, 1998). It is a one-to-one treatment employing a psychodynamic framework, where clients can talk about the abuse and hopefully gain insight about their experience of it. Individual cognitive behavioral therapy is another form of treatment for survivors of CSA because it focuses on identifying and containing

problem behaviors and thought patterns (Kemp, 1998). Group therapy has also been utilized regularly for survivors of CSA. Advantages of group therapy include the opportunity to overcome the sense of isolation, guilt and shame that survivors often feel (Myers, 1992). Westbury & Tutty (1999) found that group intervention combined with individual treatment was significantly more effective than individual treatment alone on depression and anxiety symptoms. However, even with multiple interventions survivors of CSA often suffer from shame and ongoing mental and physical health issues that impact many realms of their lives, particularly their interpersonal relationships (Allen, 2001). The lack of a more systemic approach that incorporates bystander relationships into the recovery of the survivors' lives could potentially reduce the ongoing shame and suffering. The conspicuous absence of interventions that acknowledge the often intimate relationship between the survivor and offender is worthy of further study.

Bystander Treatment

Bystanders are the family members, friends, and community members who orbit the survivor and offender and who may or may not be aware of the abuse behavior that is occurring. Bystanders can be parents, siblings, neighbors, teachers, other family and friends. Treatment of bystanders is an area with little to no research. The bystanders that are referred to in the literature are children (siblings, friends, fellow students) who witnessed CSA while not being the direct recipient of the act. This group of bystanders is ultimately defined as a sub-group of survivors. They often receive similar services to survivors in the individual mental health approach in a family, group or individual context. The prevailing treatment does not understand bystanders as part of the larger intersecting system of the CSA triad.

The role of bystanders has had limited study in CSA literature but in other areas of research, such as sexual assault and domestic violence it has been more thoroughly explored. Some studies about bystander education in high schools and college campuses show that programs about rape and interpersonal violence are capable of changing attitudes and encouraging actual interventions among bystanders (Banyard, Moynihan, & Plante, 2007). No studies have shown yet that they reduce the likelihood of sexual assault. But some studies suggest that changing bystander attitudes can decrease bullying among children (Twemlow, Sacco, Frank, & Williams, 1996). This line of research is particularly encouraging about the possibility of bystander education to prevent peer sexual abuse.

Offender Treatment

Treatment of offenders of CSA is controversial as there are conflicting findings as to the efficacy of treatment in preventing sexual reoffending. Beckett, Beech, Fisher, and Fordham (1994) found that, while overall short term programs demonstrated positive outcomes for sex offender treatment, 60% of participants were classified as low deviancy offenders. Offenders who were considered through assessment to be highly deviant prior to therapy showed no success in short-term treatment programs (Beckett et al, 1994). This example speaks to the need for more research of what specific factors help what specific populations of sex offenders. Due to the previously mentioned operational challenges of studying offenders treatment there is limited information about what treatment and protective factors really work to prevent reoffending.

A limited survey of the literature reveals that treatment of sex offenders has moved from trying to cure to the general goal of management and control of sex offenders

(Marques, 1991). The idea that sex offending is a curable illness is on the decline and methods of slowing the rate of recidivism through behavior modification are on the rise. This is an understandable but unfortunate shift because as previously mentioned there appears to be the need for more specific research within populations before concluding that sex offending is not curable.

No comprehension of CSA offenders is complete without exploring the issue of CSA offender recidivism. Recidivism is at the center of most research done on the issue of sex offenders and treatment. Almost all sex offender treatment programs have as their explicit or implicit aim the reduction of sex offending from what it would have been without treatment. Therefore it is important to consider recidivism without treatment as a baseline against which to judge the effects of treatment. On average, the observed sexual recidivism rate for untreated sex offenders is approximately 15% after 5 years and 20% after 10 years (Hanson &Thornton, 2000). However different studies have used different criteria to define sex offender recidivism. Hanson and Bussiere (1998) reported a meta-analysis of sex offender recidivism from 98 reports in which they collated studies totaling 28,805 sex offenders and 165 predictor variables. They examined rates for sexual, violent and total re-offending after 4-5 years in the community. On average, the sexual offense recidivism rate was low (13.4%) (Hanson & Bussiere, 1998). The criteria for re-offending was mixed across the studies sampled and included re-admission to custody, self-report and charges made against the offender. In another study, Marques et al. (1994), for example, used convictions and arrests for sexual offending, while Rice, Quinsey and Harris (1991) referred to recidivism as conviction of a new sexual offense, as well as any violent offense, including the time that has lapsed between the offense and

reoffense. The lack of consistent criteria for recidivism makes it difficult to compare interventions. Many of the authors of the literature reviewed noted that much of the confusion in sex offender literature could be attributed to differences in measuring the recidivism of a sex offender. In the study presented by Furby, Weinrott, and Blackshaw (1989), several possible methods of defining recidivism were cited: reconviction for the same type of offense; recommission of the same type of offense, even if the offender is not convicted for it; recommission of any sex offense, even if different from the original one; and recommission of any criminal offense, even if it is not a sex offense. This lack of a consistent definition for recidivism is an obvious challenge when comparing different types of interventions.

When reviewing the recidivism literature for research design and sample a few things stand out. The majority of the literature reviewed used quantitative correlational studies (Furby, et al., 1989; Quinsey and Harris, 1991; Hanson and Bussiere 1998). The samples were often large and heterogeneous cutting across many axes including geography, race, age and socioeconomic status, but the samples used are almost exclusively through the criminal justice system, which is problematic as it historically over represents poor people and people of color.

A further area of study that appears absent from the literature is an exploration of the impact of social bias on the direct service provider's perspective of the rehabilitation potential of a person who abuses children and the resulting interventions that are offered. Another research limitation that has treatment implications is that most studies use only the individual as the site of intervention. Of the four common types of therapeutic approaches being used to treat sex offenders: psychotherapy, behavioral therapy,

biological therapy, and medication therapy, none include a systemic ecological approach (Solicitor General of Canada, 1990). These approaches are used throughout the treatment literature but they are almost exclusively used in an individual mental health framework and do not account for offenders environments and relationships.

Rarely are the relationships and connections surrounding offenders included as the site of study and intervention. Although sex offender isolation is one variable that correlates to higher rates of recidivism there appears to be no research studying the relational aspect of accountability (Miner & Munns, 2005). Relational ethics of abuse and accountability are studied in regards to domestic violence but appear to not be addressed in sex offender research. Relational ethics and accountability are intimate justice concepts that hold a person who is abusing accountable for understanding ethical dimensions (Jory, Anderson, & Greer, 1997). It involves examining internalized beliefs and behavior in terms of their motivation and impact on the person they abuse, particularly as they empower, disempower, or abuse power (Jory et al., 1997). Miner and Munns' (2005) qualitative study explored six interventions utilized in intimate relationships to increase accountability, respect, and freedom in abusive men. Current rates of recovery and recidivism imply that current interventions to CSA are insufficient at creating long-term safety and healing for either offenders, survivors of bystanders.

Systemic Ecological Treatment Models

As previously mentioned, the prevailing treatment models for CSA are based in the individual mental health model that understands people's symptoms and the site of intervention as located in the individual. In comparison, systemic ecological treatment models consider the entire landscape surrounding individuals from the micro to the macro

level to offer multiple possible intersecting sites of intervention. From the micro level of a person's relationship with themselves, to the macro level of a person's relationship and interactions with institutions, cultures and society. Systemic ecological models of treatment use multi-pronged interventions that are ecologically grounded in offenders' environments and relationships. Although in use throughout the world these approaches are rarely documented in the literature in relation to CSA. However a systemic ecological approach is used in domestic violence (DV), in the Duluth model of treatment, which is one of the primary ecological interventions used for intimate violence in the USA (Pence & Paymar, 1993). DV offenders receive wraparound services that highlight accountability, community involvement, unlearning social conditioning, and victim safety. In 2002, Gondolf concluded that well-established batterer intervention programs with sufficient reinforcement from the courts do contribute to a substantial decline in re-assault. In 2004, Gondolf reported "at the 30-month follow-up, less than 20% of the participants had re-assaulted their partner in the previous year; at the 48-month follow-up, approximately 10% had re-assaulted in the previous year. Moreover, over two-thirds of the women said their quality of life had improved and 85% felt very safe at both these follow-up points." (Gondolf, 2004, p. 617).

Another ecological intervention that uses the social capital of bystanders to bring about change in a systems context is the bystander sexual violence prevention program on college campuses and other communities (Banyard, Plante, & Moynihan, 2004; Berkowitz, 2002; DeKeseredy, Schwartz, & Alvi, 2000; Foubert, 2000; Foubert & Marriott, 1997; Katz, 1994; Slaby & Stringham, 1994). This approach involves teaching bystanders how to intervene in situations that involve sexual violence. While still

involving a program that trains groups of individuals, this model takes further steps toward a broader community approach to prevention. The bystander model gives all community members a specific role, with which they can identify and adopt in preventing the community problem of sexual violence. This role includes interrupting situations that could lead to assault before it happens or during an incident, speaking out against social norms that support sexual violence, and having skills to be an effective and supportive ally to survivors.

These programs using bystander action are based on studies that point to the role of community norms as a significant cause of sexual violence, particularly in communities like college campuses (Schwartz & DeKeseredy, 1997, 2000). Foubert (2000), DeKeseredy et al. (2000), and Berkowitz (2003) look at the role of bystanders in relation to sexual violence prevention and have focused on the effectiveness of the approach specifically for men. The Mentors in Violence Prevention program has evaluated a program using a non-experimental pre/post design that trains leaders among high-school-aged men and women and was effective in changing attitudes about creating social change around the broader problem of gender violence (Ward, 2001). Yet to date there has been little study of programs that embed an understanding of bystander behavior within a broader community accountability paradigm useful for a primary prevention approach.

Ecological Interventions to CSA

Systemic ecological models of treatment that use multi-pronged interventions have been proposed as possibly addressing the limitations of the reigning individualistic treatment of CSA. Two studies that have researched using an ecological and holistic

approach to addressing CSA are Sivell-Ferri's (1997) and Couture's (2001) research of Hollow Waters. Both studies used the same population of four Native American communities in Manitoba (Canada). The community devised a healing system for sexual abuse--the Hollow Water First Nation Community Holistic Circle Healing (CHCH). Unlike mainstream systems (justice, family/social services), the process holistically involved victims, victimizers, and their families and creates spiritual, physical, emotional, and intellectual benefits throughout the community. The studies explored the processes of community accountability, bystander power, and reparations. Both studies used a participatory approach involving formal and informal interviews to conduct a holistic cost/benefit evaluation of the strategy. The studies concluded that the CHCH strategy was the "most mature healing process in Canada" (Couture, 2001, p. 1). The studies concluded that the CHCH strategy was far more successful at reducing recidivism and stabilizing families with histories of incest than mainstream strategies. The limitations of these studies are that they were conducted on the same population, in an insular rural population with racial homogeny.

Transformative Justice

TJ is a systemic ecological approach for responding to conflicts. It evolved from the principles and practices of restorative justice, but takes it beyond the criminal justice system and applies it to diverse areas such as environmental law, family law and community violence (Cooley, 1999). TJ uses a systems approach and tries to treat an offense as a transformative relational and educational opportunity for victims, offenders and all other members of the affected community (Cooley, 1999). Canadian Quakers, Ruth Morris and Giselle Dias have furthered the approach (Morris, 2000). Similar

processes of community accountability have been used under different names, particularly in indigenous communities in Canada and New Zealand.

Currently in the USA, Sara Kershnar and Staci Haines, founders of the organization generationFIVE (an organization with the goal of ending CSA is 5 generations), have been applying the notion of TJ to CSA (Cooley, 1999; Kershnar, Haines, Harkins, Greig, Wiesner, Levy, Shah, Kim, & Carr, 2007). According to generationFIVE (2009), TJ is a way to politically and practically address incidents of child sexual abuse, prevent child sexual abuse by addressing the social conditions that perpetuate and are perpetuated by child sexual abuse, build collective power for liberation through addressing the inequity and injustice happening within communities, and build capacity of individuals and collectives to address larger conditions of inequality and injustice and to challenge State violence.

According to generationFIVE, TJ is based on the notions of community accountability and the power of social relationships, which calls for individual as well as community accountability and transformation (Kershnar et al., 2007). TJ seeks to provide survivors with immediate safety and long-term agency, healing and reparations while holding offenders of CSA accountable within and by their communities (Kershnar et al., 2007). The accountability includes stopping immediate abuse, making a commitment to not engage in future abuse, and offering reparations for past abuse (Kershnar et al., 2007). The offender accountability requires community responsibility and access to healing to support the transformation of conditions that allowed the violence to happen (Kershnar et al., 2007). Beyond survivors and offenders, transformative justice also seeks to increase the equality within any given community and

build the community's capacity to respond to external oppression (Kershnar et al., 2007). Therefore, transformative justice also includes public education and consciousness rising, and bystander and community capacity building (Kershnar et al., 2007).

GenerationFive is an international non-profit organization with a 125-year plan to end CSA within five generations. It is spearheading the use of a TJ framework to address CSA. As one aspect of their work generationFIVE provides trainings to first response community members in the TJ approach to addressing CSA. In an effort towards supporting the application of TJ, generationFIVE developed in collaboration with other community accountability organizations goals and a set of TJ principals. GenerationFIVE offered principals as part of an evolving vision of how to address incidents of violence that might facilitate transformation and liberation for all people impacted by the violence, be they survivors, offenders, or bystanders (Kershnar et al., 2007). The principals of TJ, according to generationFIVE (2009), are: 1) Liberation, 2) Shifting power, 3) Safety, 4) Accountability, 5) Collective action, 6) Cultural relevance, and 7) Sustainability. GenerationFIVE have offered the principals as guideposts to direct the application of TJ work. Research is needed into the viability of the application of these principals in the intervention of CSA.

Conclusion

Existing research about CSA has many challenges that limit the usefulness of the findings, such as the inconsistency of definitions and the almost exclusive use of the individual as the site of study. There is a need for research with consistent operational definitions for sex offender and recidivism. There is also a need for research that builds on the resiliency factor of relational accountability to explore treatments that go beyond

the individual mental health approach to a systemic ecological approach that includes community and environment, such as transformative justice. In conclusion there is clinical evidence that child sexual abuse is best understood as a phenomenon, and not as an individual mental health issue.

CHAPTER III

METHODOLOGY

This chapter will present the study purpose and design as well as specific recruitment methods implemented by the researcher to achieve the study sample. Data collection methods, content areas addressed - including the types of qualitative questions included in the study interviews - and a brief summary of the characteristics of the sample will also be provided. The chapter will conclude with a discussion of the methods of data analysis.

Study Purpose and Questions

The purpose of this study was to explore direct service providers' perceptions of transformative justice (TJ) as a clinical intervention to child sexual abuse (CSA). This research explored how TJ informed direct service providers' work with people impacted by CSA. Further questions explored in the study were as follows: What are direct service providers' perspectives about how transformative justice impacts their ability to work with offenders, bystanders and survivors? What are direct service providers' perspectives about how TJ impacts how they understand CSA? What are direct service providers' perspectives about how TJ impacts the kind of clinical interventions that they use? What are direct service providers' perspectives about how TJ differs from, impacts, or augments other theoretical frameworks that they use for intervention?

Research Method and Design

This study used an exploratory research method and a qualitative research design, as there was an absence in the literature of in-depth qualitative research about transformative justice approaches as treatment intervention for survivors, offenders and bystanders of CSA. Since these questions had yet to be directly investigated, an exploratory study using qualitative methods was chosen. In-depth, semi-structured interviews were conducted with 12 direct service providers' who had been educated in transformative justice and worked with people impacted by CSA. Findings were then qualitatively analyzed.

Sampling

In this study the sample was composed of direct service providers (marriage and family therapists, social workers, and community mental health counselors) who had been exposed and/or trained by generationFIVE in a transformative justice approach to CSA and who worked with survivors, offenders, and bystanders of CSA. GenerationFIVE is a grassroots movement building non-profit organization with the objective of ending childhood sexual abuse (CSA) in five generations. GenerationFIVE specifically targeted training key individuals in TJ who are both aligned with the radical left and hold key positions in social justice movements across many different sectors including labor organizers, anti-prison industrial complex organizers, community based service providers, healers, educators, youth worker organizers, and cultural workers.

This study's sample inclusion criteria called for English speaking direct service providers who had been trained in the TJ approach to CSA and had at least one year experience working with people who had been impacted by CSA. The exclusion criteria

included any direct service provider who did not speak English, had not been trained in the TJ approach, or who had not been working in the last year with people impacted by CSA.

The target sample size was 12 direct service providers. The sample was a non-probability convenience sample of direct service providers accessed through generationFive's staff and database of direct service providers trained in the TJ approach in New York, San Francisco Bay Area, Chicago, Los Angeles or Atlanta. The researcher was granted access to the generationFIVE's online database of people trained in the transformative justice approach to CSA. The researcher was given a list of names by the staff of generationFIVE and searched the database for participants who were identified as direct service providers (marriage and family therapists, social workers, psychologists, and community mental health workers) and English speakers. The researcher also used a snowball method of recruitment by asking confirmed participants for suggestions of other possible participants who might fit the criteria.

Once they were identified, the researcher created a list of potential participants with their contact information. The researcher then contacted potential participants via telephone (see Appendix B), or email inviting their participation in the study. The researcher followed up the first contact with potential participants by sending via fax, email, or US mail an informed consent form explaining the research study. The researcher then followed up with a telephone call to answer any questions about the research project. If the participant agreed to be interviewed he or she returned the signed informed consent form and then set a date and time for the interview to meet either in person, over the phone or using computer video conferencing. The researcher continued

this process until the desired 12 interviews were completed.

The sample was not representative or generalizable to the larger population, as it was too small and created through convenience. However, data collection aimed for saturation so that the themes that emerged were applicable to the phenomenon under study. The sample lacked in diversity, which may have biased the research in terms of race and class. This issue is addressed later in the discussion section.

Participants

This study was comprised of 12 participants: eight women, three gender variant/ gender queer, and one man. Five participants were people of color and seven were Caucasian. Participants held a range of mental health degrees and certifications, including Masters (n=5), somatic therapy certification (n=6), life coaching certification (n=2), and community mental health certifications (substance abuse, HIV, domestic violence intervention, and crisis intervention) (n=7). The average number of years in practice was 8 (range 3 to 15 years). The average age was 34 (range 25 to 58 years in age).

Data Collection Methods

The Human Subjects Review Board of the Smith College School for Social Work approved the design of this study (see Appendix C). Informed consent letters were sent to all potential participants (see Appendix D) in advance of interviews; the letter described the study and defined the selection criteria for participants. It also outlined the risks and benefits of participating in the study. Informed consent was obtained before the interviews began.

This study collected qualitative data through the method of open-ended semi-structured questions asked in interviews with study participants. Demographic data such

as age, gender, degree/training and work history in regards to treating survivors, offenders and bystanders was also collected. Each interview was about 50 minutes long but no longer than an hour. A pre-defined list of questions was used to guide the interviews (see Appendix E), however probes and modifications of questions were used when salient themes, patterns and concepts emerged; thus each interview varied according to the information that came out of the discussion. In addition, information gleaned from the initial interviews was used to re-structure interview questions going forward.

The interviews were conducted in person, on the telephone or over the Internet using video conferencing software depending on each individual participants location and preference. In-person interviews were the ideal for collecting non-verbal and nuanced data, but according to the literature there is little difference on outcomes between in-person and telephone interviews in terms of influence on the data outcomes (Musselwhite, Cuff, McGregor, & King, 2009).

For the in-person interviews, the researcher offered a neutral public meeting space such as a library or café to conduct the interview, but was flexible when participants made other requests such as meeting at their work place. Interviews done on the telephone were conducted in a quiet, private location where possible. Interviews conducted using video conferencing software were restricted to being conducted in a participant's office or home due to the need of access to a computer. The interviews were audio-recorded using digital audio recording software and transcribed at a later date (all identifying information was deleted or disguised). Handwritten researcher notes were also recorded by writing in a notebook during the interviews

Data Analysis

Once the data was gathered the researcher transcribed the narrative interviews and analyzed the data using a coding system. The researcher read and re-read the transcripts and then grouped responses according to the main questions that were asked. The data was then analyzed and organized thematically using patterns that occurred in the narratives, which were then analyzed for meaning. The researcher attempted to stay as close as possible to the participants' own words and meaning so as to insure greater validity of the interpretation.

Transcripts were reviewed to identify data relevant to the specific research areas specified, mainly the application of TJ to CSA. Transcripts were also analyzed for important themes or ideas that had not been targeted by the semi-structured interview guide but which were raised during the interviews by participants.

A spreadsheet was designed to capture the relevant data according to topic and across participants; thus providing a visual representation of the data that allowed for easier identification of themes and patterns. Representative quotes were used to substantiate these themes and ideas.

Limitations

Due to the small sample size and selected research design, generalizations cannot be made from the results of this study. The findings provide an in-depth understanding of some direct service providers' experiences of applying TJ to their work with survivors,

offenders, and bystanders of CSA. It is hoped the data gathered through this study and presented here will inspire and inform future research.

For the sake of transparency, it is worth noting that this researcher is a white, queer, Jewish, European female immigrant from a working class background living in an urban setting in California. This researcher chose to study this issue because she has been a bystander to CSA and has experienced the backdrop that CSA plays in many personal, familial, communal, and political interactions without ever being named. In order to move towards the goal of liberation and peace for all people, CSA is one of many intersecting oppressions that need to be understood and addressed. The researcher has an eight-year prior relationship with generationFIVE as a volunteer and intern. This study has been designed to limit the possible bias by using peer review, the human subject review board, and constant advising to oversee the research.

CHAPTER IV

FINDINGS

This chapter contains the data collected from interviews conducted with twelve direct service providers who have worked with survivors, offenders or bystanders of child sexual abuse (CSA) and who had been educated in the principles of transformative justice (TJ). This study was an attempt to answer the following question: What are direct service providers perspectives on the application of the principals of TJ to CSA? The interview contained twenty-two questions organized around the following major themes: direct services providers' experiences working with survivors, offenders, and bystanders of CSA; direct services providers' experiences of TJ, and; direct service providers' experiences applying TJ to CSA. Other relevant aspects of participants' clinical experiences applying TJ were spontaneously provided and not elicited by specific interview questions.

Five areas of major findings emerged from the interviews. The findings will be presented as follows: 1) demographic data of participants; 2) providers' experience working with people impacted by CSA; 3) participants ideas about transformative justice; 4) their experiences working with people impacted by CSA since training in TJ, and; 5) participant's experience of applying TJ with people who are impacted by CSA.

Participant Demographics

The following section offers information pertaining to the participants' background and training, as well as current practice setting. This study was comprised of 12 direct service providers (eight female, one male, three gender variant/gender queer). Five participants were people of color and seven were Caucasian. A significant number of the participants identified as survivors of CSA. Participants held a range of mental health direct service provider certifications, degrees, and positions. Five participants held clinical master degrees (Social work, counseling psychology, and marriage and family therapist); and seven participants were community mental health counselors with a range of training (crisis intervention, HIV case management, substance abuse counseling, somatic therapy, life coaching, and harm reduction).

Geographic locations included California and New York. The age range was between 25 and 58. The range of experience practicing mental health direct service was from 3 to 18 years, with seven participants reporting they had over nine years of experience. The range of experience specifically in working with survivors, offenders and bystanders of CSA ranged from 2 to 18 years, with nine participants stating they had over seven years of experience. Participants worked in a variety of settings including Child Protective Services, community mental health clinics, outpatient hospital psychiatry departments, after school youth programs, residential substance use treatment programs, private practices, and community based service organizations that offered a variety of services. Participants were then asked when, where, and what they received as their education and training in TJ.

Participants (n=12) had a range of time since their education in TJ, ranging from 2 to 13 years. Most participants (n=11) stated that they received their education in TJ through workshops offered by GenerationFIVE. One participant received training in TJ from colleagues who had attended GenerationFIVE trainings. Some participants stated that they had also been exposed to alternative justice /community accountability approaches similar to TJ through INCITE, Community United Against Violence, Creative Interventions, and the Center for Contextual Change. The specific ideology of generationFive was discussed earlier, and is notable in terms of participants' affiliation with it.

Client Demographics

Participants reported that their clients varied widely across age, race, gender, class, sexuality, presenting symptoms, immigration status, community structures, and reason for seeking services. Participants described working with individuals, couples, families, groups, and communities who were survivors, offenders and bystanders of CSA.

Participants reported that survivors, offenders and bystanders constituted a significant percentage of the populations they served in their overall work. Most of the participants (n=11) stated that the majority of their work was with people impacted by CSA, estimating between 60%-99%. All the participants (n=12) reported working with more than five people impacted by CSA.

Experience Working with People Impacted by CSA

This section details participants' responses to questions pertaining to direct service providers' experiences working with people impacted by CSA. The data is presented in the following sub-sections: working with all three populations: survivors,

offenders and bystanders; feeling overwhelmed and inspired; discomfort at being the bridge between the state and client; and questioning the prevailing strategy of placing survivors at the center.

Working with all Three Populations: Survivors, Offenders, and Bystanders

In discussing service providers' experience of working with people impacted by CSA, participants were asked about their work with all three populations: survivors, offenders, and bystanders. Participants described using an individualistic approach that divided the three populations. They reported that services mainly assisted survivors, and that offenders were unlikely to disclose that they had offended. Most participants (n=11) reported that they worked with all three populations in some capacity. One participant stated, "I want to say 100 percent of [clients] have been exposed to all of those circles [survivors, offenders, and bystanders]."

Participants reported that their work did not use a systemic approach but mainly used an individualistic approach that divided the three populations in the services they received. Eleven participants stated that the majority of their clients were survivors and that only a minority were bystanders. Even more infrequently did they treat offenders. Many participants (n= 9) reported that their practice setting most often addressed survivors, offenders, and bystanders in isolation and not as a group. One provider stated that, "There's almost an automatic separation between the offenders and survivors before I even become involved, so often times the offender is not there when I start my work with the family."

Participants reported that their services mainly assisted survivors. Most (n=11) stated that the majority of their work was with disclosed survivors or bystanders of CSA. Three participants stated that they worked with mainly disclosed survivors and somewhat less with disclosed bystanders. One participant stated, "Our history and competency at the agency is just not really based in really being able to comprehensively support offenders and people that have abused." Two of the participants who worked with disclosed survivors and bystanders stated that the services provided by their organizations where targeted for survivors and not designed to identify and serve bystanders although they also used the services. One participant reported working mainly with bystanders and rarely with either survivors or offenders.

Another significant finding about providers' experience of working with people impacted by CSA was that offenders were unlikely to disclose if they had offended. Some participants (n=5) reported that their clients included disclosed offenders of CSA. Many participants (n= 10) stated that it was rare for offenders to self-disclose. One participant stated, "People are less inclined to admit that they are perpetrators, more inclined to admit, talk about and report to being a survivor or a bystander." Many participants noted the fear of retaliation as a disincentive to offenders disclosing about their abusive behavior. A participant mused that offenders do not admit to perpetrating because, "The whole culture doesn't make room for it because of the whole retaliatory culture." A participant observed that if an offender disclosed,

> There would be a pretty violent backlash to the point of someone getting killed because that is how we are taught to deal with those things. There really isn't any consistent mechanism or tool that allows for self-disclosure, working through that issue, to accountability and responsibility to oneself and to ones community.

Another participant stated,

> A lot of the default community intervention is either vigilantism, like we're going to go beat the shit out of them once we found out it happened, or mostly, it's denial. Mostly the community intervention is denial.

Another participant shared "often people will come to me because of their history around being assaulted, but in the course of the work one of the last things that gets revealed is their being offenders." Another participant stated,

> There are not a lot of support mechanism in place [for offenders] unless it is forced for some reason to feel enough incentive to self-disclose, find a supportive community, and are shown or helped to be guided through that process of self-disclosure and support, learning about what one might of done and how not to re-perpetrate and understand the impact of their perpetration

Some participants (n=6) stated that they worked with clients who had not disclosed to being offenders of CSA but may have offended. One provider stated, "There are offenders in every crowd. So on some level you're always working with offenders." The fact that offenders do not disclose and the presence of disincentives to disclose is significant for understanding the limitations of the prevailing methods of intervention to CSA. This finding will be addressed in more depth in the section exploring the application of TJ.

Feeling Overwhelmed and Inspired

In discussing service providers' experience of working with people impacted by CSA, all the participants reported a paradoxical experience of their work being, as one participant noted, both "overwhelming and inspiring." Participants expressed two main points about the work feeling overwhelming: feeling layers of shame, blame, and guilt and experiencing vicarious trauma. In addition, participants expressed two main points

about the work being inspiring: witnessing transformation and resiliency and experiencing vicarious healing.

Most participants spoke at length about sometimes feeling overwhelmed by their client's layers of shame, blame and guilt that permeated the work with people impacted by CSA. Providers reported that the work often meant wading through many levels of shame. One participant noted that

> Shame is just huge, you know. Kids walk out of it [CSA] thinking that they did something wrong and that it's their fault. Because developmentally that's the only way they can interpret it. And it just is so visceral. And then the trauma responses, which are really normal, you know, like flight/fight, are just totally normal human responses that people get trapped inside of those and then spend the rest of their lives really trying to negotiate the rest of their lives out of those responses. And it doesn't work, you know. And understandably people do a lot of different behaviors to try to manage all of that anxiety or depression or terror.

Another provider shared, "I feel like the shame becomes so heavy and sometimes even guilt and self-blame and all of these layers that I hear survivors expressing because it's such a secret because they haven't felt safe to tell." Many providers talked about the overwhelming experience of working with the shame and guilt between family members.

> It becomes more challenging when I work with people who place all of the blame on themselves and that becomes really painful for me to witness and some people that I've worked with it's hard to shift because especially it becomes very complicated when it's a father or a mother or a close family member and I think that it makes it harder for people to take the blame off themselves and blame a parent sometimes.

Many of the providers shared how working with people impacted by CSA sometimes lead to experiencing vicarious trauma. A provider described the need to change careers in response to experiencing "a lot of vicarious trauma." One provider said, "I think it ends up giving me, sometimes, a sense of just…. unsafe in the world in general." Another participant shared, "It's years and years of a sort of loss of safety and

connection, which is what childhood sexual abuse can often leave folks." Another provider noted that the work often lead to the feeling that "CSA is everywhere" and said, "So it's more just like in the milieu of the people I'm dealing with. It's everywhere."

Although all the providers spoke about feeling overwhelmed, most of them (n=11) stated about how ultimately their work with people impacted by CSA was inspiring. They highlighted witnessing the transformation and resiliency of their clients and experiencing vicarious healing in the process. One participant stated, "It is really exciting to me to see people open up slowly and come into their power over time." Another noted the pleasure of working with people impacted by CSA:

> I really enjoy it but that sounds weird for me to say I enjoy it but I think what I enjoy about it is that there's such--I feel like being able to hold the space for people to talk about CSA, maybe it's been the first time their whole life because I have that experience a lot, it's really powerful.

Many providers noted the resiliency of their clients as a source of inspiration:

> It's amazing, like the stories that I've heard. It's just the worst of humanity, you know. And then these people are incredible. Like people find this profound resilience whether it's in their spirituality, whether it's in nature, whether it's in their art or music. People just can be amazing, just amazing, human beings, having lived through what they lived through. People are amazing and they are resilient.

Another provider noted how "The vast majority of people find some way to find hope." Providers described the hope and inspiration they experienced through vicarious healing as their clients transformed. A provider shared, "My experience of many survivors of childhood sexual abuse is profound capacity to make sense of something that does not make sense, and do a lot of deep repair work that is against a lot of odds." A different provider expressed,

> People often say to me, like 'oh my god, how do you do this as your work'? And there are times when it feels like too much. I need a pause. But what really keeps me

> going is the depth and the wisdom. When people heal and people really rebuild their lives out of that resilience.

Feeling Discomfort at Being the Bridge Between the State and Client

Further findings that emerged about providers' experience of working with people impacted by CSA were participants' discomfort about being a bridge between state institutions and clients. Notably, all participants addressed this concern. Three main points emerged: distrust of the state, the potential trauma of mandated reporting, and the lack of other options. Most of the participants expressed a distrust of state institutions that deal with CSA including child protective services (CPS), law enforcement, and the criminal legal system. Participants described their frustration and fear of interacting with the state to address intimate violence in cases of CSA. One participant articulated the distrust and fear stating,

> If they don't want to report to CPS [child protective services]. It's understandable. You know, maybe their community is already being targeted by the state. Whether they're working class or whether they're a community of color, or whether they're immigrants.

Another provider noted, "The state doesn't even necessarily say offenders can heal. I mean offenders get thrown in prison and then thrown back out, and they're supposed to be different. It's like how, when there's no treatment?" Participants noted that the state mandates action from providers but in turn provides no enduring adequate response.

A second point about providers' experience of discomfort of being a bridge was the trauma that mandated reporting often inflicts on people impacted by CSA. All the participants (n=12) discussed some aspect of the dilemma of mandated reporters being required to report CSA but fearing the state's response would re-traumatize survivors and neither rehabilitate offenders nor insure accountability. One participant stated, "On a

personal level there's usually a lot of anxiety building up around needing to deal with it, and be able to strike that balance and not re-traumatizing the client." Participants described clients' experiences of being traumatized by interactions with the state: "I called CPS on the family, and they're our close family friends and they didn't know it was me. I felt horrible about it, but I did it. It didn't do much." Some clients talked about how making a report furthered the trauma by disrupting the therapeutic relationship and exposing the client to the states' unjust system of control. One provider stated, "Right now the client won't come and see me because her trust was betrayed."

The third point about providers' experience of discomfort with being a bridge to the state was about the lack of available options other than CPS to address incidents of CSA. One provider noted "most people just go, well, what you do is you report. And it is inefficient and ineffective, and not what people wanted to do, but there are no options." Participants described feeling frustrated with a lack of other options as well as the alternative ways they managed to subvert the system. One such strategy was to not ask detailed questions if a client was in an abuse situation. One provider reported, "It's difficult 'cause I'm a mandated reporter. So I don't -- if I were to get certain information, I don't know if I would report it. So it's like a fine line of not disclosing too much information, but making sure the person's safe at the same time." Providers noted how clients were also careful with what they disclosed: "They know the reporting laws and then they're scared about hurting people. So when it's within the family it makes it harder than when there was a kind of outside specific trauma." Some providers noted that they did not report even when they were mandated by law to do so, as they did not trust the state system of intervention. One of these providers stated, "It's figuring out ways at

all possible not to call CPS or other systems, and supporting people to navigate through those systems without putting them in harm's way."

Questioning the Prevailing Strategy of Placing Survivors at the Center

A final finding that emerged from providers' experience of working with people impacted by CSA was questioning the prevailing strategy of placing survivors at the center of CSA interventions. A few participants mentioned that they were no longer convinced that locating survivors at the center of interventions was the most effective way to bring about change in regards to CSA. Participants discussed how CSA intervention services should serve all three roles and not just survivors, as transforming bystanders and offenders is key to halting violence. One participant noted, "There's this very strong line around only working with survivors. That line doesn't really make sense for us anymore. There's a general consensus [in my community] to move in the direction of being able to work with people who've been abusive." Another participant discussed how everyone is a bystander and survivor in regard to the social conditions that bring rise to CSA. The participant stated,

> I think the transformative justice framework is useful for asking us to think about the very survivor-centric model that I was kind of familiar with. The survivor's voice is everything. And I think transformative justice asks us to think about that not always being the case. If we change conditions that allow the violence to continue, then I think some of those distinctions get a bit blurred. We're all bystanders to those conditions. In some ways we're all survivors of particular forms of violence. Child sexual abuse survivors must have their voices heard, but it's not necessarily the case that they are the only voices that need to be heard. Partly for the reasons of their own trauma might mean that they don't want to take action in a way that other people think action needs to be taken.

Transformative Justice

This section details direct service providers' responses to questions pertaining to TJ. The data is presented in the following subsections on how TJ is understood, differences between TJ and other theoretical frameworks, and how TJ augments and complements other theoretical frameworks.

Understanding of Transformative Justice

In exploring direct service providers' understanding of transformative justice, participants were asked, "How do you understand TJ?" The five salient findings of this question were that TJ is: a meta theory; an alternative to state systems of response offering a vision of accountability and healing; a paradigm that transfers focus from the individual to the group; a framework that allows for a shift from retaliation to transformation, and; a perspective that contextualizes violence. There was cohesiveness in the participants understanding of TJ.

The first finding was that all participants (n=12) conceptualized TJ to be a meta theory that encompassed and synthesized other theories of oppression and justice. Each of the participants referred to many different progressive theories including analysis about race, power, gender, class, oppression, and trauma when describing the principals upon which TJ is built. One participant stated,

> TJ is like, so here's the reason why violence happens, and it's both a combination of trauma and systemic oppression, and we act these things out on each other. And we are socialized to have power over one another.

A second provider noted that, "An essential aspect of TJ is that it necessitates addressing larger social context issues such as systemic oppression, classism, sexism, racism, the roots of violence, etc." Another provider noted that they understood TJ to be about:

> …keeping your eye on both change within relationships, within ourselves, to how you deal with trauma on a personal relational level, and how is that work relating to change at the level of systemic trauma, oppression, and the workings of the state.

A fourth participant stated:

> So it [TJ] responds at that personal, interpersonal level, and at the same though, we need to organize together to prevent oppression, to really change gender training so that, you know, acquiescing or using force to dominate aren't things that are trained into gender. We need a healthy understanding of human sexuality. And then to keep coming together to really change oppression. That—the personal, interpersonal response and then the social change work is really what can create long-term prevention. And transformative justice is trying to do both of those. Mobilize people toward collective change, name issues that it's not just like one bad person, child sexual abuse happens, and respond in a way that creates transformation for all the people involved. Transformation and you know, active participation in change. For all the folks involved

The second finding was that all participants (n=12) understood TJ to be an alternative to state systems of response offering a vision of accountability and healing.

One participant stated,

> I understand it to be a model outside of the system. To be a way to grow and heal communities that have been affected by the crushing and impact of all the systems and all the things that happened interpersonally like sexual abuse or other kinds of violence as a result. I feel like it's a more humane and positive way to understand and look at why we do traumatic things to each other and how to heal from it.

A second participant described TJ's vision of accountability and healing:

> I think there is the part of offering people options and support and giving them consequences. I think that both of those things need to be true. Like we are offering you something… we are offering you the support that you need to change. We can't do it for you, but we are offering you help to figure out what you need to do and we are going to offer you some kind of consequences if you don't do it.

A third provider described how TJ created space for healing:

> With TJ it feels like there's more space. Like there's more authenticity and accountability because I think you have to--for how I imagine it you would have to take responsibility for the acts and there wouldn't be secrets which I think are really destructive. I think secrets start to crush families and society too but the more openness and more chances, more room, more space, more chance to be seen as a

> whole person. To be cared for. Both the person who's been abused and the abuser. Because I think sex offenders are really cast as not human anymore and I feel like it's a more complex thing.

A fourth provider noted,

> Building community alternatives, that was what got me to the TJ work and to really, let's actually build a sustainable model that is transformative and political and doesn't just reproduce the same stuff that the prison system does.

The third finding was that all participants (n=12) understood TJ to transfer focus of understanding and intervention of violence from the individual to the group. One participant stated, "What people are struggling with can be recontextualized so that it isn't just one person dealing with something but a whole community that helps sustain and helps contribute to or helps a person work through an issue." Many participants noted how TJ transfers the issue of violence from residing in individuals to residing in social norms and conditions of groups, thus lessening stigma from individuals impacted by violence in either the role of survivor, offender or bystander. A participant noted,

> I understand it [TJ] as a way of achieving justice in relation to individual experiences of violence that at the same time challenges the conditions, or changes the conditions within which the violence continues. So much of what the current criminal legal response to violence does, if it does anything, is perpetuate the conditions that allow the violence to continue. So transformative justice is, to me, is about transforming those conditions at the same time as creating justice for particular individuals in terms of their particular experiences. So I think that combination of individual and structural, individual and institutional, is really an important combination.

The forth finding was that all participants (n=12) understood TJ to shift the understanding and intervention of violence from a model of retaliation to a model of transformation. Most participants noted that this was one of the most defining and important characteristics of TJ. One participant stated,

> At some point we transform them [offenders] so that communities stay intact, people are afforded dignity in their self-disclosure and healing that we set a culture that

> allows for that rather than a retaliatory, punishing, hierarchical, power over, space that really doesn't help anybody and doesn't allow people to talk about how they ended up perpetrating or being in a family that might have abused then or how they came out of that.

A second participant described TJ as being,

> Deeply steeped in a social justice analysis, and really committed to integrating social transformation, and really seeing that a punitive, penal-based response is actually part of the problem. It doesn't create the healing or the change in social issues or oppression that can have long-term impact in prevention.

The fifth finding was that all participants (n=12) understood TJ to contextualize violence. A participant stated, "I think of it [TJ] as a framework for thinking about why violence happens and it's a strategy for response." A second provider stated,

> And then TJ's, okay, we can't respond to instances without thinking about the conditions that create violence, so it's developed some principles that are really gonna be helpful in guiding responses on the ground and the development of a model.

A third participant described,

> It is an approach that basically says, it's not only the personal actions, but it's also the social conditions that allow for and promote violence. And we want to simultaneously address these people in the situation to bring healing to survivors, engage and educate bystanders as active change agents, and both hold to account and also humanize offenders so that they also say look, this has to stop, and you can transform.

Differences Between Transformative Justice and other Theoretical Frameworks

In discussing direct service providers' understanding of differences between TJ and other theoretical frameworks, participants were asked, "How does TJ differ from other theoretical frameworks that you use for intervention?" The five salient responses to this question were that TJ: expands the options of response; acknowledges the humanity of all people including offenders; seeks to address underlying issues of violence, and; holds a vision of hope.

The first salient finding was that all participants (n=12) stated that compared to other theoretical approaches to violence and CSA in specific, TJ expands the options of response. In place of denial or retaliation, TJ encourages responses based on collective action, accountability, and honoring the humanity and the potential of transformation of each person involved. One participant noted,

> The dominant way of doing things is that there are no options offered. There are consequences but there is not nearly enough support for people changing their behavior. That is very as you know punitive based. They [offenders] are a product of the culture they live in and because of that you are obligated to offer them options. That is why we as their society are obligated to offer them options, as they are a product of the same culture.

The second finding was that all participants (n=12) stated that compared to the prevailing approaches to violence and CSA in specific, TJ acknowledges the humanity of all people, including offenders. One participant noted that unlike other prevailing approaches to violence, TJ is, "…acknowledging the humanity in all people and realizing that offenders got where they got for reasons that are not just their fault." Another participant stated,

> TJ is all about supporting the humanity of the person and recognizing where they are and why they are doing the things that they are doing and ...offering them the support that they need to change their behavior.

The third finding about what providers (n=10) saw as the difference between TJ and other frameworks was that TJ seeks to address underlying issues of violence while other frameworks often address only the symptoms of violence that arise in individuals. One participant stated, "Specifically it is incredibly aggressive at naming power and locating it. It gets under how power is being used to perpetuate violence." Another participant stated,

> I think a lot of the framework that we use in our work right now is really around harm reduction, and what I think transformative justice does is, it thinks about what is the possibility of a long-term plan as opposed to dealing with only the here and now. This is a much more long-term look into creating different types of solutions, versus really short-term.

A third participant said,

> It [TJ] spends more time on thinking about what got people to the point of either hitting their child, or sexually abusing their child, or not supervising their child enough so they get abused in some other way.

A fourth participant noted the difference between individual therapy and a TJ model that contextualizes the violence in a social context:

> Individual therapy is amazing and the way it focuses on the individual survivors can be amazing but it can leave that person feeling broken and in need of fixing versus a TJ approach makes it obvious that at the very least they are not the only one who is broken. That their communities and perpetrators are also broken.

The fourth finding was that TJ holds a vision of hope. Most participants (n=9) talked about the long term goals of TJ and the vision of hope that it offered for providers and clients. One participant stated, "It gives me a little bit more hope. Because it makes me feel like it's manageable and it's undoable. Because suddenly you can name components, you can name pieces." Participants shared how contextualizing CSA as something explainable and understandable decreased their fear and denial of CSA. Instead the fear was replaced with hope as a path to ending CSA became imaginable. A second participant reflected,

> It was seeing adults who abuse children. It was another level of 'wow you can actually transform that'. That was really important to see. It gave me a little more trust in humanity and there is a way that it made me feel safer as a member of humanity.

How Transformative Justice Augments and Complements Other Theoretical Frameworks

In discussing direct service providers' understanding of how TJ augments and complements other theoretical frameworks, three findings became clear. Participants reported that TJ has challenged restorative justice, politicized healing practices, expanded trauma theory and brought together the micro and macro perspectives.

The first finding that some participants (n=4) reported was that TJ challenged restorative justice "to really be transformative." Participants shared that restorative justice was one of their first exposures to alternative justice systems outside the punitive mainstream model, but that it was predicated on the assumption of the preexistence of justice being present before the violent incident. Participants reported that TJ questioned the assumption of the preexistence of justice that was ready to be restored and offered a different analysis of violence arising out of unjust social norms and conditions. TJ expanded some of the concept of restorative justice—such as collective action and justice being based in people's relationships—beyond restoring the previous unjust conditions to instead transforming the social conditions. One participant stated,

> When we look at interventions that communities currently do, like restorative justice and other community accountability practices, TJ helps us to say, yes, this is great, and also what part of this could have gone further or needs to go further to really be transformative, not just be an alternative to the police. Because there's a lot of things that we can do that's alternative to the police that's still really violent. And so that's how it augments, I think it helps us like stay in the sort of small current place but constantly try to move it towards this place of how could it be really much more transformative and what really are the conditions that created this violence

A second finding that many participants (n=7) stated was that TJ politicized healing practices. Participants described how TJ offered a political lens for doing healing

work and incorporated healing theories, such as somatics, to support the transformative process. One participant noted,

> Where somatics is kind of interesting in terms of how you be in relationship, how you organize this together with people, in the context of this range of traumas in a way which both makes room and tries to both heal and confront. I think healing has also got kind of a bad name in terms of being seen as a very kind of bourgeois, individually-oriented practice. So it's almost like that's changing, we have a politicized understanding of and practice of healing.

Participants discussed how the systems within which they worked encouraged them to see their clients as decontextualized individuals and to avoid locating them within social dimensions such as their racial, socioeconomic, or gender identities. In contrast, providers noted how TJ required that they socially locate their clients and themselves by naming the conditions that were of influence, thus enabling providers to acknowledge their role as non-neutral bystanders in oppressive social conditions. Providers reported that doing so left them feeling accountable to not only heal the symptoms within the individual but also to address the social conditions from which they were derived. The TJ emphasis on bystander accountability resulted in providers reporting that their clinical work became more political in thought and action as they felt responsible to become active engaged bystanders.

A third finding that most participants (n=10) stated was that TJ brought together the micro and macro perspectives. Participants stated that TJ increased the use of a systemic view that linked the individual and the communal. During the interviews, participants notably moved back and forth between the level of the individual and the collective, zooming in and out between descriptions of micro and macro issues. A participant described,

> It [TJ] tries to bring together the intimate and the structural, the micro and the macro, is a very important piece. I think that's both at the level of how violence works, but also at the level of how change works. I think you need to be kind of operating across that continuum of change. It's not like one will follow the other. I think keeping your eye on both change within relationships, within ourselves, to how you deal with trauma on a personal relational level, and how is that work relating to change at the level of systemic trauma, oppression, the workings of the state, and holding…if you think of those two things as kind of polarities, you know, holding both polarities. Both poles of change in the same kind of frame.

This increased ability to connect the micro and macro was described by participants as putting words to and deepening their understanding of the unthinkable and incomprehensible experience of CSA. One participant described how the trauma of CSA impacts entire communities by creating dislocation and isolation, but that the framework of TJ was reconnecting places that had been severed even in thinking.

Working with People Impacted by CSA Since Training in TJ

This section is about major findings regarding providers' experience working with people impacted by CSA since training in TJ including subsections on 1) the understanding of CSA within the framework of TJ; 2) the function of TJ in the treatment of survivors, offenders and bystanders; 3) the influence of TJ on clinical work with people impacted by CSA, 4) TJ's influence on the understanding of the relationships between survivors, bystanders and offenders.

Understanding of CSA Within the Framework of Transformative Justice

This key finding is about providers' understanding of CSA within the framework of TJ. All the participants (n=12) noted how TJ shifted their understanding of CSA from an individual mental health or family issue to a systemic issue, and how CSA grows out of oppressive social norms and conditions that use a "power over" dynamic.

Most participants (n=11) described the change in their understanding of CSA since their exposure to TJ. One participant stated,

> I saw it before as a family system problem that I thought as a nuclear family, like mom, dad, child problem. Parents aren't getting along, and just something goes wrong in that little tiny bubble of a family. And I think transformative justice has allowed me to see it as more of a social problem, and about just recognizing who gets punished for what, and it what way. And who gets help for what, and in what ways, and what services are available for certain people that aren't for others.

A second participant noted, “It’s not just as simple as you have a creepy uncle or something. That's not what CSA is. That it's supported by all these other systems of oppression and that it's not its own thing.” A third participant stated,

> I think that it’s influenced a lot in terms of pulling it out of an isolated family or a smaller community system. Most people I’ve worked with have been abused by family members so I think I think about family first. And looking at all of the ways that different “isms” feed that cycle. I’ve thought about it a lot in terms of racism and just the trauma experienced as a result of racism but I hadn’t every really stopped to think of CSA and specifically, how all the systems feed into perpetuating all the cycles that are around that.

This idea of how the systems of oppression feed into one another and perpetuate the cycle was a reoccurring theme and key finding for understanding how TJ defines CSA. Some participants (n=4) described how TJ framed their understanding of CSA to be rooted in oppressive social norms and conditions that use a “power over” dynamic. This dynamic was described as the small moments of interactions between people that are defined by social norms of class, race, gender etc, and often include a “power over” dynamic that allows abuse such as CSA. One participant stated,

> I am trained in power over. I am trained to collude with the other adults in the situation and exercise power over these kids—Whether it’s emotional or it’s neglect, in a power-over situation that’s culturally, socially, and legally sanctioned.

In addition, another finding of note was that participants described how CSA imprinted on the body and consciousness an intimate knowledge of the "power over" dynamic that was a blueprint for other oppressive relationships. Participants shared how once conditioned with the blueprint of "power over" relationships, people impacted by CSA might move into any of the three roles. One participant described the common experience of survivors and offenders feeling ashamed and powerless and possibly shifting into a new role in the CSA triad. A participant stated,

> For both survivors and offenders it's an immense amount of powerlessness and sense of out of control and also a sense of intense self-hatred and sense of being dirty or defiled and how that feeds into then abusing somebody else. I'm just thinking about that the link and how the larger isms feed into all these things.

Understanding of the Relationship Between Survivors, Bystanders and Offenders

The key findings about providers' understanding of the relationship between survivors, bystanders, and offenders were interconnectedness of the roles, balancing resources, the complexity of the relationships, and using bystander relationships for leverage.

Most of the participants (n=11) described the interconnectedness of the three roles and highlighted how people often fall into more than one of them. Participants described how their work before TJ dealt with each role (survivor, bystander, and offender) separately and how since being exposed to TJ they understand the roles as part of an interlocking system. One participant noted the interconnectedness of the roles stated, "I think someone can be all of those role or just play one role. I think it speaks to the far-reaching impact of one person's abuse on someone else." A different participant noted

the interconnectedness of the roles and the need to question the assumption of the work being survivor-centered:

> They're overlapping and sometimes the same. In some ways we focus to some degree on victimization and we don't have a lot of tools to talk about actually how to work with bystanders and their accountability, so we're trained to talk about that? But that's really important as well as offenders, we drop that piece out. But it's really phenomenally important to survivors for, you know, so my clients who are survivors, a huge amount of work I have to do around bystanders and community. So it's kind of brought everything, kind of moved it all closer together, so everything's overlapping. I think it's helped to balance what does it really mean for a process to be survivor-centered? And so to balance the needs and the desires of survivors and bystanders?

Another participant who discussed how the roles are overlapping stated,

> There's a much deeper assessment around what's going on and I think, you know, often people who are offenders are also surviving something in a certain way, so I think it's helped us to think a little more, in a more nuanced way around like what are those roles?

Another provider who discussed the complexity of the relationship between survivor and offender stated, "That most survivors want to actually stay in some level of relationship [with their offender], but just have it be authentic, have there be an apology and amends, and have the behavior change, and create change. Another provider spoke about the possibility of healing the relationship between survivors and offenders within a TJ framework:

> There can be a relationship between survivors and offenders. That it's not too late to change something that happened in the past, especially if the offender is willing to acknowledge that something happened and willing to work on those things. I've seen an incredible story about that where I just never thought that this person would admit to anything. And he ended up doing it, and now my friend and him have a relationship. And it's really really powerful to see it work.

A different participant who discussed using bystander relationships for leverage noted,

> TJ has given me more of an organizer's mind thinking about community interventions. Now I think of an incident and who were all the people involved that might be effective points of leverage or pressure that could be mobilized? Who are all the bystanders? Instead of just thinking about the survivor it's more like, okay, who's in your landscape? Like who do you live with and work with? Who do you know? Who do you see on the street? Like how could they be mobilized into an intervention that could both maintain your safety, actually influence the person who's being harmful, and be transformative for that person, so that person who's being mobilized has a decreased chance of experiencing violence because they have more skills and more analysis.

Another participant who expanded on the notion of the bystander role intervening in the relationship between survivors and offenders stated,

> Bystander was kind of left out before. Now I understand bystander in that it's everybody who's involved. Anybody who touches either the survivor or the offender. Not like physical touch, but that means anybody who goes to school with a survivor, or anybody who rides the bus with the survivor. There are many more people involved, watching what's happening, and not really sure what's going on, but knowing that something's not right. And I think that there's a lot of power in that position that I didn't really recognize before. And I guess I mean power in terms of ability to intervene.

Function of TJ in the Treatment of Survivors, Offenders and Bystanders

The key findings about the function of TJ in the treatment of survivors, offenders and bystanders were a combination of providers' imagined TJ interventions and actual experiences implementing TJ. The two key findings were that TJ provides an accountability process and contextualizes the incident thereby undoing shame.

The first finding of the function of TJ in the treatment of survivors, offenders and bystanders was most participants (n=10) reported that TJ provided an alternative intervention that was based in community accountability. Participants reported that instead of calling the police or CPS in the aftermath of discovering CSA, TJ held a vision of family, friends and community members intervening as active bystanders to keep the survivor safe and the offender accountable to acknowledging, stopping and repairing the

harm. Some providers (n=6) discussed the experience of using community accountability processes and the sense of safety that it created for all the people surrounding the violent incident. One participant shared her experience of using community accountability with offenders. The participant stated,

> I will sometimes bring in and request that they have for example, people need to not be in isolation when they're offenders. So they'll have to get a group of people, like between three and five people. And because a lot of people I work with are exposed to Narcotics Anonymous I'll actually really insist that they not keep this piece [their offender status] in isolation and that they actually have a sponsor type structure, so it's kind of this hybrid blend of accountability.

The second finding about the function of TJ in the treatment of survivors, offenders and bystanders was the contextualization of the violence thereby undoing the individual shame. Most participants (n=8) discussed how shame was the experience of CSA for most of their clients. The participants noted how with contextualizing clients' experience of violence in larger social conditions framework reduced individuals' shame and increased disclosure of CSA by survivors, offenders and bystanders. One participant described how socially contextualizing survivors' experience of CSA " would make it in all different ways that they could feel reintegrated into humanity after that experience. Way more with TJ than with an individual therapy approach." A second provider spoke about how locating CSA in a social context reduces survivors' shame and the feeling of being the only broken one." A third participant shared, "Service providers have a real responsibility to help take the shame out of the equation in, around violence in general and specifically around intimate violence. By naming the larger issues at play." A fourth provider noted,

> Linking those deeply personal and intimate experiences with system broader workings of systems of oppression was very powerful to me. I think that is part of the

> work of liberation is to understand and address how those intimate violations relate to inequalities and injustices more broadly.

A fifth participant stated,

> The thing about TJ is that it spreads out the responsibility and takes measures to take the responsibility off of the survivor. For me personally [as a survivor] it would be a lot easier for me to get out of this thing that is so deep that I am broken somewhere and that I need to fix. Instead realizing that yes there is something wrong and it is not just in myself it is in my community

Influence of TJ on Providers' Capacity to Work with Survivors, Offenders or Bystanders

The key findings about the influence of TJ on providers' capacity to work with survivors, offenders and bystanders were that all participants (n=12) reported an overall increased capacity to work with survivors, offenders and bystanders as a result of their training in TJ. Many participants (n=8) reported increased capacity due to the contextualizing of CSA, which reduced shame and decreased vicarious trauma. One provider noted, "Once shame is taken out of the equation we're given a new sense of what's possible." Many participants (n=10) reported feeling and increased sense of capacity because the perspective of TJ aligned with their values and politics. Some participants (n=5) reported that TJ increased their capacity to do the work because it offered options and encouraged creativity. One participant reported, "I think it's helped me in some sense to be more creative in really trying to work with people." Some participants (n=5) reported that their increased capacity for the work was due to the depathologizing of people impacted by CSA, including offenders, which allowed providers to feel more compassion and connection with their clients. One participant reported, "I think it allowed for more empathy for offenders." A few providers (n=3) cited the collective action principal of TJ as increasing their capacity to do the work as

they were less isolated and more connected to other people such as bystanders supporting survivors and offenders.

Application of Transformative Justice with People Who are Impacted by CSA

The four key findings reported by participants about the application of TJ with people impacted by CSA were that TJ: is in the slow process of being developed; is a framework and not yet a model; is effective as an intervention to CSA, and; has limitations to its application. Participants reported conceptual and practiced applications of TJ to CSA.

The first finding reported by all the participants (n=12) was that the application of TJ is a slow and developing process. One participant reported that

> I think all of us saw it's going to be a good twenty years before it [TJ] is any kind of more available option. And yeah, I just so remember that moment. It was a very confronting moment, you know, as a social change activist. And I'm sure many people before us, I mean, I'm sure people in civil rights were going, "This is for my grandkids. This won't change my life, and it won't change maybe even my adult children's lives. It will be for our grandkids." And I think that's where TJ is right now, you know.

The second finding reported by most of the participants (n=9) was that TJ is a framework and not yet a model or process. One participant stated,

> I don't know that it's a treatment per se. It's interesting because I don't think as service providers we can apply TJ as a process. I think that as service providers we can set down some framework.

The third finding reported by all of the participants (n=10) was that conceptual and practical applications of TJ as interventions to CSA have been effective. Participants reported a wide range of applications of TJ to CSA, ranging from internal conceptualizing of providers experience of CSA, to complex community accountability processes with community and state involvement that were effective at intervening in

CSA. A participant mused about the range of application of TJ from minute to macro.

The participant stated,

> I think to us who are coming to this slow consensus that what's underneath transformative justice? What's underneath the language? Is it takes shame out of it. Like really takes shame out of our responses to hurt. And it sometimes doesn't look very grand or very like pretty. Like, oh, this is a community intervention. Here's all the steps. But it can sometimes be like a small moment or a small turn of phrase or body language or a conversation, or way it's like a process goes that's typically more subtly or quietly transformative?

One participant reported applying accountability practices in the community. The provider stated, " We are moving away from people literally just calling CPS and really finding a model that works in their community and in their families." A second provider described the accountability practice as

> …a network of support and a true sense of what I envision as community working together. People holding, like many families, churches, after-school programs, all these smaller systems that we access within a community working together to hold what's happened. I see some shame being sucked out.

A third provider discussed their conception of the application of TJ as community accountability, in that it would allow for

> …having community council where people are held accountable. Where the offender stands up and people in the community give testimony about either their experience of the person—of any part of the person. How them abusing somebody else has affected the family or another person talking about the good experience for that person as a good, hard worker or whatever. That there's a more rounded picture of everybody involved. But there's accountability. And that person and maybe some sort of, something that's not punishment but is like serious accountability

Another participant discussed the application of TJ in groups to locate clients' experience. The participant described using "..psycho-education and political education that contextualized client's lives in the larger surrounding systems."

The fourth finding reported by some participants (n=6) was the challenges of application of TJ as an intervention to CSA. Participants mused about the limitations of TJ. One participant noted,

> We're gonna need to build our capacity over time to deal with, to have to, and to be able to deal with greater and greater levels of violence. And we're just factually not at a place where we have the skills or levels of relationship to be able to transform high levels of violence. Like I don't think we could really intervene into childhood sexual abuse now and have it be a good fit. I actually don't think we're at that level of power or capacity. And so, but we have this idea of like overt, there's a few areas of development we'll need and then as we develop those areas we'll be able to with greater and greater levels of violence.

A second participant discussed the limitation of applying TJ due to the hard to overcome desire to punish. The participant stated,

> …to get beyond the punishment desire. I think that's really essential. Because if you stay with punishment, it's almost like you're reproducing some of the violence without changing anything. You're, you know, it's a kind of wish fulfillment there that isn't about the survivor. It isn't about the perpetrator. Having a different experience.

The next chapter of this study will discuss the relevance of the findings to the literature previously reviewed. Additionally, the next chapter will discuss the relevance of this study's findings to social work practice, theory and social work policy.

CHAPTER V

DISCUSSION

The purpose of this exploratory study was to examine direct service providers' perspectives of transformative justice (TJ) as an ecological intervention for childhood sexual abuse (CSA). The results indicate that the use of TJ as an ecological approach to addressing CSA profoundly impacts direct service providers', survivors', offenders' and bystanders' experience of CSA. All the participants reported that TJ was a helpful framework for conceptualizing and addressing CSA, because it provided a new paradigm where CSA was understood as a social issue and not an individual mental health issue. Key findings were as follows: 1) Providers experience of TJ differed depending on their training and interaction with state mandates; 2) Providers demonstrated sophisticated political and social analysis of the micro and macro conditions impacting their work with people impacted by CSA; 3) CSA is found in all communities across every population; 4) Providers reported that they used an individualistic approach in their clinical work that divided the three populations and underutilized bystanders as sites of intervention 5) Offenders were unlikely to disclose if they had offended; 6) Participants expressed discomfort about being a bridge between state institutions and clients and often chose not to comply with mandated reporting; 7) TJ expands the options of response to CSA; 8) TJ offers a vision of hope; 9) TJ brought together micro and macro perspectives that contextualizes CSA; 10) Bystanders are the untapped potential to decreasing CSA.

This chapter will relate these ten key findings to prior studies and theoretical frameworks presented in the literature review. The dearth of research about TJ's application to CSA severely limits the ability to compare findings to the literature. Some

of the key findings supported the previous literature; others did not. The chapter will conclude with a discussion of implications for clinical practice and suggestions for future research.

The first key finding regarding the participants interviewed for this study is providers' experience of TJ differed depending on their training (as either community mental health workers or those with clinical master degrees) and their interactions with state mandates. Providers without degrees and outside of formal state mandated reporting positions described more flexibility and options in their ability to implement TJ interventions. In contrast those providers with clinical degrees or positions that required mandated reporting felt that this precluded their ability to use TJ as an alternative. They felt more conflicted about their roles, and less able to implement interventions that they felt insured liberation and transformation for all people surrounding an incidence of CSA. Participants also reported that the limited options available in the state system hindered the process of creating safety and healing for survivors, offenders, and bystanders. There is no literature to confirm or elaborate on this finding, yet considering the serious implications that this has ethically and legally, more research is clearly needed on how practitioners may experience mandated reporting as being at odds with their clinical work.

The second finding revealed in the data was that all of the participants appeared to have unusually sophisticated political and social views in addition to their clinical ones. They articulated views about themselves and their work in a multidimensional, highly political, and nuanced manner. This finding may have been due to the fact that the sample was gathered through generationFIVE. GenerationFIVE is an organization that is aligned

with the political left and prioritizes training of politically left community organizers in many sectors, including direct service providers. The capacity to hold multiple perspectives in a micro and macro level that is required in TJ may be best suited to people who have a preexisting education about power and oppression. As one participant noted, "TJ requires you to develop wisdom." Because TJ has not been previously studied, it is unknown if practitioners trained by a group other than Generation FIVE would have different experiences of it.

The third key finding regarding client demographics confirmed findings in the literature that CSA is found in all communities across every population (DeMausse, 1974; DeMausse, 1991). Participants reported that a significant percentage of their clients were survivors, offenders and bystanders of CSA and that they represented a wide range of populations across age, race, gender, class, sexuality, presenting symptoms, immigration status, community structures, and reason for seeking services. Although the researcher expected that the data would reveal this finding, there was nonetheless striking. The surprise felt by the researcher may be attributed to the social denial that shrouds CSA and attempts to erroneously assign and confine CSA to specific populations, a denial that persists even though one "knows" otherwise after reviewing prevalence studies of CSA. Listening to participants talk about CSA stood in stark contrast to the usual cultural denial. This social denial as well as shame were two significant themes that were revealed throughout the data as negatively impacting aspects of conceptualizing and intervening in CSA.

The fourth finding in the data revealed that providers reported that their clinical work used an individualistic approach that divided the three populations. This is

consistent with the literature on treatment of CSA that finds that the individual mental health model and not a systemic model is the main approach to CSA interventions (Putnam, 2003; Oddone Paolucci, Genuis, & Violato, 2001; Hunter, 2006). The data revealed the complexity of CSA's intersecting relationships between survivors, offenders and bystanders in consort with social norms and conditions. Participants reported that prevailing interventions failed to address the complexity of CSA and therefore missed opportunities of intervention, such as using bystander leverage in holding offenders accountable to abstaining from abusing. The researcher was surprised to find that although most participants felt limited in their ability to apply TJ due to external constraints such as mandated reporting laws and agency approach, they reported significant increases in their ability to work successfully with people impacted by CSA since their exposure to TJ. Although in its early stages of development TJ providers report it to be useful at addressing CSA even without the buy-in of an agency or a practice setting embodying a TJ approach.

The fifth key finding was that offenders were unlikely to disclose about their offending to providers. Participants believed that this was due to offenders' fear of punitive retaliation, and surmised that this acted as a disincentive to the disclosure that effective clinical work would require. This finding suggests one reason why prevailing CSA interventions may not be effective. From an ecological perspective, if offenders are not able to come forward for support, clinicians lose a potential tool for preventing future abuse. Furthermore, TJ relies on offenders' disclosing their perpetration of abuse, and thus also may be limited by offenders being unable or unwilling to do so. The prevailing models (like CPS) are undermining TJ.

The sixth, and related finding that emerged was providers' discomfort about being a bridge between state institutions and clients and therefore choosing not to comply with mandated reporting. Participants described their fear and trepidation to exposing their clients to state mandated reporting. All the participants discussed some aspect of the dilemma of being mandated to report CSA but feared the states' response would re-traumatize survivors and neither rehabilitate offenders, nor insure accountability. One provider stated, "It's figuring out ways at all possible not to call CPS or other systems, and supporting people to navigate through those systems without putting them in harm's way." When the very enforcers of a policy begin to resist the policy as is the case with mandated reporting, it becomes clear that alternative measure are needed as the existing ones are ineffective and are not being utilized.

The seventh key finding revealed in the data was that TJ expands the options of response to CSA. Compared to the prevailing responses of either denial and no action or anger and punitive intrusions from the state, TJ offers more collaborative, flexible, and strength-based responses. Providers described the overall impact of expanding the options of response to CSA as improving their capacity to facilitate interventions to CSA with more feelings of hope and connection. One possible reason for this may be that TJ acknowledges the humanity of all the roles, including offenders, which encourages trust and connection. In contrast, CSA as a phenomenon creates feelings of isolation and disconnects people from others with shame and fear. TJ responses encourage collective action and moving out of fear and shame to connection.

The eighth finding revealed that TJ offers a vision of hope that is vastly different from the prevailing attitudes about CSA that are characterized by denial, polarization of

victims and offenders, and hopelessness. The vision of hope impacts providers, survivors, offenders, and bystanders in their capacity to sustain the challenging clinical work surrounding CSA. Participants shared that TJ made the incomprehensible understandable as no longer was CSA an uncontrollable behavior that was mysteriously acted out by bad people. Instead it was a definable and controllable phenomenon rooted in social conditions that could be changed. In addition, participants reported that TJ's 125 year plan of action to end CSA, also gave them a sense of hope and patients.

A ninth finding revealed in the data was that TJ brought together micro and macro perspectives that contextualized CSA as an issue rooted in social conditions and norms, which in turn politicized the healing process. TJ offered a political lens for healing that accounted for the multiple dimensions that impact a person's life. TJ insisted that providers look beyond the individual or family to the micro and macro pressures influencing clients' lives. Participants stated that TJ increased the use of a systemic view that linked the individual and the communal, which in turn illuminated the many sites of possible intervention and increased the potential for change.

The tenth key finding revealed that bystanders are an untapped potential in CSA intervention. Bystander relationships can be used to create needed community accountability to interrupt, stop, and prevent the social norms and conditions from which CSA arises. Key in this finding is using the leverage of social relationships to support and keep accountable the people surrounding a potentially abusive incident. This finding is confirmed in the literature about the use of social capital in intimate relationships to enforce accountability and social norms (Sabol, Coulton, and Korbin, 2004; Miner and Munns, 2005).

Strengths and Limitations

This study had several limitations as well as strengths. The small sample size and the convenience process of recruiting the participants did not allow for generalizability of the findings. Attention was given, however, to the issues of reliability and validity. The audiotapes of interviews were transcribed verbatim and the transcripts compared to the original tapes to ensure accuracy. During the process of data analysis, peer consultation was used to organize data into themes. However, doing so involved a reliance on the researcher's subjectivity, raising issues of researcher bias. As previously discussed, the participants were clearly ascribing to similar political and social views, making this a skewed sample. That being said, one of the strengths in this study was the use of semi-structured interviews conducted in a systematic method using open-ended questions, which provided a rich source of data. Another strength in the study was the use of an exploratory qualitative design that generated extremely rich data about the utility and effectiveness of TJ in treating CSA, a previously unexplored topic.

Implications for Social Work Practice and Policy

The findings of this study have significant implications for social work practice and policy. The first major implication revealed by the data is the need for CSA to be reconceptualized as a systemic issue arising from social conditions. With this shift from understanding CSA as an individual mental health issue to a new understanding of it as a systemic social issue, practice and policy may become more effective at intervening and preventing CSA.

In regards to practice the findings revealed that there are many areas of possible change that may result in more effective interventions to CSA. Two of these findings are

holding the possibility of transformation for offenders and educating people about CSA through the framework of TJ. The implication for practice is for providers to have a more reflexive stance that helps them contextualize their clients within the systemic framework of CSA. Therefore when working with offenders, providers would understand their work as in reference to the community as a whole and not limited to the survivor.

The implications for policy shift are vast. Two of the major implications are abolishing CPS and creating community interventions that are grounded in people's own lives and relationships. Training in TJ confirmed providers' experience that CPS and other state interventions were unhelpful for lasting healing and transformation. Abolishing CPS and creating a new system of community accountability is clearly shown by this research to resolve providers' ethical and legal obligations as mandated reporters. The eradication of CPS and the introduction of community accountability would transform survivors', offenders', and bystanders' experience of CSA. As the study has shown there are providers working outside of the mandated reporting system. Further empirical research is needed to investigate the experience of these providers.

The findings revealed the need for many areas of future research regarding CSA and the application of TJ. The first and most important recommendation for further study is the impact of using a TJ framework to understand CSA. This study provided a framework for initial exploration of the impact of TJ on both providers and clients, but more empirical research is needed to better understand the outcomes of using a TJ framework in regards to CSA. Further research is needed to investigate the application of TJ in different populations to explore if TJ requires prerequisite learning and development or if it is a stand-alone theory that can be applied without previous

knowledge. There is also a need for research that builds on the resiliency factor of relational accountability to explore treatments that go beyond the individual mental health approach to a systemic ecological approach that includes community and environment, such as transformative justice.

Another recommendation for future research is the study of the relationships between bystanders, survivors and offenders of CSA and their influence on preventing and healing abuse. The findings revealed the import of acknowledging the interconnectedness of the three groups and their interplay in both the development and of and recovery from incidences of abuse.

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Appendix A

GenerationFIVE

P.O Box 1715
Oakland, CA 94604
(510)251-8552
info@generationFIVE.org
www.generationFIVE.org

Mission

The mission of generationFIVE is to end the sexual abuse of children within five generations.

We work to interrupt and mend the intergenerational impact of child sexual abuse on individuals, families, and communities.

Through survivor and bystander leadership development, community prevention and intervention, public action, and cross-movement building, generationFIVE works to interrupt and mend the intergenerational impact of child sexual abuse on individuals, families, and communities.

We integrate child sexual abuse prevention into social movements and community organizing targeting family violence, racial and economic oppression, and gender, age-based and cultural discrimination, rather than continuing to perpetuate the isolation of the issue.

It is our belief that meaningful community response is the key to effective prevention.

Transformative Justice

Liberatory means for liberatory ends.

generation FIVE has spent the last decade, with allies across movements and across the country, developing Transformative Justice. Transformative Justice is an approach to respond to and prevent child sexual abuse and other forms of violence that puts transformation and liberation at the heart of the change. It is an approach the looks at the individual and community experiences as well as the social conditions. It is an approach that looks to integrate both personal and social transformation.

Our aim was to develop intervention and prevention that aligned with:

- our analysis of child sexual abuse as both one of the symptoms and perpetuators of oppression and violence
- our commitment to healing, agency, and accountability
- the actual relationships and situations in which child sexual abuse happens
- the oppression and limitations of state responses

Through this we developed Transformative Justice. We will spend the next decade, with many others exploring similar approaches, learning to apply the principles and practices of Transformative Justice. As of June 2010, Transformative Justice Collaboratives are operating in New York, the San Francisco Bay Area, Atlanta and Seattle.

GENERATIONAL GOALS FOR ENDING CHILD SEXUAL ABUSE

These generational goals work as a guide to the changes we want to accomplish by the end of each generation. The strategies and methods to reaching these goals will be multi-faceted.

Generation One-You: year 2000-2025
Diverse Community Leadership and Solutions, Integration into other Social Justice Movements and Bystander Involvement.
Benchmarks:
* A diverse and skilled leadership is prepared to end child sexual abuse (CSA).
* Community-based solutions are translated into replicable models.
* CSA is understood as relevant across social justice movements.
* Bystanders and the community-at-large begin to see child sexual abuse as everyone's issue and become part of the solution for ending it.

Generation Two-Children: year 2025 to 2050
Alternative Justice, Offender Accountability, and Public Systems Change.
Benchmarks:
* Alternatives to the criminal justice system are widely available and include prevention and offender treatment. Humanizing offenders is understood to be essential to ending CSA.
* These alternatives are developed into replicable community-based systems of response.
* The movement to end child sexual abuse collaborates with movements committed to public system reform, family reunification, prison abolition, and alternative justice in the development and implementation of strategic agendas.
* Public systems undergo reform and transformation in order to offer real solutions.

Generation Three-Grandchildren: year 2050 to 2075
We are accountable. Preventing social conditions that lead to child sexual abuse.
Benchmarks:
* The general public assumes it is their business to know about, prevent, and address CSA.
* The issue is widely discussed; preventative actions are well known and practiced.
* We assume that if children are being sexually abused in our families or communities, it affects the wellness of the entire community.
* We collaborate with various movements for social justice in addressing fundamental conditions of oppression, violence and strategies for liberation.

Generation Four-Great-grandchildren: year 2075 to 2100
End of child sexual abuse, healing continues.
Benchmarks:
* There are no new cases of child sexual abuse. It has stopped.
* Intergenerational healing from the impact of child sexual abuse continues.
* Community values and social conditions support the wellness of youth, accountability and healing.
* We are a part of an interconnected liberation movement that is collectively addressing negative conditions and creating a vision of a changed world.

Generation Five-Great-great grandchildren: year 2100 to 2125
Restoration. Living the Vision.
Benchmarks:
* Beliefs and practices of individuals, families and communities support mutual respect, well-being of children and youth, and a world without CSA.
* Community values, public systems, and social conditioning support this transformation.
* The restoration and healing around CSA has implications for other major social movements and is part of a just and healed world that we continue to create.

Appendix B

Recruitment Script for Outreach by Telephone

Researcher: Hello I'm Dona Hirschfield-White. I am a second year graduate student at Smith College. I was given your name by generationFIVE, as you have been trained in transformative justice. I am seeking participants for a research study for my thesis to explore the usefulness of transformative justice for direct service providers as an intervention to child sexual abuse. I wonder if I might tell you more about the study and see if you are interested in participating in the study and meet the inclusion criteria?

Potential subject: No

Researcher: Thank you for your time. If you have questions or change your mind please feel free to contact me at 415.424. 0455.

Potential subject: Yes

Researcher: Thank you. I am seeking participants who are direct service providers , marriage and family therapists, social workers, psychologists, psychiatrists, or community mental health counselors who have been trained by generationFIVE in the transformative justice approach to CSA and who have experience working with survivors, offenders, or bystanders of CSA for at least a year.

Participation in the study would entail a 50-minute interview.

Do you have any questions about the research?

Would you like to participate in the study?

Potential subject: No

Researcher: Thank you for your time. If you have questions or change your mind please feel free to contact me at (***)***-****.

Potential subject: Yes

Researcher: Thank you. I will send you a copy of the description of the research and an informed consent letter that we can go over together if you have any questions. May I have an address or fax number to send to the letter. I will follow-up with you once you receive the letter and then if you still agree to participate we will schedule a time for the interview. My contact information is Dona Hirschfield-White (***)***-****. My email is dhirschf@smith.edu. Thank you for your time.

Appendix C

Human Subjects Review Approval Letter

Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

March 3, 2010

Dona Hirschfield-White

Dear Dona,

Your revised materials have been reviewed and they are fine. We are happy to give final approval to your very useful study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Elizabeth Kita, Research Advisor

Appendix D

Informed Consent Letter

Dear Participant,

My name is Dona Hirschfield-White. I am a graduate student at Smith College School of Social Work, MA. An element of my studies includes research. The focus of my research is to explore the on the possible use of transformative justice as an intervention for child sexual abuse. The study involves research of direct service providers who have been trained in transformative justice and the application of this approach when working with survivors, offenders or bystanders of childhood sexual abuse. The data collected from this research will be used for a MSW thesis, publication, and presentation.

Participants of the study will have a one-time interview with the researcher exploring the application of transformative justice in clinical work with survivors, offenders, and bystanders of child sexual abuse. The interview will be up to an hour long. This study's inclusion criteria calls for English speaking direct service providers who have been trained in the transformative justice approach to child sexual abuse and have at least one-year experience working with survivors, offenders, or bystanders. The exclusion criteria will be any direct service provider who does not speak English, has not been trained in the transformative justice approach, or who has not been working in the last year with survivors, offenders, and bystanders. The interviews may be conducted in person, on the telephone or over the Internet using video conferencing software depending on each individual participants location and preference. The interviews will be recorded with both digital audio recording software as well as notes handwritten or typed into a computer. Transcription will be done by the researcher or a professional transcriber who will sign a confidentially pledge.

The risks to participants in the study are that they might disclose information that is emotionally disturbing. They also my feel stress from devoting time to the interview that could be used for something else. Another risk could be that participants discuss their work and feel conflicted about the usefulness of their work. It is possible that direct service providers might reveal information during the interviews that should be confidential and breach their clients' confidentiality. Participants' identifying information will be kept confidential but it is not possible to keep confidential the fact that a person is participating in the study. Participants may benefit from their participation in the study by enjoying the opportunity to discuss and reflect on their work. Participants may also benefit from the research that may eventually offer information about improved interventions for working with clients affected by child sexual abuse. No compensation is provided for participation in the study.

In order to safeguard participant's identity all identifiable information will be removed from interview materials. All participants will be given a code number and the researcher will use this information to identify them. Participants will be asked to refrain from saying their names once the interview has began and the recording has begun. The

researcher will refer to the participant in all materials using their code number. All of this information will be kept in a locked, safe place that only the researcher has access to. In addition to this, the informed consent forms will be kept in a separate location that is also locked and safe. The researcher's advisor will have access to the data after identifying information has been removed. If anyone other then researcher and her advisor have access to the tapes in order to transcribe or audit them, they will sign a confidentiality agreement.

Due to the required interview process, participation in this study will be confidential but not anonymous. The researcher will protect the participants' identification by restricting use of quotes in the study to ones that cannot be easily identifiable to anyone reading the study. In order to protect confidentiality, the participants will be disguised in the illustrative narratives. All data will be stored in a locked safe for a period of three years. This will include any electronic data, such as digital recordings and computer files that are created during this study. All data will be kept secure for three years as required by Federal regulations and after that time they will be destroyed.

Participation in this study is voluntary and participants will be informed that they may refuse to answer any questions and that they may withdraw from the study by contacting the researcher by phone or through email. The participant should indicate to the researcher that they do not want their data to be used in the study. Participants will be able to withdraw from the study anytime until a period of one day after they complete their interview. One day after participating in the interview it will not be possible for participants to withdraw from the study. If a participants wishes to withdraw from the study the researcher will immediately destroy all of their materials.

Please contact the researcher with additional questions or wishes to withdraw. Should you have any concerns about you rights or about any aspect of the study, you are encouraged to contact Dona Hirschfield-White or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant's Name:_____Signature: _____ Date: _____

Researcher's Name:_____Signature: _____ Date: _____

Researcher Contact Information: Dona Hirschfield-White

(email) (telephone)

Participants should keep a copy of this form for her/his records.

Thank you for your participation!

Appendix E

Semi-Structured Interview Guide

The objective of this study is to explore what, if any, application transformative justice has as an approach for clinical intervention to child sexual abuse. If you think of case examples please be careful to refrain from using information that would identify your clients.

Background Questions

1. I am interested in your work with people impacted by CSA, survivors, offenders and bystanders of childhood sexual abuse. Can you say a little about your work?
   a. How did you get into this area of work?
   b. Do you work with all three groups? If not which ones?
   c. How long have you worked with these populations?
   d. Have you worked with more than one person impacted by CSA? More than 5? Is this population a significant percentage of your practice over the years?
   e. How would you describe your experience working with people impacted by CSA?

2. I'm interested in your training in transformative justice.
   a. When did you train in TJ?
   b. Why did you get trained in TJ?
   c. How do you understand TJ?
   d. How does TJ differ from other theoretical frameworks that you use for intervention?
   e. How does TJ influence or augments other theoretical frameworks that you use for intervention?

Application of TJ for CSA Questions

3. Can you talk about your experience of working with people impacted by CSA since your training in TJ.

   a. How has TJ influenced how you understand CSA?
   b. How do you understand the application of TJ in working with survivors, offenders and bystanders?
   c. How has transformative justice influenced how you work with people impacted by CSA?
   d. Has TJ influenced your ability to work with survivors, offenders or bystanders?
   e. How has transformative justice influenced your understanding of the relationships between survivors, bystanders and offenders?
   f. What is important to understand as a direct service provider using transformative justice with people who are affected by CSA?

Open Question

4. Is there anything else you would like to share with me about your clinical experience(s) using TJ to work with survivors, offenders and bystanders?

Demographic Questionnaire

5. That concludes the treatment related questions I wanted to ask. Now I just want to check a few demographics with you. Would you mind telling me:

1. Your training and/or degree?
2. Years working as a direct service provider?
3. Your age?
4. Your gender?

6. How was this for you? Is there any feedback that you would like to give about the process?

Thank you so much for your time. You've been very helpful by sharing your experiences.

If you have any questions for me, or change your mind about being included in this study, you can reach me at (***) *** - ****. You have two weeks within which it is possible to withdraw from the study.