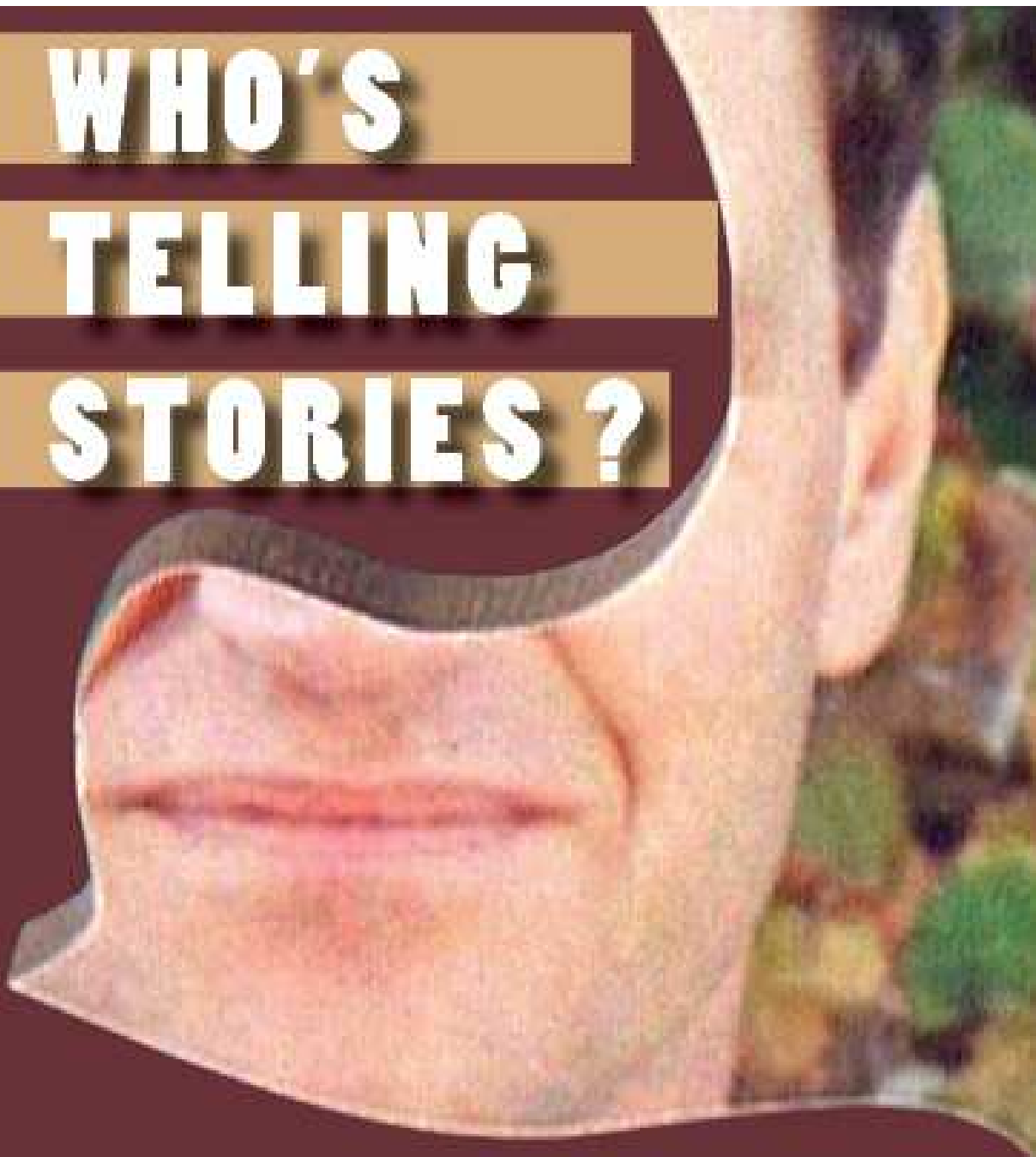


**WHO'S**

**TELLING**

**STORIES ?**



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# WHO'S TELLING STORIES?

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Western Sydney Local Health District

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## ELIGIBILITY FOR REFERRAL

As a result of changes made by the NSW Attorney-General, persons charged with relevant offences after 1 September 2012 are no longer eligible for diversion. **Persons charged prior to this date remain eligible.**

Interested persons or their advocates are encouraged to contact the Program to confirm.

Text by Eithne O'Donovan  
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## Foreword

In a society where it generally pays to deny abusive behaviour – where those who accept responsibility are likely to be condemned and imprisoned while those who deny their actions get away with it – it is refreshing to witness a program like Cedar Cottage. This program exists in a unique context whereby therapeutic and justice priorities are combined to promote and encourage the acceptance of responsibility by those who abuse and the discarding of this inappropriate burden by those who are victimised but who are generally compelled to carry the burden of responsibility for the perpetrator.

The DVD provides an excellent introduction to the thorough and innovative work of the Cedar Cottage team. The jigsaw puzzle metaphor highlights a contrast between the holistic approach of this team and the tendency for most other therapeutic work in this field to address only one or two pieces of the puzzle in isolation. Whether we like it or not, most families in which one member abuses another remain intact or maintain enduring connections between members. Those who are victimised do the most work in tolerating the abuse, trying to stop it and in resolving its devastating consequences. The abuser is usually excused of these responsibilities and relies upon those who are most vulnerable to do the work for him.

This program locates responsibility with the abuse perpetrator but unlike most perpetrator programs remains sensitive to the experience and needs of other family members. *"Who's Telling Stories"* highlights the unique and painful dilemmas and journeys that each member of a family must face and the ways in which they interconnect. As Cathy remarks, "It seems funny that Dad does this to me and Mum and I get angry at each other."

The gentle but powerful art of inviting the appropriate attribution of responsibility with all family members is skilfully modelled. This team does not respond to abuse with further abuse mislabelled as therapy. The abuse perpetrator is respectfully invited to face his own abuse behaviour and the tactics by which he has betrayed and subjugated the experience of each family member. This process is in fact a painful journey of re-discovering his sensitivity and empathy towards each member of the family whilst providing an opportunity to find a basis for developing his own self-respect.

This is no exercise in playing 'happy families'. There are no guarantees that Phil will have a future with those he has betrayed and hurt so deeply. Each family member is invited to discover and develop as their own person. Phil has an obligation to each of them and to himself to carry the burden he has dumped so unfairly on them. He must appreciate and accept their decisions regarding his future role in their lives.

I commend this program to anyone who is interested in helping to make a difference in the lives of those affected by sexual abuse.

Alan Jenkins  
Clinical Psychologist  
Child Protection Services  
Adelaide Childrens Hospital

## INTRODUCTION

This study guide accompanies the DVD, *Who's Telling Stories*, which describes the progress of a fictional family\* through a two-year treatment program for intra-familial child sexual assault offenders at Sydney's Cedar Cottage.

As the DVD begins, the offender, Phil, who is the child's father, is clearly playing down what he has done and implying that the child, Cathy, is lying.

Cathy's mother, Meg, and brother, Jeremy, are ambivalent about her story, and more inclined to accept the father's version of events. As the DVD progresses, it becomes clear that Cathy and the rest of the family have been "set up." The offender has taken considerable trouble to establish a favourable perception of himself and an unfavourable picture of the child. He has systematically created a climate in which Cathy would find it difficult to tell or be believed if she did.

As the treatment program progresses, the offender begins to face up to what he has done, and accept responsibility. The DVD charts the impact this change has on the perceptions and attitudes of other members of the family and on the child.

The DVD clearly shows how the offender's tactics have split and divided the family. As the DVD ends, significant changes in the mother-daughter and brother-sister relationships are beginning to emerge.

The DVD and study guide are designed to help workers also see beyond the offenders' excuses and encourage them to examine the dynamics of child sexual assault from a new perspective.

\*Although the family and events portrayed in the DVD are fictional, the script draws its inspiration from a range of actual therapeutic situations which have arisen in the course of the treatment program.

## THE TREATMENT PROGRAM

The program provided by Cedar Cottage is known as the New South Wales Pre-Trial Diversion of Offenders Program. It is a treatment program for intra-familial child sexual assault offenders who have been charged with and pleaded guilty to certain criminal offences specified in legislation governing the program. Instead of going to gaol, those offenders are required to attend a court-supervised program for a minimum of two years.\*\*

The primary purpose of the treatment program provided by Cedar Cottage is to protect children from further sexual assault and to help them and other family members recover from the suffering the offender's actions have caused.

Those objectives are achieved by the offender:

- acknowledging the full extent of the abuse he has perpetrated
- acknowledging that his actions were planned, not impulsive
- acknowledging responsibility for his actions and to stop looking for excuses or scapegoats
- attending to the harm he has caused.

While they are involved in the program, offenders move out of the family home and have no contact with the child who has been sexually assaulted or with any other children in the family. Future access to the family depends on the progress the offender makes in treatment and the wishes of family members themselves.

\*\*The conditions of the program include the following:

- moving out of the family home
- no contact with child victim or any other children in initial stages of treatment
- "facing up" to partner about the abuse
- "facing up" to siblings of the child victim(s) about the abuse and reasons for him moving out of the family home
- regular attendance at therapy, minimum weekly.

If offenders breach any of the **court-supervised conditions** of the treatment program they return to court for conviction and sentencing.

### **Using the DVD and study guide**

The DVD gives a basic introduction to the treatment program provided by Cedar Cottage. It may be used in a range of settings, for example:

- with students in tertiary health and welfare courses
- by clinicians who may wish to know more about the program and incorporate some of the ideas into their practice
- as a staff development resource providing specialist training for a range of workers including District Officers, workers in community health centres, and police.

The study guide supplements the DVD by commenting on the practical application of the program as shown by its impact on the family in the DVD. Together, the DVD and the study guide aim to give workers fresh insights into the dynamics of intra-familial child sexual assault and an altered perspective on working with different members of the family.

### **CONCEPTS UNDERLYING THE PROGRAM**

"A therapeutic strategy can be devised around the concept of responsibility, in which the therapist's role is to decline 'invitations' by the abuse perpetrator to attribute responsibility to external factors and invite him to accept responsibility himself." (Jenkins, 1990)

Many of the concepts which underpin the Cedar Cottage treatment program may be found in Alan Jenkins' book *Invitations to Responsibility* from which the above quotation is taken.

According to Jenkins, there is a whole range of factors, such as culture, tradition, upbringing and gender, which influence the way individuals think and behave. For example, cultural acceptance of alcohol influences—its availability and use, and gender stereotyping prescribes particular behaviour patterns (aggressive for men; passive for women).

Men who behave abusively often fall back on influences such as these to “explain” their abusive behaviour and portray themselves as victims of circumstance. A simple example of this would be an offender claiming to have committed the assault because “I was drunk”. A more complex example would be an offender claiming (as the father attempts to do in the DVD) that “I was abused as a child”.

Because we are used to explaining human behaviour in terms of cause and effect, these “explanations” can sound plausible, even to professionals. The problem is that it is only a short step from finding “explanations” or “causes” for abusive behaviour to making excuses and avoiding personal responsibility for one’s actions. Also, these actions are unsatisfactory since not everyone who drinks or who was sexually assaulted as a child becomes an abuser.

Jenkins proposed a “theory of restraint” which offers a different way of looking at things. Instead of seeing factors such as culture, tradition, upbringing and gender as influences which can “cause” or “explain” abusive behaviour, the theory of restraint proposes them as influences which “restrain” people from behaving respectfully and from facing up to and accepting responsibility for their behaviour.

Concepts such as these which underlie the treatment program and the DVD may challenge many people’s personal and professional belief systems. Their subtlety and complexity also deserve more detailed explanation than there is room for here. For those interested in finding out more about the program’s theoretical base, there is a list of references and recommended reading at the end of this document.

## **DISCUSSION NOTES ON THE DVD**

The following discussion is designed to help trainers use the DVD and study guide to:

- raise awareness of the excuses offenders make and of the way they attempt to evade personal responsibility by blaming someone or something outside their control
- provide a better understanding of the detrimental effects on mothers, children and siblings of the offender’s refusal to face up to what he has done
- demonstrate the significant changes which occur when the offender does begin to accept responsibility for his actions.

## **AS TREATMENT BEGINS**

As the DVD begins, the family is about to enter the treatment program. Each person in turn discloses their feelings about the sexual assault of Cathy by her father.

Jeremy – Cathy's brother is obviously hostile, saying: "My sister's a liar...you can't trust her...She's just using Dad...I mean it couldn't have happened and if it did it didn't happen the way she said."

Meg – Cathy's mother says she believes Cathy but is clearly having difficulty reconciling her perception of her husband Phil with the idea that he has sexually assaulted their daughter. Meg describes how considerate Phil seems to be of her needs and how helpful he is around the house. "Sit down...Put your feet up...Cathy and I will do the dishes...etc." She is clearly confused, puzzled, trying to understand and looking for answers.

Phil – the father and offender does not openly deny Cathy's disclosure of sexual assault; in fact he seems to be admitting it. Closer scrutiny of his story, however, reveals that he is playing down what he has done, implying that it occurred only once and that he has "no clear memory of it". He also casts doubt on Cathy's credibility when he says: "She's imaginative – a bit of a storytellers really. But if she says it happened I'll go along with that."

Cathy says simply: "Everyone listens to his story. He says I'm a liar but I'm not. My story's different from his".

The opening comments by family members reveal two different and conflicting "stories" or perceptions of what has happened. The "dominant" story, which comes through most strongly in Phil's comments, but which also clearly influences Jeremy's and Meg's attitudes, portrays Cathy as a "liar", "imaginative", and "a bit of a storyteller". As well as having a fairly negative view of Cathy, Meg and Jeremy clearly have a fairly benign view of Phil.

## **PROGRESS THROUGH TREATMENT**

### **The offender and the therapist – 1**

In the first scene between offender and therapist, the offender is putting forward a number of "explanations": that he was under pressure; that he was drunk; that he had taken some pills when "it" happened. He claims "the psychologist thought those were the reasons".

The therapist neither accepts nor challenges these statements. Instead his comments encourage the offender to look more closely at what he is saying and to realise that his is making excuses.

Deprived of this set of excuses, the offender discloses that he was sexually assaulted as a child. Instead of reacting to this disclosure, the therapist asks the offender to consider and reach his own conclusions about whether this "caused" him to abuse as an adult or whether he had some

choice in the matter. In this way the therapist maintains the focus on the offender's personal responsibility for his actions.

However, the therapist also acknowledges that in speaking for the first time about his own abuse the offender has shown some courage. In this way he encourages the offender to take responsibility for his courage as well as his abusive behaviour.

### **The offender and therapist – 2**

The next scene explores the goals the offender has set for himself in the treatment program and the factors (restraints) which may be stopping him from achieving those goals.

It is clear that Phil is still having trouble facing up to what he has done. The therapist focuses on the progress he has made by asking him to compare how much of the abuse he now “remembers” with how much he “remembered” before the therapy began. The therapist also asks him to consider what was stopping him from “remembering” before and what is making it possible for him to “remember” now.

In response, the offender acknowledges that he has been reluctant to let go of the picture he has been promoting of himself as “a good husband and father” and admits that he is a person who sexually assaults a child. As he explains: “I just don't think of myself as that type of person. Other people don't think of me that way”.

But then he goes on to admit that forgetting was “just a convenient tactic” and that facing up by remembering is “like discovering I can stand up to fear”.

Having reached this point, the therapist asks the offender to consider “what will be the impact of this discovery on the steps you take to help Cathy?” His response (“It's all of them, Jeremy included. I have to put them all in the picture”) indicates a growing acceptance of responsibility.

### **The offender and therapist – 3**

In the final scene between the offender and the therapist the pieces of the jigsaw begin to come together. At first, however, the offender is still being evasive. He claims that the troubled relationship between Meg and Cathy is nothing to do with him.

He becomes slightly aggressive towards the therapist and says he can't see clearly because there is “a cloud” and he doesn't know what the therapist is “getting at” in asking about the relationship between his wife and his daughter.

This is a clear indication that the offender has not yet admitted that pivotal role he played in their estrangement or that their alienation from one another was essential if he was to continue to sexually assault Cathy without being discovered.



The therapist is not diverted by the aggression and once again encourages the offender to take responsibility by suggesting he try to identify what the cloud could be and to think about what he could do to "put Meg in a better position to understand Cathy's behaviour".

At this point, the offender takes a step forward when he replies: "I could tell her more about the things I used to say to Cathy".

He then proceeds to admit and describe exactly how he manipulated both Cathy and her mother; how he abused Cathy's love and trust of him as a father; how he undermined and deceived Meg; how he coached Cathy to lie so that she could be seen as a "liar"; how he encouraged Cathy to lose faith in her mother's ability to believe or help. In particular, he admits that he deliberately set the stage for his abuse of Cathy and that the abuse was systematic, long-term and deliberate.

This is a far cry from his initial inability to "remember" anything other than one instance of abuse when he was "drunk" and "on pills".

## **Comment**

Throughout the scenes between therapist and offender, the therapist avoids what Jenkins describes as "unintentionally colluding with the offender" by going along with his search for external "causes" so that he can reject the idea of personal responsibility for his abusive behaviour.

As Jenkins explains: "each of the man's attempts to avoid responsibility are interrupted with an invitation to face up to, rather than comment on or directly challenge what he is saying."

## **THE MOTHER/DAUGHTER RELATIONSHIP**

The offender's actions create a context in which the mother and child are blind to his role in creating the difficulties in their relationship... (Laing & Kamsler, 1990)

### **Meg and Cathy**

The first scene between Meg and Cathy shows the difficulties they are having communicating with one another. Meg wants to understand and help her daughter but they end up fighting when they try to discuss the sexual assault.

Meg can't help asking Cathy questions such as "Why did you go with him to bowling? Why would you want to go alone when he was doing all these things?"

Cathy obviously reads this as doubt and criticism and responds angrily: "You don't understand. What's the use? You never listen." The discussion ends in anger and confusion for both.

### **Meg and her therapist**

This is followed by a scene in which Meg and her therapist discuss the mother/daughter relationship.

It is clear that Meg wants to understand and help Cathy but that she also wants answers to the questions she has asked Cathy and that she has many more questions and concerns. For example: "Why didn't she come to me?" "If only I'd been more observant...a better mother".

The therapist gently inquires whether Meg has thought of asking her husband for some answers. In this way he introduces the idea that the offender is the one who should explain and take responsibility and not Cathy or her mother. The therapist also asks Meg to reflect on "what might have happened" if Cathy had come to ask her for help.

Meg thinks for a moment and then acknowledges the following: "I would have wanted to believe Cathy but she's always lied. I would probably have believed Phil".

In this way Meg recognises that it would have been difficult for Cathy to come to her because she was "vulnerable to Phil's account of what happened".

### **Cathy and her therapist**

Cathy is also distressed about her relationship with her mother and not very optimistic about any improvement. In response to the therapist's inquiry, Cathy agrees that her mother is trying to understand and "to be really nice" but she can't see what is stopping them from getting on any better. This discussion with the therapist leads Cathy to the point where she says: "It seems funny that Dad does this to me and Mum and I get angry (with each other)".

### **Comment**

Cathy and her mother have come some way towards one another but seem to have met an invisible barrier. They do not realise that this is not their fault and that the offender had deliberately made it difficult for them to get close to one another.

### **PHIL OWNS UP**

It is at this point that Phil, the offender, finally admits "I really did set things up" and tells the rest of the family what he told the therapist. The barrier between mother and daughter and sister and brother begins to dissolve and the final piece of the jigsaw moves into place.

Jeremy feels bad about "some mean things" he said to Cathy and admires her for standing up for herself. "Now I feel like I've got a sister for the first time...and not an enemy", he says.

For Meg, his admission brings the realisation that her alienation from Cathy was entirely of her husband's making and that he put her in "an impossible position". Now, she says, "I'm getting in touch with my feeling, my opinions, my own judgment" and also "I'm getting my daughter back."

Most significant of all, his power is broken. Meg says that whether or not her husband continues to face up to all he has done "won't stop Cathy, Jeremy and me from making it on our own."

For Cathy, the offender's admission has also brought relief and understanding. She sees for the first time the full impact of her father's lies on her relationship with her mother and Jeremy. She's happy about her growing relationship with them but not yet ready to consider what sort of relationship, if any, she would like to have with her father in the future. As she says: "With Dad...I don't know. We'll see." Clearly he no longer dominates Cathy's life or her family.

## **SOME IDEAS FOR USING THIS DVD**

This DVD presents a process which unfolds over time. There are many different directions which could have been taken. Consideration of what has made it possible to happen this way and the different alternatives available make it a recommended way of reviewing relevant issues.

At each point in time, e.g., first stories or later stages in therapy, questions could be posted.

1. What alternate courses could therapy take from each point and what would be the implications for each family member?
2. Invite audiences to put themselves in the shoes of therapist or client to speculate about their experience at that moment and how it is managed.
3. Is progress for Cathy, Phil, Meg and Jeremy dependent upon Phil's facing up? How can this be avoided?

There are many more questions which may be asked. These few examples illustrate a suggested approach for further examination of relevant issues raised by the DVD.

## REFERENCES

Jenkins, A. *Invitations to Responsibility*, Dulwich Centre Publications, Adelaide, 1990.

Laing, L. and Kamsler, A. *Putting an End to Secrecy: Therapy with mothers and children following disclosure of child sexual assault*, in *Ideas for Therapy with Sexual Abuse*, Michael Durrant and Cheryl White (Eds.) Dulwich Centre Publications, Adelaide, 1990.

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