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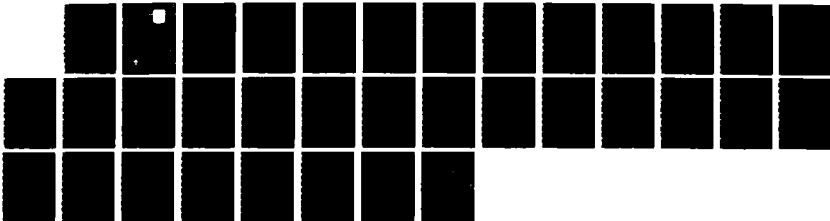
AN APPROACH TO TREATMENT OF THE CHILD SEXUAL ABUSER IN
THE MILITARY(U) ARMY WAR COLL CARLISLE BARRACKS PA
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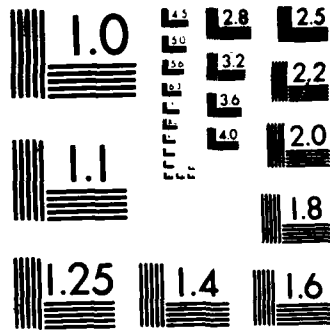
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AN APPROACH TO TREATMENT OF THE
CHILD SEXUAL ABUSER IN THE MILITARY

BY

LIEUTENANT COLONEL F. WALTER MONTONDON

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USAWC MILITARY STUDIES PROGRAM PAPER

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AN APPROACH TO TREATMENT OF THE CHILD SEXUAL ABUSER IN THE MILITARY

An Individual Essay

by

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Project Advisor

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ABSTRACT

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Child sexual abuse, and particularly, incest, is a recurring incident in the military. There is much concern for the victims of incestuous acts, how they will adjust, and what follow-up will be necessary. There seems to be a trend towards putting the abuser out of the military where the problem becomes something for society to handle. The family is relocated; the threat is still present; there is no meaningful occupation or notable income; no treatment and rehabilitation; no follow-up. If the Army is to live up to the slogan, "the Army takes care of its own," there must be some attempt at treating the abuser whether he is retained in his professional status or is released from active service. Parents United offers a viable approach to the treatment of the soldier who is otherwise a professional, competent contributor to peace and relative stability in the world.

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Inside the walls they call him "short-eyes"...or maybe it's "short-1's." Possibly, they mean to dub him as one who has eyes for the young. Maybe they intend to single him out as a non-person. Whatever the rationale behind the monicker, he is held in utter contempt by the other residents of the correctional facility.

Sexual child abuse is looked upon by most as one of the most heinous crimes because it is carried out against the most innocent and deserving (or undeserving, depending on how you look at childhood) members of society. The perpetrator of the act must be a criminal or he must be sick. Society often considers him both criminal and sick. Very often, that reaction is the emotional response to the innocence of the child assailed by the unfeeling adult deviate (usually male) bent on bizarre venereal pleasure.

The purpose of this essay is not to present the problem of sexual child abuse to society or to the military community; that has been done countless times over. It does not project an end-all solution to the problem. The essay is not intended to become THE how-to document for counselors and case workers. Society and the Army (military) generally do a good job in handling the family members in sexual abuse cases. Wives and dependent family members are usually well cared-for in those final days and weeks of disposition of cases.

The author's intent is, first of all, to offer a

possible approach that the Army could take to the rehabilitation of the offender; if not rehabilitation, at least treatment of the same. Secondly, this instrument will serve as a release valve for the frustrations incurred (or encountered) by a number of professionals in the helping/caring professions who have felt that more can and should be done to better the human condition.

The reason for selecting this topic as a studies project stems from a backlog of cases, somewhat unresolved, though disposed of, where the bottom line was, "The Army is not equipped to handle these cases." If this statement is true, then why are the taxpayers spending big bucks to employ professionals--counselors, doctors, case workers, chaplains, psychologists, psychiatrists and behavior modification personnel to function in the day-to-day world of the soldier and his family? In my belief, it is that society trusts that the Army (military, at large) does "take care of its own." With that stated, we proceed.

The world of the child sex offender is couched in myths. Society recognizes the emotional effects that flow from these offenses against children. An adult world can quickly conjure up the certain taboos that have originated based on these issues. Myths, when kept alive, can create a false or inaccurate assessment which often results in a confusing approach to a defense mechanism. Children are admonished to be on guard against the advances of strangers.

More often than not the sex offender is someone well known by the child. It may be a father (or mother); it could be a brother or other relative; it often is a close friend of the family. The "dirty old man" or "monster" portrayal is inaccurate to the child who falls prey to the wiles of professionals as well as non-professionals, family as well as friends and relatives, usually someone well thought of by the child. The offender is often looked upon as depraved, while in fact, he may be otherwise living a law-abiding, competent and productive life. Many offenders are found to be good in their professions and sharp in the application of skills. Often, when the offender, who is thought to be a monster, appears to be a respectable person, the truthfulness of the child is questioned.

Other myths that surface in a discussion of the topic deserve some attention. It has been found that drugs and alcohol play a relatively minor role in these instances. The abuser often resorts to this defense for his actions, though in reality it takes subtleness and attention to lure the child into participation. Females do indulge in sexual victimization, though probably not as much as males. Theirs may be a more subtle approach or may not be as reported as cases involving males, possibly even less socially visible. Preadolescent boys as well as girls are at equal risk of sexual victimization, and men who molest boys are pedophiles rather than homosexuals. The anger that society levels

against the child molester only tends to drive him farther away from the punitive, hostile adult and reinforces his attention to children. For this reason the facility in which he will be incarcerated should be one specifically for sex offenders if he is to be rehabilitated at all.

At this point it may be in the offing to consider the categories of sexual child abuse. We are writing about crimes or actions which in some way hamper or disrupt the normal psychological sexual development of children. These episodes include anything from the no-physical contact to acts of violence which can include even the death of the victim. Actions, such as indecent exposure and enticement of the victim to allow photographing in the nude, fall under the first category. Sexual acts carried out with violence against the victim are acts of rape. This is subject matter for a study different from our purposes. What we will be dealing with in this paper is a treatise on incest and pedophilia. These are sexual acts of non-violence against children. I am making a distinction between pedophilic acts against the children of others and acts against one's own children (incest). Dr. A. Nicholas Groth, who heads the Sex Offender Program at Connecticut Correctional Institute, in Somers, Connecticut, types child molesters, and I will include his concept of the two types, fixated type and regressed type.

Typology of Child Molesters

Fixated Type

1. Primary sexual orientation is to children.
2. Pedophilic interests begin at adolescence.
3. No precipitating stress/no subjective distress.
4. Persistent interest and compulsive behavior.
5. Premeditated, pre-planned offenses.
6. Identification: offender identifies closely with the victim and equalizes his behavior to the level of the child and/or may adopt a pseudo-parental role to the victim.
7. Male victims are primary targets.
8. Little or no sexual contact initiated with agemates: offender is usually single or in a marriage of convenience.
9. Usually no history of alcohol or drug abuse and offense is not alcohol related.
10. Characterological immaturity: poor sociosexual peer relationships.
11. Offense = maladaptive resolution of life development (maturation) issues.

Regressed Type

1. Primary sexual orientation is to agemates.
2. Pedophilic interests emerge in adulthood.
3. Precipitating stress usually evident.
4. Involvements may be more episodic and may wax and wane with stress.
5. Initial offense may be impulsive and not premeditated.
6. Substitution: the offender replaces conflictual adult relationship with involvement with a child: victim is a pseudoadult substitute and in incest situations the offender abandons his parental role.
7. Female victims are primary targets.
8. Sexual contact with a child coexists with sexual contact with agemates: offender is usually married or common-law.
9. Offense is often alcohol related.
10. More traditional lifestyle but underdeveloped peer relationships.
11. Offense = maladaptive attempt to cope with specific life stresses.¹

In the fixated offender, his sociosexual maturing process was severely hindered because of unresolved issues in his growing up. The issues undermined his subsequent

development and appeared in his personality functions. His attraction to children is his way of responding to that unmatured part of his personality endeavors. His adult body seeks to function as adult, while his relational level remains with children. If there is any sexual activity with adults it is usually initiated by the other adult, while his preference for and involvement with children is never replaced.

This is a clinical example of the fixated offender, taken from the writings of Dr. Groth. Scott is single, white male of average intelligence, 20 years of age, and the product of alcoholic parents and an abusive home. His attraction for preadolescent boys surfaced when he was 16 years of age. He would sexually approach other children in the neighborhood and engage them in fondling, masturbation, and fellatio. In his own words he described how he would kiss, fondle, play with and perform oral sex on other boys younger than himself. He just enjoyed being with younger boys. Later on he earned his living as a male prostitute and model for pornographic films. Though he "performed" for the cameras with both male and female adults he never lost his true sexual attraction for boys between the ages of 10 and 12 years. He was turned on by them.

As regards the regressed molester, his turning to children for sexual attention is a departure (whether temporary or permanent) from attraction to adults. It

wasn't until he entered adulthood and experienced some traumatic conflict or emotionally unfulfilled relationship that the overwhelming responsibilities and pressures drove him into a sexual attraction for children. Stress seems to be the common denominator in regressed molesters.

Cross-generational sexual activity becomes a pattern.

Brad, a 37 year old, white male of average intelligence is or was married. His development was fairly normal: he grew up in a relatively stable home, and did well in school. His sexual activities actually began with masturbation at age 15, though at an earlier age he engaged in sexual play and experimentation with siblings. At 19, he had intercourse with the girl he subsequently married. There were no extra-marital affairs. When he experienced the trauma of loss of job and discovery that his wife was terminally ill, he began having a sexual attraction for his daughter, 11 years old. He began drinking heavily under the mounting pressure of medical bills and other responsibilities. He would become very despondent, and one day he came home and found his daughter asleep on his bed. It began by his touching her, but after the incidents of intercourse began it continued on for two years in which time he had no sexual activity with anyone his age.²

Dr. A. Nicholas Groth, in "Social Work and Child Sexual Abuse" has given the two clinical sketches above to establish a point. There is a difference in the fixated

type offender and the regressed type.³ There is also a similarity in that each resorts to sexual activity to fill in where dysfunction seems to begin. There is character disorder in both types. Any treatment would have to address those disorders.

In this treatise, I will be focusing more attention on the regressed type of molester because he is the type we most frequently encounter in the military. More often than not, he is a career soldier, married, (sometimes in a second or more, marriage) with children. Often, because of second marriages (for either), the children are not his own; they are the offspring of a different father to whom his wife was previously married. The sexual victimization then, is incest, even if the victim is her child by another man, according to therapists and those who work in the field. Be that as it may, this is the type incident we wish to deal with.

Before getting too deeply engrossed in the therapeutic approach there are some interjections which should be made. The first deals with the area of privileged communication. This is an area of professional function which is looked upon by many as sacred. The victim expects and respects its sacredness. The client who comes forth voluntarily or even mandatorily, expects confidentiality, especially with these deep secrets of his or her life. Depending on the background of the confidante/therapist, confidentiality may

be on a par with confessional secrecy. For a Catholic priest, he would be hard pressed to divulge the contents of his session with a client/penitent to any branch of civil or military authority without the express consent of the one confiding. There are many professionals who treat these matters with the same protectiveness.

There are statutes which say that anyone with knowledge of incidents of sexual child abuse is bound to make this information known. Certain professions are bound more by these statutes than by the trust placed in them by the abuser. Because of protection of health and life, the medical profession would appear to be such. Those in the profession of preservation of law, enforcers and lawyers, are very much bound to divulge the information. The average citizen has an obligation to inform the authorities about these incidents. Many counselors feel bound by these restrictions. For many in the caring professions to take away the cover is to strip the last vestige of help from one who may be sincere in seeking help and healing.

To retain this atmosphere of trust places a tremendous burden on the counselor/therapist. He or she carries a trust that the perpetrator of the act will not repeat the act and will follow what advice the counselor will give. In some cases this might be construed as naivete. There are times when the mother and the abused child will refuse to divulge or testify against the incestuous molester. Often

this is because of what it could do to the abuser: loss of job, conviction and sentence to prison, loss of family. Often the information is withheld out of fear of subjecting the child to court proceedings and cross-examination. Often this information is covered up by the family out of fear for life or well-being.

An agent who could incite in the abuser trust and confidence becomes the person who may be able to motivate or instill motivation and a sense of self-worth in the abuser. There must be someone initially who can reach him if treatment is ever to be effective. In some cases treatment will be effective. There must be a place of beginning. For some that beginning is in a correctional facility; for others it may be within the realms of the family along with lengthy programs of behavior modification and counseling. More about this will follow.

The second interjection deals with the handling of the situation. The more I have researched the subject and discussed the problem of sexual child abuse in the military, the more it has surfaced that, in the eyes of some or many, the military is not equipped to handle such cases. There are those who refuse to accept that premise. They believe in the professionals and their skills; they believe that anyone should be given a chance at recovery, or at least, at treatment.

Most sexual child abuse cases that I have been involved

with dealt with career soldiers: men who had served (and served well) for enough years to have a family. Statistics indicate that incest is usually found in men in their 20's to 50's, mostly in the 30's. They were officers and non-commissioned officers with a number of years of service time. No one really knew of their childhood. No one really knew if they had been victimized sexually as children. No one really knew of the family dysfunctions that characterized their pre-adolescent years. Their performance was as good, if not better, than that of peers. Then it came out that they had been involved in incest.

However the information was divulged, whether by an irate wife or an upset child, or by a neighborhood playmate who told her parents, the news is out. Threats were made by the wife: fear drove him to talk to someone, maybe to reach for help. Depending on the person he chooses to talk to (M.P.s, military lawyer, chain of command, counselor, chaplain), he is faced with the possibility and probability of negative repercussions. Once the information is put into the proper channels for something to be done, action begins immediately.

He still has rights; he is still a person. One of those rights is the right to defense counsel if he is eventually to go to trial over the situation. Because of the serious nature of the offense, formal charges must be pressed. Once charges have been pressed the legal processes

begin. Psychiatric evaluations must be made. The help of the Family Advocacy Program is elicited, and the painful preparations are begun for the disposition of the case. Here is where it often happens that matters bog down. The wife is hesitant to press charges. The difficulty of prosecution is apparent if the child is hesitant to testify. Often, as in the disposition of some cases I have seen, the defense counsel, in being fair about the rights of the accused, has informed him of his right to ask for a Chapter Ten. This may not be a matter of course; it is a matter of informing him of his rights. Sometimes this course of action is recommended by counsel for the defense. If the accused chooses to go the route of the Chapter Ten, he is expeditiously put out of the Army without a court-martial, without rank, without incarceration and without any follow-up for his problem.

Though it may appear that the Army wants to "wash its hands of the situation" the professionalism of military lawyers would demand that all concerned have their rights protected. Lawyers are more deeply concerned about the problem than most people realize because they must either defend or prosecute those accused of sex offenses against the young. This concern places serious responsibility and a need for ethical response to society on their shoulders. They see a need to protect society, the child, the family while still protecting the rights of the individual.

There are dimensions which need to be examined in dealing with the problem of sexual child abuse. Maybe the serious effects of the crime/acts are such that the accused should not have recourse to the Chapter Ten discharge action. In order to be discharged under the Chapter Ten code it is necessary that the accused admit to some guilt in the case. Does the Army allow the one accused of murder to invoke such action? If he admits to the crime, he is prosecuted and punished; if he does not admit to the guilt but evidence is strongly in favor of his guilt, he is punished. The sex offender admits to the guilt when the case is brought to light, and he can be discharged. He could be treated if he were retained on active duty, and possibly could be rehabilitated.

The willingness to retain and retrain and possibly rehabilitate a child molester would take some courage and allow for the possibility of failure in many cases. It would account for the salvation and success of the many who could be continued in meaningful contributions to the Army. It would require "creative prosecutorial discretion" on the part of the military judge who sentences the accused to whatever program is adapted. In discussing these matters with Col. William Eckhardt, SJA on the staff and faculty at the U.S. Army War College, he cited the phrase quoted above. It would require that there be programs available, whether in the military community or in the civilian community in

the surrounding area.

In the correctional facilities within the military there are qualified social workers and sex therapists who probably have group therapy programs for sex offenders, as well as one-on-one counseling programs. In the correctional centers throughout the United States, programs have been set up for the treatment and/or rehabilitation of sex offenders. Generally, those convicted of sex offenses are confined to a particular part of the prison complex. Part of the research for this essay was a visit to the State Correctional Institution at Camp Hill, Pennsylvania. William J. Love is coordinator of the Sex Offender Program, and he shared some insight as regards the particular program model used at the Institution. The program is intended to allow offenders to "examine their own experiences, motivations and behavior patterns with the views of reducing future recidivism and thereby decreasing the number of sexual assaults. The treatment program is one of re-education, re-socialization and group and individual counseling." Part of the program components includes optional family involvement sessions, where family members are allowed to participate so that they can better understand the origin and nature of the problem causing the offense.⁴

Programs are offered in civilian communities across the nation. These programs could be subscribed to by the military family, the chain of command, and chain of concern

on an installation, by the offender, the victim, and all concerned with the problem. The community programs could serve as models for similar programs within the military. The close working of the military with the community tends to foster a healthy climate for the citizens at large, and soldiers become the citizens of the communities in which they live. Such programs as Parents United, Alcoholics Anonymous, Parents Anonymous, and Daughters and Sons United can prove most beneficial where chapters are available and the families can become deeply involved.⁵

Many authorities on the subject of sex offenses claim that incestuous families cannot be rehabilitated successfully. Many others bearing equal credibility claim just the opposite, that a caring, warm approach can go a long way in the rehabilitation of the family. There are many concerned agents in the military who follow that same approach that families can be rehabilitated, and that soldiers who have proven themselves as soldiers can continue to do so. Also, the military trying to "take care of its own" would be given the chance to follow up in the support of victims of incest. If the soldier is made to leave the Army, the family goes also. Will it take another incident before that child is given a chance at recouping? Will it have to recur before someone in authority issues a restraining order? It would be unreal to think that each case would meet with success. To think that no case is

worth the effort is to throw our proverbial arms up in frustration and leave it to someone else.

Many sex offenders respond to the threats against their security, the loss of family and confinement. Once the whistle is blown, there are many who question how they got there and what will happen to their future. Many then begin to seek help, to stop in their tracks and confide the problem to someone else.

A young sergeant, married, the father of a two year old daughter, was observed by his wife as he touched the child's vagina. The wife realized the state of sexual arousal in the man, and called him names and drove him, through threats, to seek help, to turn himself over to someone who could help. He frantically drove to the post, ran into the MP station and told them he had a problem and needed help but did not know where to go for help. After explaining the problem to them, the incident was recorded, entered onto the blotter and his commander was called. It was a matter of three weeks before he was released on a Chapter Ten discharge. The spouse did not want to incriminate him, she wanted him to get help for his problem. Now they are back in civilian life, and unless he has referred himself to a doctor, or a social worker, minister or someone who cares, the problem can go on.

This case is not atypical of the cases we see in the military. If there were a program where a certain amount of

anonymity could be retained and soldiers knew of the help they could receive, there might be a willingness to seek that help, even if through direction or mandate. This is where the "creative prosecutorial discretion" could enter in. A military judge would need the knowledge that such programs are offered by the military, or that the military in that locale has access to civilian agencies and programs to which the offender could be referred. Granted, there would have to be the follow-up to make sure he is participating; there would have to be the parole effect, so that other means would apply should he fail to uphold his end of the agreement.

In the case I will cite, I am not violating confidence or the right of a soldier, since he agreed that I use his story if I ever felt it could help others. He was willing to assist in establishing a chapter of Parents United, since it had benefitted him so much.

John was a career soldier. He was married and had three children, two daughters and a son. Somewhere in the life of the older daughter, after she was 10 years old, John began to have an incestuous relationship with her. It started as touching, and fondling and some exposure, but later grew into a relation that included sexual intercourse. The daughter used the relationship, as time went on, to manipulate him for the things material she wanted. Finally, when she was not able to get something she wanted, she

divulged the situation to the mother and to the civilian authorities. They were in a recruiting assignment, and were not close to a military installation. He was brought before a civil magistrate and went through civilian proceedings without the Army knowing of the case. The judge put him on probation and mandated that he become involved in the local chapter of Parents United. His wife agreed to support him, and in time the daughter who had been abused was brought into the program. John was assigned a parole officer to whom he reported on a regular basis as long as he was in the locale. When the Army moved him, he came to me and asked that I be his parole officer. At that time, I was the only one in the Army who knew of the situation, and that only because he chose to follow up on a commitment he made which had helped him to get hold of the situation. He would continue in the program for as long as his sentence would require. We worked together for two years. During that time, I worked closely with his supportive wife and his victimized daughter, and I saw the fruition of the seeds that had been sown by a judge who believed that John could be treated and rehabilitated. The other children seemed to have a normal relationship with him. The older daughter loved him, but looked forward to the day that she could be married and away from home. How close was the family to complete rehabilitation? It would be hard to assess. The family was certainly better situated than if he would have

been discharged over the situation.

Not every case will turn out this way. How will we know which will and which will not? Did John and his family reach the successful results with group therapy alone? No, they did not. It required counseling, understanding, some changes that needed to be made in all three. You might say that they were all victims of the situation. John had suffered anxiety and pressure from his work, his marriage relations and from some unfulfilled or unmet needs of his early youth. There had to be a greater demonstration of affection between husband and wife. It was imperative that the daughter not allow herself to be alone with her father. That was a contractual agreement, entered into with the assistance of a counselor who monitored the progress or lack thereof. It was also necessary that the daughter not be placed in situations that could be construed as seductive. To my knowledge, there was no lengthy separation between father and daughter. It was not an easy time or relationship, but it worked out successfully.

In the belief of many professionals, such an approach to treatment could be most effective in dealing with incest in the military. It would require an installation subscribing to a program which would require much screening and initiative on the part of those who would deal with such cases. Skills and techniques would have to be sharpened. The local chapter of Parents United would have to be

responsive to the needs of the military unless chapters could be set up within the military.

Are there competent therapists or potential therapists within the military structure to deal with the problem? It may take some serious, concentrated training, but the results could be phenomenal. Education and training could be made available through agencies around the state: workshops and seminars led by teams of therapists, former victims and former abusers could be sponsored in a region comprised of several military installations. The military goes to great lengths to provide competent counseling in Army Community Services. These counselors could be given the additional training needed to screen and refer the client to those in deeper counseling roles, psychologists and trained social workers.

Dr. Groth's assessment of offenders is used by many in the field of treatment. His system of distinguishing between the fixated pedophile and the regressed pedophile is very important in an approach to treatment of the incestuous abuser. If the behavior of the fixated pedophile is a persistent pattern of sexual encounter, and that of the regressed is a new activity, the prognosis for effective treatment and possible rehabilitation for the regressed pedophile is more favorable than for the fixated type. Prognosis for treatment becomes very important in the recommendations that would ensue. Trained counselors need

to have instruments, tools with which to work. In treating the offender it is imperative to be able to evaluate the motives and to recognize the potential for change.

Adele Mayer, in her book, "Incest: A Treatment Manual for Therapy With Victims, Spouses and Offenders", offers suggestions about instruments which have been successfully used in treatment. These include personality typing, self rating scale (moral-amoral), a brief case history outline, a Therapist's Checklist and Client's Checklist. She also projects other dimensions useful in determining prognosis for other deviant acts: age of onset, duration, intensity and or severity, frequency of occurrence.⁶

Personality typing is useful in arriving at a prognosis for treatment effectiveness. If the client is of antisocial personality, the prognosis for effective therapeutic treatment is poor. In any therapy approach, a brief case history is necessary to understand the patterns, the time of onset, and the dimensions of the problems faced in the development of the client. In the use of the self-rating scale, the case worker comes to a better understanding of the client's antisocial personality. The Client's Checklist is an instrument which he completes and serves as a tool for determining his emotional difficulties. The Therapist's Checklist records the observations which the therapist makes regarding the client characteristics. These tools are used directly by the social worker/therapist in assessing the

treatment potential of the incestuous abuser.

There must follow some desire or intent on the part of the client towards behavior control modification. With the abuser who readily admits to his offenses, and demonstrates remorse and guilt, and who desires treatment to bring about relief from the misery caused by his deviant acts, there is manifest that desire for change. For those who continue to deny any wrongdoing (and these are in the majority), entry into treatment is not voluntary. They are hostile, frightened and denying individuals who submit to treatment through fear of incarceration and other negative effects. The therapist must work around that sort of denial and refusal to help the client realize self-determined behavior controls.

Ms. Mayer advocates a three-fold approach involving:

1. evaluation of potentiality for effective therapy;
2. zeroing in on workable, client-determined issues for behavior change;
3. (despite possible denial) establishing the behavior controls both mandated and necessary for the protection of minors involved.⁷

A values clarification session or sessions should be engaged in so that the client can articulate those values he holds sacred and that the therapist can better understand the constitution of the individual. After this is completed some kind of contractual agreement should be entered into in order to establish accountability and sense of responsibility. The contract could be written out and

signed by the client, and should contain his name, task or change to accomplish, reason for task or change and projected date of effect.

It is imperative that a behavior control/change program be entered into. Using the "creative prosecutorial discretion" mentioned above, the client could be directed to enter into such a program as was effective in the case of John, also mentioned earlier.

At the Child Sexual Abuse Treatment Program in San Jose, California, an approach was entered into which has proven very successful in many cases. Parents United International, Inc. has already been mentioned in John's case. This is a self help organization, whose groups are led by professional therapists. The sessions enable incest victims and their parents to discuss problems with others who have had similar experiences. Very much on the order of Alcoholics Anonymous, where alcoholics get up and tell their stories candidly and find a support group among others who have suffered similar effects of the disease, so, too, do the abusers and victims openly confront the problems they have faced and find a support group of like offenders and victims. The organization is based upon an openness and a desire for change to be effected. It is important for the spouse of the abuser to be willing to support the offender who is himself a victim of insecurity, shame, and often marital hang-ups. More often than not, the spouses of child

sexual abusers in the military do have love for the abuser, or they are afraid of the consequences should he be released from active service with no financial security. More often they are willing to support him in whatever will be necessary to get him "well".

Consider the scenario: A large room where five men (incestuous) are gathered with their wives and children (victims) and a qualified professional therapist. The dynamics of group therapy are being applied, and the "newbys" are gradually being integrated into the group by being made to feel welcome, and by simply introducing themselves and listening as others talk openly about what has transpired in their particular circumstances. This is a forum for venting emotion, for giving and receiving support, for coming to the realization that each person there has some special worth and that life can be different. The small group session opens up family members to future discussion and further coping skills and mechanisms. Victims are reassured of their position within the family and of the support of their peers and other families. Parents United can be most useful and even salvific in families that suffer long and deeply from incest.

This essay was meant to relate a possible approach to treatment of the child sexual abuser in the military. It is not all inclusive, nor does it postulate an "only solution."

The military can find within its ranks those who can become the trained professional therapists, or can hire professionals who will deal effectively with the problem. Chapters of Parents United can be established on many installations, or local chapters can be used by the military system working in close conjunction with the civilian communities. Joint efforts can be entered into to field such self-help groups around the country. For clients in Europe, provisions can be made to use existing facilities, such as those at Bad Cannstatt, where professionals and families can come together to face the problem and save the family. For more information on Parents United, send a legal sized, stamped, self-addressed envelope to Parents United at P.O. Box 952, San Jose, California.⁸

It would be rather naive to think that the soldier, in every case, will be treated and rehabilitated. Some will not. There is much that can be done for those who can and will be rehabilitated, if concerned parties make the effort and truly "look after their own."

When a soldier comes on active duty he signs a questionnaire which asks if he has ever done drugs, had problems with alcohol, or been criminally convicted. That same questionnaire could include questions dealing with whether or not he has been sexually abused as a child or has abused a child (children) sexually. An honest answer to these questions may preclude the military from taking onto

active duty someone who will later turn out to be a serious problem. Something else we may wish to consider is whether or not the option to request a Chapter Ten should be in the offing for the child sexual abuser: it isn't for the professed rapist or murderer. If residents in prisons feel as strongly as they do about the crimes of fellow inmates, and society looks at the seriousness of the act so severely, should not the military take a more stringent stand on the processing of child sexual abuse cases?

Some soldiers, truly professional, can be brought into the realization of their worth and value to the nation if they can learn to cope with the misery they suffer and have brought upon their families. Any human being is worthy of the professional care so often demonstrated by such competent organizations as the military forces. Then, and only then, can it be truly said that "the Army takes care of its own."

ENDNOTES

1. A. Nicholas Groth. William F. Hobson. Thomas S. Gary. Social Work and Child Sexual Abuse. p. 134.
2. Ibid.. p. 133. 135.
3. Ibid.
4. William J. Love. Sex Offender Program. State Correctional Institution at Camp Hill. P. 1.
5. Paula Dranov. "Incest: The Darkest of Family Secrets". p. 289.
6. Adele Mayer. Incest: A Treatment Manual for Therapy With Victims, Spouses and Offenders. p. 98. 99.
7. Ibid.. p. 110.
8. Dranov. p. 289.

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6. Eckhardt, William G., COL, DNS, USAWC. Personal Interview. Carlisle Barracks, Pennsylvania: 18 March 1987.

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