Article

Supporting Those Who Love the Loathed: Trauma-Informed Support Groups for Family Members of Registered Sex Offenders

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Abstract

Social workers are typically empathic, but it can be challenging to offer compassionate care to those who harmed others and, by extension, to the people who love them. This article describes a trauma-informed support group intervention for family members of individuals required to register as sex offenders (RSOs). We begin with a brief overview of this unique population, review the empirical research exploring family members' needs and the services available to them, and introduce the trauma-informed framework for our support group. We will then describe the group's development and dynamics. Finally, we will highlight trauma-informed practice skills and tools for facilitating effective and empowering support services with this hidden and stigmatized population.

Keywords

trauma-informed, sex offender, offender registration, stigma, family, support group

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When you watch a news story about a sex crime, maybe you think "That monster!" or "Those people should be locked up forever!" When you read about sex offenders forced to live under bridges, perhaps you think "Good—don't live in my neighborhood!" It is easy to take an us-and-them stand with a topic so disturbing. As social workers, we advocate on behalf of victims of child abuse and interpersonal violence, and of course our primary interest is in preventing harm. But how might you feel if someone you loved—your husband, father, brother, son, or sister—was arrested for a sexual crime? In the 2012 book *Through the Glass*, Shannon Moroney courageously described her horror and journey of healing after discovering that her husband committed brutal rapes (Moroney, 2012). In 2019, a one-woman Broadway show called *Accidentally Brave* (now an Audible book), written and performed by Maddie Corman, introduced us to the hidden world of the families behind the headlines (Corman, 2019). Both women challenged common perceptions and offered an enlightening glimpse into

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emotionally charged questions that we all hope we never have to ponder: *What would I do?*

Social workers often deal with invisible victims whose hidden trauma goes unseen and unheard. People hide their emotional pain when they expect judgment or rejection about what they perceive to be an unspeakable truth. These conditions are especially true when stigma and shame about a social problem lead to isolation. In such cases, groupwork can be effective in contradicting feelings of powerlessness and internalized negative messaging (Drumm, 2006). The incredible power of group work is in the healing properties of shared connections.

The Grand Challenges of Social Work lay out priorities for addressing social injustice in the 21st century, and among them is the call to confront mass incarceration and its impacts on individuals, families, and communities (Pettus-Davis & Epperson, 2015). Those involved with the criminal justice system are a marginalized group, and their family members share the trauma associated with a felony conviction and its far-reaching effects. The National Association of Social Workers (NASW, 2018) Code of Ethics requires us to provide nonjudgmental treatment to oppressed populations and ensure social justice for all who seek services. While social workers are typically empathic—by training and by nature—it can be challenging to offer compassionate care to those who harm others and, by extension, to the people who love them. This article will introduce readers to a vulnerable client population unfamiliar to most social workers and describe a trauma-informed support group for family members of people required to register as sex offenders (RSOs).

Family Members and Loved Ones of Registered Sex Offenders

There is perhaps no population quite as reviled as sex offenders. Sexual abuse, assault, and harassment are serious social problems that plague this country and cause enduring harm to victims. Individuals who commit sex crimes need to be held accountable for their actions, both in the criminal justice system and in the context of societal norms. Punishment, accountability, rehabilitation, and risk management are important components of a comprehensive goal of community safety. It is well established, however, that the collateral consequences of criminal convictions and incarceration extend to family members of those with a felony record (Gueta, 2018; Western, 2018). Often thought of as simply listing one's address with law enforcement, sex offender registration brings additional restrictions and sanctions that limit access to employment, educational opportunities, housing, public assistance, and social services, all of which impact their families.

According to the Florida Legislature's Office of Program Policy Analysis and Government Accountability (2018), there are more than 29,000 RSOs living in Florida communities. For each of those individuals, there are often multiple family members—mothers, fathers, spouses, partners, siblings, and children—with whom they likely have a connection. Every family member has reasons for choosing to either support or leave their loved one who has harmed others, but here we examine how family members cope with life afterward. Being associated with someone on a sex offender registry brings stigma, isolation, and community rejection (Levenson & Tewksbury, 2009; Zilney, 2020). Family members and loved ones face difficult life circumstances and conflicted emotions as a result of the behaviors of the RSO, and they need support.

Secondary Stigma and Collateral Consequences

Goffman (1963) described stigma as a mark of disgrace associated with a particular attribute or circumstance that is deeply discrediting; it diminishes someone in the minds of others "from a whole and usual person to a tainted, discounted one" (p. 3). Negative or disparaging labels create marginalization, leading to a stigmatized identity and sometimes perpetuating a self-fulfilling prophecy (Goffman, 1963; Willis, 2017). Secondary stigma occurs as

guilt by association, by which the shame and blame for a criminal conviction extend to family members (Condry, 2013; Moroney, 2012; Sample et al., 2018). Parents may be blamed for the crimes of their offspring or for failing to prevent an offense; siblings or children may be thought to have a similar "crime gene"; household members are often disbelieved when they claim to not have known about the offending behavior; and spouses or partners might be shunned for staying with the RSO (Condry, 2013; Sample et al., 2018). In particular, nonoffending parents of children sexually abused by a relative often display a complex set of conflicting emotions and loyalty conflicts; therapists report that these phenomena can challenge the delicate balance of therapeutic engagement and safety planning (Crocetto & Beemer, in press; Levenson & Morin, 2001).

Relatives of RSOs are often contaminated by the negative assumptions about sexual perpetrators. To be associated with a label as powerful as "sex offender" invites disdain, contempt, humiliation, and social rejection. Online registries make hiding from discovery nearly impossible, especially when RSOs reside in the homes of relatives whose addresses will be listed. The publicly accessible RSO designation has the potential to damage family members' business reputations or expose them to vigilantism. Therefore, families are in dire need of support groups to help them cope with their stigmatized identity (Sample et al., 2018).

The social stigma of registration extends to the RSO's children, household members, and romantic partners, and loving an RSO brings many psychosocial and practical challenges. They experience disruptions in family life, housing insecurity, psychological distress, employment difficulties, financial hardships, harassment, invasion of privacy, shame, and fear for their own safety (Bailey & Klein, 2018; Farkas & Miller, 2007; Kilmer & Leon, 2017; Lytle et al., 2017; Tewksbury & Levenson, 2009). Children of registrants encounter ridicule, teasing, and ostracization, which can lead to depression, anxiety, fear, anger, and even suicidality in some youngsters (Kilmer & Leon, 2017; Levenson & Tewksbury, 2009). Mental health consequences described by parents of youth who sexually offended included stress, mood difficulties, hopelessness, and avoidance (Romano & Gervais, 2018). Negative characteristics are attributed to romantic partners of people convicted of sex crimes (Plogher et al., 2016).

Bailey (2018) interviewed spouses and significant others of RSOs and found that *disenfranchised grief* was present and detrimental to families. Doka (1989) originally described disenfranchised grief as the mourning of a loss viewed as socially unacceptable or insignificant to the greater society. Disenfranchised grief also involves losses that go unrecognized because they have no conventional rituals attached to them or which cannot be openly acknowledged, socially sanctioned, or publicly mourned (e.g., families left behind by an incarcerated loved one, or when a loved one has an addiction). Societal scorn, fear, anger, and disgust tend to leave family members of RSOs suffering in silence. Bailey (2018) reported that some family members of RSOs who sought mental health services did not find traditional counseling sessions to be a safe or helpful place to share their feelings and concerns. Some reported that therapists responded with a lack of empathy, focusing instead on confronting them about their denial or minimization. Informal social support groups can reduce isolation and help family members process their conflicted feelings in a nonthreatening and nonjudgmental environment (Bailey, 2018).

Empirical Research About RSO Support Groups

Although there is an abundance of research about sex offender treatment programs, only one study has been conducted to evaluate the role and effectiveness of support groups for RSOs and their loved ones (Sample et al., 2018). This model is called *The Fearless Group* and was developed for RSOs and their family members to attend together. The idea for the group began when the wife of a registrant desired to belong to a forum in which she could exchange experiences about living with

sex offender registry laws. Using a blog to deal with her sadness, loneliness, shame, and anger associated with registration and public disclosure, she coordinated efforts with researchers from a local university to establish face-to-face meetings and evaluate the group process (Sample et al., 2018).

Fearless is described as an ongoing open group, with members joining and leaving as they wish. No criminal justice agents, therapists, clergy, or community activists are invited to attend. *Fearless* is a group for RSOs and people who support them, providing "a safe space for members to experience peer-to-peer sharing . . . it is not a place where registered sex offenders and their loved ones want to be preached to, diagnosed, intimidated, or analyzed" (Sample et al., 2018, p. 4267). The group was designed to offer mutual aid, social and recreational opportunities, and resources and education and to organize advocacy activities.

Individual-level *Fearless* outcomes revealed reductions in loneliness and increases in self-esteem and empowerment (Sample et al., 2018). Family members described improvements in optimism, a sense of solidarity and support, and benefits in the sharing of informational resources. The findings supported the benefits of groupwork and the philosophy of the *Fearless Group* program as a self-help model to be operated only by and with registrants and their families. Importantly, no registrants reoffended with a new sex crime or supervision violation during the 2 years of the study. Indeed, in other studies, groupwork has been shown to promote desistance from crime through mentorship, hope, and identity transformation (Nixon, 2020).

Other informal support systems for families of RSOs include websites, blogs, and social media forums that provide educational resources along with discussion platforms. Many online groups also provide coordination of advocacy activities such as legislative testimony or lobbying efforts for registry law reform. Examples of online resources include Florida Action Committee (FAC), Women Against the Registry (WAR), Alliance for Constitutional Sex Offender Laws (ACSOL), and National Association for Rational Sexual Offense Laws (NARSOL) (Lieberman, 2020). Based on the literature describing the burden family members experience due to the ramifications of living with or loving a registrant, we believe that support groups can be a powerful antidote to the stressors and secondary stigma these families face.

Theoretical Framework: Trauma-Informed Mutual Aid

Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) highlights that peer support is crucial to helping people heal from trauma. Trauma is typically described as an unexpected and frightening event that threatens one's sense of physical and/or psychological safety and challenges one's coping skills (SAMHSA, 2014). Building on principles of person-centered practice and strengths-based social work (Rogers, 1961; Saleebey, 1996), trauma-informed mutual aid groups offer empowerment, hope, and healing through engagement in a collective community at a time of crisis or despair (Knight, 2006; Rosenwald & Baird, 2020). Crime creates trauma for victims, defendants, and the circles of support surrounding them, all of whom have a unique experience of the event and its impact on their life (SAMHSA, 2014). There is an emerging consensus about the need for trauma-informed services for persons involved with criminal justice and correctional systems (Harris & Levenson, 2020; Kubiak et al., 2017; Levenson et al., 2017; Pettus-Davis et al., 2019).

Having an incarcerated family member is considered one of the 10 most prominent adverse childhood experiences (ACEs; Felitti et al., 1998), and criminality in the family is traumatic for adult household members as well. The negative consequences of criminal justice system involvement and the traumatic stress of reentry for defendants, their families, and their communities are well documented (Pettus-Davis & Epperson, 2015; Western et al., 2015). Even single, brief contacts with police, courts, and jails can create traumatic stress, creating

long-lasting psychosocial and mental health consequences (Fernandes, 2020). Family members are traumatized by the arrest, court proceedings, revelation of evidence, conviction, and incarceration of a loved one, as well as the judgment and social rejection that follow, and we therefore adopted a trauma-informed approach (SAMHSA, 2014) for conducting our support group sessions.

Trauma-informed groups offer a safe space to overcome loneliness, to be understood, and to empower oneself with insights, information, and choices (Baird & Alaggia, 2019; Knight, 2006; Rosenwald & Baird, 2020). Gitterman and Shulman (2005) described *mutual aid* as the process by which group members discover that they are not alone in their feelings, and through support for each other, they also help themselves. Supportive peers protect against mental health challenges and provide relief from psychological distress by reminding people they are not alone with their pain. Yalom (1995) explained the curative validation of group cohesion, which occurs when we witness others describing thoughts, feelings, and experiences similar to our own. Yalom referred to this powerful phenomenon as *universality* and *disconfirmation of uniqueness*, and it is particularly impactful when feelings remained hidden and secret because of their associated stigma and shame. The mutual aid group also serves to gently challenge distorted beliefs about oneself and the stigmatizing event, and peers sharing positive outcomes with one another can provide a promise of hope (Yalom, 1995).

Schwartz (1971) described the *reciprocal model* of groupwork in which members access and offer support. An alliance of individuals who help each other with common problems naturally enables mutual aid. Those who are farther along in their healing provide mentoring to other members, which enhances their own self-efficacy and self-confidence. This exchange helps all group members develop a sense of purpose, agency, and contribution, empowering help-seeking while also providing opportunities for mentorship. The exchange of interactions between individuals faced with similar challenges can offer validation, information, hope, connection, confidence, and resilience (Gitterman, 2017; Yalom, 1995).

Support Group for Family Members of RSOs

Our First Try—A False Start

The authors provide social work services in a sex-offending treatment program in Florida, where they counsel clients convicted of sex crimes, most of whom are on probation and required to register. In March 2019, we were asked by a local advocacy organization for RSOs and their families to facilitate a support group for family members struggling to cope with the complex and restrictive array of laws that apply to registrants. The one-time group of about 25 members met for 2 hours in a meeting room at a hotel in central Florida and was attended by RSOs (all men) and their loved ones (mostly wives or partners, but a few were parents of adult RSOs). We began by asking everyone to introduce themselves, and they went around the room describing their sense of unfairness about the laws, the losses they had endured, and their hopelessness for the future. The primary emotion throughout the room seemed to be anger, and by the time introductions were complete, the meeting time was over. We felt somewhat frustrated, but the clients seemed to appreciate the opportunity to vent and share with one another.

It occurred to us that group members' expression of anger at seemingly unfair laws was easier, perhaps, than focusing on more complex feelings. We also wondered whether family members felt unable to share certain feelings about their circumstances with the RSO present. After all, it was the RSO's actions that brought the registry into the family's life. We observed, not surprisingly, that some people minimized the RSO's culpability (e.g., descriptions of false accusations, pressure to plea bargain, erroneous convictions, or disproportionate sentences). Family members seemed to be trying to portray a narrative that appeared less socially unacceptable to others and more congruent with what they wanted to believe about the RSO they loved. While

these narratives may have some truth to them, denial can emerge as a common psychological defense mechanism that protects against the pain of realities that are excruciatingly difficult to accept.

Our Next Try—On the Right Track

Soon after, we were asked to facilitate a support group in another state during a conference hosted by a similar RSO advocacy organization. This time, we limited the support meeting to only family members; no RSOs were invited to attend. We brought paper plates and markers, and distributed them around the table of a dozen or so women for an ice-breaker exercise. We started with a prompt: *Sometimes anger is the emotion we are most in tune with and most easily able to identify. . .what are some of the other feelings you have under the anger about the registry laws? Please write three feelings on the plate.* Then, as we went around the room for introductions, the pain was palpable. We heard stories of incredible sadness, shame, loss, fear, stress, hopelessness, and helplessness. And yes—anger—at the RSO. Our next prompt was the following: *We thought it would be a good idea to have this session with family members only. What are some of the things you can't talk about with your registered loved one in the room?* We then heard:

- Their stoicism: *I don't want to add to their stress, they go through enough.*
- Their feelings of loss: *This was not what I expected my retirement would look like.*
- Their disbelief: *How could they [the RSO] have been so stupid?! How could he do that?!*
- Their grief: *My life and/or that of my loved one will never ever be the same.*

We wondered out loud: *Do you ever feel like you and your registered loved one have an unspoken "don't ask, don't tell" agreement*? To which we received answers like the following:

- *I guess I don't really want to know the details about the offense . . .*
- *I wonder if I did something wrong? (as a parent)*
- *Everyone thinks they know what they'd do in this situation. . .(I'd never stay if my [husband/spouse/partner/loved one] did that). . .but you never know until it happens to you.*
- *What does it mean if my loved one is really attracted to minors? Might they actually be dangerous to children?*
- *I was sexually abused / assaulted . . . and I never told anyone.*
- *He was looking at pictures [child pornography], he didn't abuse a real child, but then it hit me that those were real kids being abused in those videos. Why did he want to look at that?*

The session appeared to be cathartic for many of the members. They seemed relieved to be able to say things that were on their minds and words they had never spoken out loud before. Many of them had never met others in the same circumstances, or if they had, the focus of conversation had been on laws, information, and the need for advocacy and legislative reform—not on their feelings, emotions, and inner thoughts. They reported that they spoke infrequently to their friends and relatives, knowing that even those with the kindest compassion could never truly understand their experience. Our time was soon up, and we returned to Florida with a renewed sense of urgency to offer a regularly scheduled support group for family members in our own community.

The Process of Group Development

Groups usually begin by identifying a need and a gap in services, and then devising strategies to reach potential clients. In this case, we had been asked by the advocacy groups to provide a one-time support meeting for their constituents. Realizing that there was an ongoing need, we then recruited members in collaboration with our local advocacy organization for a

monthly support group located in our densely populated metropolitan area. Any family member or loved one of an RSO within driving distance was welcome to attend to talk about their daily life stressors and the challenges of loving and supporting someone on the registry. Twelve family members initially responded to an open invitation on a monthly phone conference call, and the group was first brought together in June 2019. We emphasized that RSOs could not attend; the meeting was for family members only. This decision was made in consultation with members to ensure there was ample opportunity for privacy and safety to talk openly without fear of upsetting their loved ones.

We volunteered our time (2 hours on a Saturday morning once per month) to facilitate the sessions at no cost. At our first meeting, we began again with the Paper Plate icebreaker exercise, and over the months, our meetings became increasingly intimate as members began to share more openly and deeply. The group was open-ended, allowing new members to join as time went on, and not every member attended every meeting; some came once and never returned, whereas others attended sporadically. However, we soon had a core group of about 10 members who attended consistently. More seasoned members mentored new ones, and the sense of camaraderie, inclusion, and empathy was always apparent. We held 10 face-to-face monthly meetings, and when COVID hit in March 2020, we moved our support group online through the Zoom video platform. Telehealth extended our reach beyond our local geographical area and beyond the number of members our group room could comfortably accommodate. Some Zoom meetings had more than 20 members present.

The group is made up of mostly women who are parents, partners, or spouses of RSOs, ranging in age from mid-30s to over 80. The beginning goal of the group was very broad: to offer support and a safe space for sharing. They described feeling immense pressure to not further upset their loved ones, and in some cases, their sense of obligation unfolded into anger, resentment, and powerlessness. Other intense emotions were expressed: profound sadness, loss, exhaustion, fear, anxiety, and hopelessness. Members listened to each other with compassion, respect, and curiosity, sharing their own stories, challenges, successes, and hopes. Over time, facilitators have taken a less active role in directing the meeting. We reflect and validate feelings, paraphrase content, summarize common themes, and throw questions back to the group for processing as they come up.

Each meeting begins with an open-ended "check-in," so members can share how their month was and ask for input and feedback with any challenges that came up. Sometimes a topic is suggested, and the group session revolves around a particular theme. As facilitators, we follow their lead, and when a lull in the momentum emerges, we use the silence to encourage reflective moments. When appropriate, we have prompts in mind to facilitate discussion:

- *Sometimes family members have a sense of guilt that they didn't see this coming. . .anyone feel that way?*
- *Sometimes family members feel like this situation makes them doubt their own instincts or ability to judge character. . .*
- *If the victim was relative or someone you know, I wonder if you might feel a sense of conflicted loyalty. . .how do you navigate your allegiance to both the victim and the offender?*
- *How do you deal with your anger at your loved one who is registered?*
- *What about a sense of betrayal knowing your loved one committed this offense?*
- *How do you integrate contradictions about the RSO's positive character traits with what is known about the offense behavior?*
- *What does it mean to you that your loved one committed this offense?*
- *How do these criminal charges impact each of you? How do you cope?*

- *What is it like to be treated by society as someone who "raised" or "foolishly stayed married to" a sex offender?*

Over many months, discussions evolved into a deeper and more intimate dialogue. Kurland and Salmon (2006) emphasized that a group's purpose must be directly related to the needs and goals established, understood, and accepted by members. In our group, the members clearly communicated early in group formation that they needed to feel understood and to say the things that cannot be expressed outside of the group. Some members have chosen to exchange contact information and connect with each other outside of the group. The group has set norms, established trust, and now has become a consistent source of support for members.

Group Dynamics of Mutual Aid

It is important to highlight that this is a support group and not a self-help group. Kurtz (2017) distinguished support groups as facilitated by trained professionals who act as motivators, organizers, and contacts for group members. Kurtz added that professionally led support groups tend to be less structured than self-help groups because group leaders empower members to select relevant topics rather than predetermined psychoeducational content. We tend to follow the lead of our members as they choose pertinent topics for discussion. Over the past year, they have discussed the personal, emotional, financial, social, and psychological impacts of having a loved one on the registry.

When needs are being met *for* the group members *by* the group members, mutual aid is at work. The members have few opportunities to speak with others who can identify with and understand the traumas associated with their loved ones' arrest, court appearances, incarceration, probation, and restrictions. The exchange of support and information provides rich and meaningful opportunities for members to feel seen, heard, validated, and valued in their contributions. Altruism (Yalom, 1995) allows members to offer others what they also need from the group. Mutual aid takes place when members can truly acknowledge others' pain (whether it be with a look, a kind comment, a head nod, or even offering supportive silence to listen) and they realize they are not alone.

For instance, in one group session, a mother cried after listening to another member relate that after supporting her son for over 8 years, he was finally able to purchase a house, move out of her home, and is now engaged to be married. The crying member responded softly saying that she has been devastated since her son's release from prison, consumed with thoughts that he would never find a spouse, that he would never experience a wedding, and that she would never have grandchildren. She was mourning for the loss of her hopes and dreams for herself, her son, and her future. Listening to the other group member triggered her sadness, pain, and loss. Through listening, however, she also found hope that positive outcomes were possible and that she could create a new vision for her life. Yalom (1995) described the catharsis that occurs when suppressed emotions are finally revealed, empowering acceptance of life circumstances as members make new meaning of their experiences.

Members described many stressors, and examples of trauma are abundant in their narratives. We heard terrifying stories of the arrests: being awakened at 2 am, confused, bewildered, watching armed police officers break through the doors, guns raised, while searching the home or arresting their family member. The trauma continues with the uncertainty during an investigation, the powerlessness of court proceedings, the financial burdens, and the fear experienced throughout incarceration. Probation and registration produce new anxieties that a rule will be unknowingly broken under the surveillance of law enforcement. Members have proclaimed that they no longer recognize their life and fear they will never know "normalcy" again. Like people who have experienced other types of trauma, these members have described their lives as distinctly separated into *before* and *after* the arrest/charge/registry. They recognize

that the previous life is no longer possible. The safety and predictability of the group are a welcome respite.

Because news coverage of a loved one's criminal acts now exists in perpetuity on the internet, their life is likened to a *walk of shame* no one wants to take. Many have talked about returning to places of employment and observing watchful whispers and looks of disgust. They have come home to signs in the yard—"a child molester lives here" or "monsters not welcome here"—or harassing phone calls sending clear indications that they are no longer wanted in their community. They are faced with the fact that many of their previously healthy, functional friendships and family relationships have become strained, severely compromised, or worse—they have disappeared. Each time a new group member joins, they often hear someone say, "I always make sure I get here every month—it's the only place I can see others looking me in my eyes." Safety is experienced, telephone numbers are exchanged, and offers of "I am always up for a chat" are made. The group counteracts their loneliness.

As they slowly try to adapt to their new reality, feelings of isolation, anger, sadness, and grief pervade their lives. They describe moving through their familiar world in a surreal and detached fashion. Nothing is as it seems, and everything thought to be true is suddenly at risk of revealing itself as a fraudulent misrepresentation or a false promise. Family members are forced to confront realities about loved ones that contradict everything they believed about that person's character. How does one integrate the knowledge of such wrongdoing into what is known about an otherwise law-abiding and trustworthy person? It is the power of the group, and of the facilitator's skills, that helps make sense of something that seems to make no sense.

Implications for Trauma-Informed Social Work Services

SAMHSA (2014) emphasized the importance of peer support in the healing of traumatized clients, reinforcing why groupwork is so critical and powerful. Peer support can buffer risks to mental health, promote resilience and post-traumatic growth, and offer opportunities to be seen, heard, validated, accepted, and strengthened through shared experience.

Social work's person-in-environment framework (Kondrat, 2008) recognizes that the traumagenic circumstances of a criminal conviction can have reciprocal impacts on a family system. Our members had experienced trauma: unexpected and life-altering experiences over which they had little control, which threatened their sense of well-being, and which challenged their normal coping abilities (Bloom, 2013). Many family members of RSOs described intrusive thoughts, avoidance of triggers, negative thinking and emotions, emotional dysregulation, fear, and persistent hypervigilance—all of which characterize symptomatology of post-conviction traumatic stress (Harris & Levenson, 2020). Thus, trauma-informed groupwork can be a promising alternative to traditional therapy services.

Many family members of RSOs have encountered judgmental, oppressive, or disempowering practices when seeking counseling services (Bailey, 2018; Sample et al., 2018). Unfortunately, social service organizations and programs can sometimes be retraumatizing to clients (perhaps unwittingly) (Levenson et al., 2017). Retraumatization occurs when clients are faced with negative attitudes, labeling, and confrontational or coercive treatment approaches. There is a power imbalance between workers and clients, and traumatized persons sometimes react to authority figures with hyperarousal or learned helplessness; workers might view these responses as client hostility or resistance (Levenson, 2020). Trauma-informed practitioners must be intentionally collaborative, empowering, and nonshaming. A trauma-informed worker inquires: "What happened to you (that was painful and scary)?" rather than "What's wrong with you (for loving that person)?" (Bloom, 2013; SAMHSA, 2014). To avoid the undercurrents of stigmatization and judgment that RSO family members already

experience, clinicians should be prepared to engage in self-reflection.

Guiding principles of the NASW (2018) Code of Ethics require us to recognize the central importance of human relationships to our clients' well-being. Every RSO has someone who loves them—despite their offense behavior—and if we fail to connect with this reality, we risk compromising the therapeutic relationship. Social workers are human and may hold preconceived notions of the term "sex offender" that align with negative societal perceptions and media narratives. Therapists treating people who have sexually offended sometimes adopt overly confrontational methods, ostensibly to challenge distorted thinking about victimization and address risk factors for reoffense (Levenson et al., 2017). These assumptions can extend to our work with RSO family members.

Sometimes it proves difficult to listen with curiosity and compassion or to try to understand clients' experience without judgment. The therapist working with RSO family members might find themselves wanting to rebuke perceived denial, minimization, or rationalization about an offense, forgetting that defense mechanisms serve a psychological protective function and must be peeled away delicately to uncover cognitive dissonance. On the contrary, it is true that in some cases criminal sentences might be disproportionately harsh, and that registration laws cast a wide net, sometimes capturing those who pose little risk for reoffending (Sample et al., 2018; Zgoba et al., 2016). Therefore, some family members' perceptions of unfairness are justified and should not be dismissed as frivolous or unwarranted. Either way, the impact of life circumstances should be empathically explored.

We incorporated trauma-informed care (TIC) into our support group by conceptualizing members' needs, problems, strengths, and coping strategies through the lens of trauma (Levenson, 2020). We created a psychologically safe space through partnership, trust, hope, and choice. Trauma-informed groupwork provides a corrective experience to counteract clients' feelings of alienation, vulnerability, and disempowerment. Group workers (and members) should be nonjudgmental and nonshaming, establish healthy boundaries for group sessions, and model respectful interactions. Group facilitators can neutralize power disparities through collaborative engagement, which reduces risk of retraumatization.

Finally, hearing stories of human suffering can take its toll, challenging our own schemas about other people and the world we live in. We connect emotionally with our clients and with the ongoing impact of adversity on their lives. We may also be triggered by reminders of our own traumatic experiences. These factors make us more vulnerable to compassion fatigue or vicarious traumatization (Lee, 2017; Moulden & Firestone, 2007). Clinicians are encouraged to enhance self-awareness and address their own biases through trauma-informed formal supervision or informal peer consultation.

A major limitation of our support group is that our recruitment efforts failed to reach a diversity of potential clients. Our group members were almost exclusively White females who were typically spouses/partners or parents of adult RSOs. Minority groups are overrepresented in criminal justice systems, and therefore we recognize the need to reach diverse racial and ethnic groups. Group workers must acknowledge systemic oppression and historical trauma as it affects the ability for consumers to access support resources (e.g., lack of internet access), their willingness to engage in services, and the role of cultural trauma in dynamics between members and leaders (Baird & Alaggia, 2019). Trauma-informed services must be culturally and gender-relevant (SAMHSA, 2014). Social workers should make efforts to improve inclusivity of male family members of RSOs, children of RSOs, clients from racial and ethnic minority groups, and those from other marginalized (e.g., LBGTQ+) or impoverished communities.

Conclusion

Family members of RSOs are a unique group that may be invisible to most social workers, who have historically responded to sexual

abuse through their roles in child welfare and victim/survivor services. Experiences and emotions surrounding sexual offenses are multifaceted and complex. They are extraordinarily difficult to talk about, even for professional helpers. Family members describe shame, embarrassment, stigma, loneliness, harassment, powerlessness, hopelessness, loss of family and friends, anger, and resentment. These are delicate issues to process and discuss, and require that group members have safety, respect, attunement, and professional leadership skills. Groupwork emerged as a highly recommended modality to effectively provide support for family members and loved ones of RSOs.

Extant research illustrates the stigma for family members of RSOs and highlights the need for trauma-informed approaches. Future research on this topic should investigate the outcomes of family support groups in reducing trauma symptoms and improving coping skills. Applying SAMHSA's guiding TIC principles within a mutual aid group modality can create a foundation for healing and post-traumatic growth. Social workers are encouraged to refer clients to local peer support or advocacy groups where they exist, start their own groups when feasible, and familiarize themselves with a range of online resources known to offer information and support for family members of registrants. Social workers can avoid retraumatization by fostering an atmosphere of safety, authenticity, nonjudgment, and empowerment to boost resilience in this hidden and often misunderstood population.

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