

Home Visits and Telephone Calls in the Protection and Victimological Recovery of Child Sexual Abuse*

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Abstract: The two primary aims of victimological intervention in child sexual abuse cases are to ensure the victim's safety from physical and psychological harm post-reporting, and simultaneously, to facilitate actions for their recovery. This paper considers phenomenological and psychodynamic viewpoints to reflect victimological work. It highlights how home visits and phone calls are crucial for these goals, as they reshape the bond among victims, institutions, and the community.

Keywords: victimology, child sexual abuse, psychological clinic, home visits, phone calls

I. Introduction

Victimology encounters many obstacles and situations, broadly divided into two primary goals: safeguarding the victim's physical and emotional well-being, such as protecting them from harm after experiencing a crime. Victimological efforts seek to stop criminal threats using legal, social work, and psychological methods, while also being open to other interdisciplinary contributions for improved understanding and protection. (Vásquez, 2015, 2018)

In cases of sexual violence, the victim's attention shifts from private matters to public participation in the investigation and legal proceedings concerning their complaint. This process highlights the essential role of home visits when working with victims, because of the unique interaction they promote between victims and interveners. (Paredes, 2014; Vásquez, 2015)

The role of home visits has expanded beyond social work to encompass psychological practice within social psychology, clinical psychology, and victimology. Apart from its preventive role in health promotion, it's emphasized as a core aspect of a victim's social environment and the associated potential risks.

Another analytical point relates to the primary goal of assisting victims: the personal and psychosocial healing of people affected, using victimological care services. As a result, the focus must be on obtaining all forms of specialized and integrated support that can reduce harm, bias, or distress for those concerned, helping them resume their lives as fully as possible. Experts widely accept that insults, threats, physical violence, and sexual abuse significantly disrupt a person's inner balance of thoughts, emotions, feelings, and actions, regardless of their

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resilience or coping mechanisms. Paredes (2018), referencing Kamsler (2002), stresses that interventions for sexual abuse victims should be optimistic about their potential for recovery.

Regarding this, clinicians widely agree that the punishable felony is harmful, and its consequences will depend on various factors: Its magnitude, the level of threat and danger it presents, the evolutionary stage, psychological/social defenses of the victims, and how often the fact recurs. (Courtois & Ford, 2009; Crocq, 2012; Josse, 2011)

II. Objectives

This study offers insights into victimological practices concerning sexual abuse and highlights how home visits and phone calls serve as vital tools for victim protection and recovery.

III. Method

The text presents a concise theoretical review of victimological work with sexual abuse survivors in Peru, focusing on two key institutions: the Public Ministry and the Ministry of Women and Vulnerable Populations. The text outlines, through both American and French victimological lenses, how to understand trauma's psychological impact and potential interventions by assessing victims' resources via home visits and phone calls.

IV. A differentiated conception of psychic trauma

Crocq (2012) and Lebigot (2016), prominent figures in the French School of psychotrauma, view traumatic events through the lens of their destructive power. They emphasize the unique, intense, and inseparable nature of these events, which confront individuals with the reality of death. The authors suggest that death is merely a concept created by human-beings, restricting from the knowledge that their end is inevitable. This understanding of mortality, they postulate, is what allows us to feel alive.

According to Crocq and Lebigot, the psychodynamic perspective suggests that a traumatic event tends to reduce the subject to nothingness, stripping away the foundations of their identity built on trusting others. This involves precisely the other, the people who, as with sexual abuse, attempt against the life of the subject, threatening or imposing narratives that only seek to take advantage of the victim, altering their values or foundations that begin in language and culminate in the incursion into the privacy of the body.

Sexual abuse's detrimental effect, irrespective of how it occurs, provokes the alteration of the sense of community. It abruptly expels the victim from the meaning of human togetherness as it is implicit in human society. By employing threats, fear, and aggression, aggressors aim to establish a new narrative and language from the abusive adult, objectifying victims and seeking to subject them to chaos. As a result, victims instantly experience guilt and confusion, cleaving them. They cannot grasp the detrimental nature of their experience and remain trapped in a chaotic mix of physical sensations, thoughts, and emotions, fostering a profound sense of meaninglessness. (Ferenczi, 1949)

This viewpoint focuses on the most immediate and harmful effects of violence. Trying to understand the root of the phenomenon of trauma, Lebigot (2016) states that victims struggle to overcome the deep sense of mistrust towards others because they were attacked by other human beings, by someone from our community (society). Ultimately, the violence they endured shattered the social bonds, respect, and care that should sustain our society. Lebigot asserts that felonies or aggressive acts dismantle what people recognize as "the community of us".

This difficulty is recurrent in other forms of violence. For instance, in domestic violence, victims usually find themselves trapped in the cycle of violence theorized by Walker (1979), which creates a "Sisyphean" process of tension, explosion, and reconciliation. The situation inherently involves two significant factors: the imagined hope that aggression will cease after each attack, and the dangerous reality which shows us that feminicides or

infanticides are unfortunately possible during those unrealistic expectations. Victims require immediate aid because of the current situation, as they lack the resources to cope and depend on our collective support.

Because of trauma, the peril victims face and their situation can go unnoticed. The felony has broken their human continuity (González de Rivera, 2001; Lebigot, 2016). Therefore, the aim of victimological psychotherapy is to prevent or reverse the damage aggression causes to victims' core values and sense of self, which alters their lives. The American School, as represented by Terr (1999, cited by Courtois & Ford, 2009), describes the clinical expression of this state considers anger, guilt, confusion, psychosomatic dysfunctions, and issues with attachment, personality, identity, and reciprocal interpersonal relationships. It's also possible to experience complex trauma, which, in French perspective, can be summed up as losing the joy of living. (Crocq, 2012; Josse, 2011; Lebigot, 2016)

The American Psychiatric Association (2014) outlines diagnostic criteria for post-traumatic stress, influenced by the American phenomenological clinic, they pinpoint a group of symptoms that emerge over three months after experience directly or indirectly an event involving death, injury, sexual violence, or threats. The symptomatic presentation includes distressing dreams, flashbacks, profound psychological distress, intrusive memories, and physiological responses.

V. Some impacts of sexual violence and the work of the interveners

Maintaining the prior framework and assumptions, interveners aim to shield victims from the harmful "state of whammy," a term Lebigot uses to describe trauma's power to captivate a victim's psyche. As a matter of fact, they were imprisoned by the image of death, experiencing it directly when the aggression occurred. Crocq (2012) considers this condition as petrified state. However, the intervener's mission, viewed from the American perspective, involves reducing symptoms and both subjective and relational discomfort.

Starting interventions for sexual abuse victims requires understanding the critical difference between these two approaches. The French perspective emphasizes understanding the meaning behind the painful experience, while American phenomenology prioritizes the discomfort and suffering externalized in symptoms.

Similarly, sexual assault, beyond causing fear, anxiety, depression, or subsequent withdrawal, regression, and avoidance (denying the act or redirecting distress to self-harming behaviors), disrupts the individuals fundamental understanding of themselves and the sense of otherness. (Crocq, 2012; Lebigot, 2016)

The aggressors, by imposing a narrative of "omnipotence," firstly deny the victims' right to live and the joy of living, controlling the victims' body and life. Crocq (2012) and Lebigot (2016) promote community participation in treatments against trauma ("community of us"). As Paredes (2015) states, the denunciation of the felony involves the community, encompassing prosecutors, police, judges, interveners, and family. This enables victims to escape the aggressor's narrative and reveal what the aggressor tried to keep secret. Externalizing the felony enacts the legally normative treatment of the crime, and it also fosters the recognition of the victims' status. (Pennewaert, 2013)

Multiple professionals, citizens, authorities, and individuals are engaged in this process. Their involvement supports victims in reconstructing their core beliefs, reclaiming their liberty, and rediscovering the significance of their lives. (Sánchez, 2020)

Victims' potential confusion can lead to contradictory actions during judicial investigations, making the process highly complex. Some of them could distort their testimony, feel guilt, and justify the violence experienced. Many of them don't want to continue with the investigation process, probably because of secondary victimization, but most frequently it is due to primary victimization. Here, children, for instance, observe enuresis, nightmares, language alterations, irritability, dissociations, help rejection, inattention, poor school performance, psychomotor instability, startles, agitation, acting-out reactions, and more. (Josse, 2011)

Victims may also show mistrust towards victimology and help teams, have little hope for problem resolution, and possibly distance themselves from helpers. Berlinerblau, Nino, and Viola (2013) suggest that a child's lack of PTSD symptoms doesn't show they aren't suffering. They argue that this apparent absence of symptoms is merely the child's internal effort to suppress thoughts and deny the offense ever happened.

According to Paredes (2010, 2014, 2018), victimology intervention is less about formal procedures and more about how interveners perceive the problem and their courageous commitment to the victims' cause. That is women and children's cause. Rorty (1991) proposed that humanity establishes a shared sense of community and equality specifically in moments of pain and suffering.

To put it another way, the intervener's attitude and practical actions supporting the victim will help them regain trust in others and themselves, within a balanced approach that avoids extremes of over-involvement or cold detachment. Maintaining an eumetric tone involves understanding the precise level of balance in the relationship with the victim, connecting humanitarian efforts with technical help and protection based on their requirements (Paredes, 2014; 2018). Empathy, as defined by González de Rivera (2003), is the ability to perform victimological work without emotional disturbance or dysregulation caused by interactions with patients in crisis.

VI. Two forms of victimological intervention and devictimization in sexual abuse

The victimological practice cannot be exempt from psychological, social, legal and medical care, however, there is agreement that, regardless of each professional intervention, at the different moments of the victimological care of sexual abuse, the home visits and the telephone calls gain special importance. (see, for example, Graux & De Soir, 2005; Paredes and Vásquez 2015; Pennewaert, 2013)

The home visit. Visiting the patient at home is necessary for professional protection and assistance. This action ensures certainty regarding their personal and social circumstances, associated risks, and the accuracy of provided data, enabling effective status monitoring (Public Ministry, 2008). It's important to note that trust has been particularly weakened in victims of sexual and violent offenses. (Varona, Cuesta, Mayordomo y Pérez, n.d.). Saved the Children (2014) suggests that home visits offer a compassionate method for interacting with users and foster a continuous environment of trust. With that support, they now understand that others care for them and that they can receive surveillance, feedback, and onsite counseling.

The purpose of the home visits is to contact the victims in their environment, confirm their social conditions, determine potential risks, and alert relevant agencies to activate support systems. With their knowledge of the victims' environment, interveners can get key information from neighbors and users. (Vásquez, 2015)

This characteristic has a convenient impact on the quality of information that the intervener receives and outlines the best understanding of the case. In cases of sexual crimes, removing the aggressor from the shared home is vital to protect the victim, who otherwise faces ongoing harm and potentially fatal risk. Protective measures are needed regardless of what children or caregivers say, as victims and their families may face confusion, fear, threats, or have relatives who minimize the abuse and shield the perpetrator. That's why it is important to get specialized input from social workers, psychologists, and other professionals. (Paredes, 2018).

Indeed, the interdisciplinary team at home offers new possibilities for collecting information that contributes to decision-making. Vásquez (2015, 2018) proposes an intriguing modification to the victim help report. His work explores and judges the inherently multidisciplinary approach to victimological assistance within the Peruvian Public Ministry, highlighting its value in achieving a more integrated and participatory intervention, as opposed to the traditional practice of separate reports from each intervener involved.

In some way, going beyond the home visit carried out traditionally by social workers only, that implies a variation of this paradigm, motivated by the need for care that cannot be reduced to the said profession. Upon initial assessment of this condition, the level of specialization required for this task (implementing home visits) could be decreased, to the disadvantage of professions that do not cover home visits in their curriculum. The

current educational programs and syllabi in Peruvian psychology show home visits method and its particularities courses are absent; while concerning social worker formation, the curriculum offers two or more courses related to psychology. When examining home visit courses in medicine and law professional schools, they appear to be absent as well.

In addition, social worker reports, when requested by judicial authorities, are legitimate and valued in contexts such as child abandonment, custody disputes, visitation rights, or lack of family support. Therefore, social workers' viewpoints and assessments within victimology aid in proper action for victims navigating complex situations caused by initial harm, subsequent interactions with the justice system, and eventual reactions from their family and community. Teamwork, rather than individual effort, is essential in these scenarios, as showed by the Peruvian Public Ministry and the Ministry of Women and Vulnerable Populations.

Graux and De Soir (2005) suggest that domiciliary visits during critical incidents, such as natural disasters or exceptional situations causing external help, result in the formation of novel arrangements, narratives, and insights, thereby shaping innovative intervention strategies. This is when the intervener transitions from theoretical discussion to specific types of experimentation with the patient's reality, encouraging their commitment and creativity.

For those involved, the work presents inherent difficulties and dangers, enduring arduous travel conditions. The patient's environment, which must be understood from the inside by those involved, is crucial for a full grasp of the victim and the creation of an authentic and compassionate portrayal of their daily life.

Phrases such as "you're just calming us down" or "you have no insight into our struggles because you're detached in your office" often express a sense of separation in the victim-intervener relationship. This perceived distance can be overcome by the intervener's proactive engagement and immersion in the patient's actual surroundings. This enables us to identify situations beyond the office scope or psychosocial factors affecting the case, signifying institutional concern for the victim's well-being, who is actively supported.

By enabling the victims' recovery, the second aim of victimological work is met, reflecting the interconnectedness of institutional, individual, and group interests regarding the victim's status. Feeling accompanied and protected by this in-home care, the aggrieved often express surprise, with mothers of child victims frequently saying things such as "how did they find my house," "doctors, how did they come here," and "I did not expect them to come."

Soon new narratives arrive such as "It's good that you came". The intervener's presence can enhance the victim-intervener relationship, fostering the intervener's sensitivity and commitment to care plans and involvement in their case's recovery and investigation. Moreover, being present at home discourages violence against victims. (Paredes & Vásquez, 2015; Vásquez, 2015, 2018)

If interveners are careless in the way they conduct home visits, there could be undesirable repercussions. Lacking discretion could bring rumor and possibly tertiary victimization, the latter coming from the victims' curious, ignorant, and judgmental environment. The priority will always be to stand with the victim, visiting them multiple times if the situation demands, to ensure their protection with discretion. (Paredes, 2018)

The phone call. Despite taking care of and monitoring the personal and psychosocial situation of the victims, it is not possible to have a total certainty of their state of safety or how this situation may vary. An inadequate home reference can cause lost workdays spent searching state registries, social security, or traveling to the residence with no success. These delays are crucial to support, especially for minors where the risk is immediate.

Given this situation, we must emphasize the importance of providing highly detailed addresses. However, there are exceptions, such as when the institution's address must remain confidential or is part of a protective measure.

Victim services need details about victims to efficiently deliver support, shelter, and safeguarding. The information is often unique and considered privileged because of the risk that the perpetrator might obstruct the judicial process or attack victims to avoid criminal responsibility. Mistaking an address, for instance, creates delays for victim services. In Peru, a persistent challenge in victim assistance is locating victims, a difficulty that escalates when individuals flee their homes for various reasons, commonly seeking safety, and end up far from their abusers. Alternatively, but never replacing home visits, the telephone call can maintain the connection between the victim, the support system, and even the legal system. Vásquez and Paredes (2015) explain that victimological social action that ties the victim to the criminal prosecution process.

Because it's quick and breaks through geographical barriers, phone calls present endless possibilities for building or sustaining relationships. The resource provides round-the-clock help and geolocation features to locate victims, as advised by the Handbook of the Women's Justice Center for Advocacy in Cases of Rape and Child Abuse (Women's Justice, n.d.). The goal is also to offer them help and vital, pertinent information regarding their legal path, contingent on their willingness to receive it. Instead of asking the authority directly, many times they prefer to ask the intervener about their cause's status. That's because a bond of respect and trust has been built previously between victims and interveners. Recognizing this potential, many judicial authorities encourage and support these kinds of approaches to help and contact with victims.

According to the referenced victimological manual, the use of phone calls and the exchange of verbal and written information (text messages, apps, WhatsApp) via phone and email illustrates the victimological bond as a trilateral relationship: victims, interveners and prosecutors, all conveyed through horizontal written language.

Thus, phone calls carry substantial victimological significance, so it's recommended to have various numbers of victims and of the other reliable family members to reach them if communication breaks down. Verifying information is essential for establishing suitable support and persistently inviting the "community of humans/community of us" to contribute and take part.

VII. Conclusion

This study has examined several facets of victimology concerning the support and safeguarding of sexual abuse victims. By differentiating psychic trauma based on phenomenological and psychodynamic clinical perspectives, the destructive impact of this criminal act becomes clear. It also provokes different reactions from the victims regarding the legal procedures of investigation and trial. Home visits are crucial for protection because they enable an on-site assessment of the victim's social circumstances and potential risks, which might not be fully recognized by the victim or those around them.

However, home visits in social work take on an additional dimension in victimology, especially in its interdisciplinary nature. This means that multi-professional teams should conduct it because of the complexity of sexual abuse cases. Universities must enhance training for this task to meet the typical needs of those seeking this professional service.

Home visits offer benefits beyond mere protection. This could lead to a better understanding of, compliance with, and involvement in legal processes, and, most importantly, to strengthening victims' confidence and safety.

During this process, telephone calls become a way to amplify the effects of home visits, helping to overcome obstacles related to location or direction and enabling continuous remote monitoring and information sharing with beneficiaries. This is a component of a victimology strategy that could also ensure up-to-date information, consistent availability, and rapid clarification of victims' questions, creating novel forms of horizontal relationships regarding victimology among victims, support providers, and official bodies.

The core idea in both situations is "human community." This means that through home visits or phone calls, victims receive support and can express their emotions and experiences. This process fosters trust, security, and certainty, enabling them to cope positively with abuse.

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