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# The Needs of and Support for Families of Child Sexual Abuse: Some preliminary findings

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## Abstract

Child sexual abuse is a complex and highly emotive subject. This research focuses on 'indirect' or 'secondary', 'victims' of child sexual abuse. This includes people close to the direct victim such as non-abusing carers, guardians or family members as well as those close to the perpetrator of the abuse. The experiences and needs of these groups of people have rarely been the subject of research; yet the small number of studies of families of children subjected to sexual assault point to the profound impacts such offences can have, particularly on mothers. Here I report on some preliminary findings from my ongoing research on the needs of and support for families of child sexual abuse. Findings derive from discussions with key contacts and from semi-structured interviews with key professional staff working in agencies involved in such cases.

## Aims and Objectives/Methodology

The aims of this project are to explore the needs of and support for families of child sexual abuse. The research gathers perceptions of the 'ripple effect' emanating from child sexual abuse and the impact such offences have on those close to the victim and the perpetrator.

The project as a whole focuses on two indirect or secondary victim/ survivor groups: non-abusing parents, siblings, family members and friends and the families of sex offenders.

The emphasis in the project is on the key agencies involved in the case - staff perceptions of who is affected and what the impact of the offences is on primary and secondary victims. The following questions are explored:

1. Who is affected by child sexual abuse (those close to the victim and perpetrator)
2. How are these people affected? What is the impact?
3. What are their needs - are they met?
4. What services/ support is available?

The project seeks to uncover the scope and adequacy of extant support structures.

### **Methodology**

For the project as a whole, data derives from two key sources:

1. Secondary sources, including Serious Case Reviews (SCRs) and multi-agency reports;
2. Primary data elicited through in-depth, semi-structured interviews with key professionals involved in such cases.

## Background Context

Criminal victimisation within families, homes and other supposedly 'safe havens', warrants much deeper academic attention. In the last decade, academic inquiry into interventions and support for victims has been piecemeal and fragmented; to the extent that while multi-agency responses to such crime remain settled and established in practice, the feelings and emotions of those delivering and experiencing interventions have been largely elided in academic discourse (Davies 2011). This at a time when independent reviews of child safety and protection and concerns about safeguarding children from abuse generally and sexual assault in particular, bring to the fore a plethora of victim-related issues, including a 'mismatch' between victims and support and needs and services (Mawby 2001).

In the context of sexual offences against children, four potential victim groups can be identified:

the wrongly accused;

the children who are subjected to sexual abuse;

their non-abusing parents and siblings;

the families of sex offenders.

This research focuses on the latter two groups, those who might be termed 'indirect' or 'secondary' victims. These groups have rarely been the subject of research; yet the small number of (mostly US-based) studies of families of children subjected to sexual assault point to the profound impacts such offences can have, particularly on mothers, who, in the aftermath of such crimes, significantly rethink their protection and security measures, as well as the support they seek from family members and social workers. This is important, not least because mothers' reactions impact significantly on their abused children (Cohen and Mannarino 1996; Elliott and Carnes 2001).

## Preliminary Findings and Analysis

Key Agencies	Support Services/Charities	Professionals and Practitioners Interviewed
Probation Trusts	In addition to the NSPCC and Barnardos:  The Lucy Faithfull Foundation - a registered child protection charity which works across the UK to prevent sexual abuse. Projects include Stop It Now UK & Ireland and Parents Protect!  Someone Cares - a counselling service for survivors of physical, emotional and sexual abuse in the North East of England	Police Personnel
Police		Probation Staff
Barnardos		Clinical Psychologists
Rape Crisis		Therapists
Sexual Offences Referral Centres		Project Workers
Sexual Behaviour Unit		Children and Young People's Counsellors
NSPCC	Child Sexual Exploitation team members	
Child Exploitation and Online Protection (CEOP)	Inspectors, Managers	
Sexual Behaviour Unit (SBU)	Women Vicars	

There is a wealth of academic literature on the subject of child sexual abuse, mostly outside of the area of criminology and victimology, and a growing body of work on institutional abuse. Within this literature there is an abundance of evidence suggests that child sexual abuse can have adverse health consequences in adulthood and other lifelong effects on the direct victim/ survivor (Wilson 2010; Walsh et al. 2010). The sexual abuse of children can take place in a number of settings including out-of-home or out-of-family care facilities such as nurseries, day care facilities and crèches, as well as foster care homes. Some of the preliminary findings reported upon from this research connect with the sexual abuse of children in out-of-home or out of family care venues. In such scenarios it is often the case that several children are at the heart of the investigations and numerous other family members are affected. In nursery related child sexual abuse parents are particularly adversely affected. Findings from this research suggests that The lifelong adverse consequences that child sexual abuse has in adulthood appear replicated amongst other family members:

R: *the parents were totally at sea, they were suffering from shock, I would now say from post-traumatic shock disorder because so many of them were having those awful things like dissociation happening*

R: *Many of those families subsequently went through break-up, divorce, separation. The impact on the children then was two-fold, if not three-fold*

R: *the ripple effect on their families at that time was immense, absolutely immense*

R: *Typically the responses would involve anger, sadness and a gender difference between the reaction of mothers and those of fathers: 'there was an awful lot of anger, an awful lot of crying, mothers would say, "I could cry a river of tears, I'll never ever be able to stop crying"....Men would just physically just want to kill. ....at the time that was the level of anger that was around. I mean, huge anger, huge depression, huge depression. So many of these women became dependent upon anti-depressants. That dissonance between starting off and then not knowing why you were doing something, between what you thought you were doing and actually what you were doing because of that dissociation effect I would say was quite profound at the time. Others it galvanised into action. Some mothers became absolute fighters.....*

PD: *And had mum suspected the abuse herself?*

R: *She didn't. She thought there was -she knew there was something wrong, .....There were four children in that family, so by the time I saw the three year old, she'd had another baby, so she had quite a spread of children. She was also working part-time ..... She was shell-shocked, is how I would describe it,..... She just came in and she was like caught in the headlights, .....I think mum really didn't want to think that she'd been abused, .....*

R: *.....So that was -and mum was very supportive of the sessions, really wanted them to happen, really pushed the boat out to get her here. I know how difficult that was for her, just to get out of work early when you're trying to build a career and all of that kind of thing, and she'd have already been just finding work difficult with four kids, I think, and just everything that goes with that.*

The importance of a holistic approach came across in all of the interviews. Children who are abused in the settings and scenarios discussed above are surrounded by people who care deeply about them. The **non-abusing adults** close to the abused child included **mothers, fathers, grandparents, older siblings, friends and school teachers**. Practitioners from a range of professional backgrounds including children and young people's counsellors, child sexual exploitation team workers, specialist project workers such as children's independent sexual violence advisors (chivas and isvas), clinical psychologists all variously stressed the importance of support akin to 'family therapy'. Whilst these practitioners were primarily engaged to direct support the child, they provided overwhelming evidence that the caring adults had varying needs for information in order to understand on behalf of the abused, in order to be able to support their children through to survivor status as well as personal support needs in the short, medium and much longer term.

PD: *Yes, I was going to say about the parents, a little bit about supporting the parents*

R: *Yeah. So when we were working with the little ones, there would often be some work with the parents as well, just because of their feelings, but also to make sure that they're managing the behaviour. They're understanding what we're doing, but if they need some help about managing behaviour -because with a lot of the younger ones, what we find is that parents just let a lot of the normal boundaries go, because they feel so guilty or they feel so sorry for their child that they're letting the child rule the roost -you've got children-- I remember one particular case...*

The impact on parents, and on mothers in particular, was variously evidenced and included very personal impacts on health including depression, anxiety, dependency on medication, alcohol and damage to self-esteem. Wider impacts including stigma and broken relationships were often mentioned. In several instances this has led to support being stretched, adapted and manipulated so that support could be more inclusive of the range of family members being adversely affected. As an example, linked to the work of Barnardos, 15-20 years ago in the North East this included setting up a group for parents. In another area, until very recently, the primary care trust allowed for systemic family therapy.

R: *I was just thinking then about -it's not always mums. We tried to set up what we called a parents' group instead of a mothers' group, and we had three couples who were saying they were interested in work -dad wanted work as well. So we tried to set up a group. On the first day, only one couple turned up, so we said -'Well, we'll work with you and we'll try and get the other two...'*

R: *The group mainly comprised of mothers. We very rarely got fathers coming to that, very rarely. Those that did, did not want to be in a group and so we worked with couples who would come to the service. One couple it was their learning disabled child who had been severely, very badly sexually abused. It was anal rape basically in his care setting. And that couple came to us for quite a long time because of the fall-out for them was immense and they were in pieces and we did what we could to help them remain as a strong couple because they were a strong couple but just help them with the effects of what happened to their son. We offered their son a couple of sessions but he wasn't wanting to engage with us particularly. He needed his parents and that is often what we've found. Those young people who were abused actually didn't want professional involvement often. Often they just wanted their parents but because their parents were in such pieces you had that incredible barrier.*

### **Who is affected by child sexual abuse?**

In respect of the sexual abuse of children in out-of-home or out of family care venues including nurseries, parents are particularly adversely affected. Fathers and mothers are affected, as are the non-abused siblings of those who have been abused.

### **How are they affected? What is the impact?**

Thought both mothers and fathers are adversely affected, there is a distinct gender difference to their reactions in the aftermath -in the short and longer term and in their coping strategies. Fathers often react with initial anger and aggressive threats. Women react with sadness and tears.

### **What are their needs - are they met?**

Parents need information abuse child sexual abuse. The nature and extent of it

### **What services/support is available?**

More broadly the research confirms the complexity of determining who is affected by child sexual abuse and how non-abusers are affected. Emergent findings suggest there is unmet needs in relation to those affected indirectly by child sexual abuse. There have been and are projects and initiatives to support families. In the past these have been pioneering and ground-breaking with support groups developing derived from feminist inspired thinking. Contemporarily the scope and adequacy of extant support structures has declined and continues to diminish.

A new development in the Yorkshire area is the **GROW Project** -a joint initiative between the SARC and Kelly Trust. This project will support 5 families to meet their needs arising from the abuse of a child in their family.

## Preliminary Conclusions

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