

Remodelling life in the aftermath of child sexual abuse

A study exploring the support needs of sexually abused children, young people and non abusing parents.

By Dr Wendy Guthrie
on behalf of the
Women's Support Project, Glasgow
with funding from
Changing Children's Services Fund

Acknowledgements

Thank you to everyone who willingly gave their time and insight to further knowledge in whatever capacity in connection with this project.

Special thanks are due to the participants and their support workers; to the dedicated workers from within the varied projects, agencies and organisations, both statutory and voluntary who informed the research; to the members of the advisory group; to the Women's Support Project for identifying the need for the research and for taking it forward; and finally, to the Changing Children's Services Fund for enabling the research to take place.

It is hoped this report and its consequences will catalyse positive change in some small ways ...

The Women's Support Project is a voluntary organisation, recognised as a Scottish charity. Informed by a feminist analysis of male violence and an understanding of the links and overlaps between different forms of violence, discrimination and oppression, the project aims to raise awareness of the extent and effects of violence against women and children, and to support those affected by violence. Key themes in work have been highlighting links between different forms of male violence and promoting an interagency response to the abuse of women and children.

Issues addressed include child sexual abuse, incest, rape, sexual assault, domestic violence and commercial sexual exploitation including prostitution. Areas of work include support and information, provision of resources, training, public education and multi agency working.

For further information about the Women's Support Project:

granite house, 31 stockwell street, glasgow G1 4RZ
tel: (0141) 552 2221 fax: (0141) 552 1876 minicom/qwerty: (0141) 552 9979
email: info@wsproject.demon.co.uk
www.womenssupportproject.co.uk

November 2004

Artwork on front cover by Ainzley Niven
ainzniven@yahoo.co.uk

Table of Contents

Background to the research	3
1. Summary of research findings	5
2. Research methodology	7
Research design	7
Data generation	7
Dealing with the data	8
Sample characteristics	8
Workers	12
3. Introduction	13
Defining what child sexual abuse is	13
4. Describing the research findings	15
In the aftermath of discovery	15
The barriers to telling	17
Raising awareness	18
Words to describe what has happened	18
What is appropriate response?	19
Giving children and young people a voice	20
Silencing	21
Pretence	22
How abusers maintain their controlling influence	23
When can support be given? The mixed messages	23
Engaging with supports: the need to consider the individual's context	26
The process of discovery: acknowledgement versus denial	28
The benefit of hindsight	29
Reasons for not telling	31
Picking up on the indicators of child sexual abuse	32
Lack of evidence to suggest supports consistently available	32
Availability of support	32
Prolonging the agony	33
Are service providers really listening to clients?	33
Where understanding is lacking	34
A key role to play for practical supports	34
The need to listen	36
Division of labour	37
Stimulating constructive change ...	37
Who should provide the services?	38
Fear of others knowing	38

Gaps	39
Judicial impact	40
A living nightmare – where services fail to give due consideration	42
Gender	43
Knowing what services exist	43
5. Remodelling lives – explaining the research	45
6. Comparative literature review	54
7. Recommendations	59
8. Conclusion	62
Systematic response	62
Empathy and flexibility	62
Empirically based training	63
Publicity	63
Interdisciplinary debate	63
A therapeutic role for research	64
Making the links with other forms of abuse	64
References	66
Appendices	68
Appendix I Examples of Topic Guides	68
Appendix II Conviction rates for the sample	71
Appendix III A blueprint for good practice	72
Appendix IV Future services and other comments	74

Background to the research

The impetus for this research project was the observations originating from work carried out over a number of years by the Women's Support Project in Glasgow. Workers repeatedly encountered gaps in understanding and awareness of the complex and often diverse needs of children, young people, their carers and non abusing parents in the aftermath of child sexual abuse.

It has since become apparent that this locally identified gap in empirical research is symptomatic of a wider failure to conduct needs driven exploratory research where child sexual abuse is concerned. For example in "Child abuse and neglect", *The International Journal* (Vol 27, No 12, Dec 2003) MacMillan, Jamieson and Walsh (p1397) highlight the need for greater understanding of the impact of child protection services on abused children and to what extent intervention is associated with improved outcomes. They are of the opinion that "*Employing qualitative research techniques could fill some of the gaps that exist in understanding the experiences of children and families who come into contact with the child welfare system*" (p1406). The authors cite Zellman and Faller's (1996) observation that those who concur with "*the assumption that child abuse only has to be identified to be 'cured,'*" are mistaken in this belief. The need to discover more therefore exists. This qualitative project reveals discoveries which should have relevance not only on a local scale, but also to audiences elsewhere. The type of research methodology employed ensures the focus is placed upon patterns of behaviour which are deeply intertwined in the social construction of daily life and, taking into account varied contexts, are nevertheless likely to have relatively robust transferability.

Unmet needs were the catalyst for this work. In order to develop a deeper understanding of the issues and explore them effectively it was decided to take a holistic perspective. Children and young people, survivors of child sexual abuse together with a group of non abusing parents were the focus of the data generation. In addition a diverse cohort of relevant workers from a range of agencies, statutory and voluntary, was consulted. A flexible yet rigorous approach underpinned the research.

Funding criteria predetermined the overall sample target size. The project aimed to interview 40 respondents in total. 41 in depth interviews were achieved. 19 workers participated. 13 children and young people and 9 non abusing parents agreed to take part, all mothers.

The aim of the study was to discover more about the nature of need in relation to the supports available in the aftermath of child sexual abuse from a holistic viewpoint.

The research did not explore the experience of the abuse itself and the researcher was explicit about this. Although the research was not exploring the sexual abuse, the researcher encountered many barriers to reaching those with experience of the issues.

Some workers clearly felt that it was inappropriate for a researcher to seek direct access to young people having concerns over the potential for rekindling distress.

From the outset it was considered important to speak directly with the young people themselves, however. The value of persisting and gaining the cooperation of workers and in turn their clients is demonstrable in the emergent discoveries, to follow. One support worker who did not feel threatened by my wish for direct access understood my thinking, saying, "*They [the children and young people] are the experts in their own pain, they live with it, we maybe get a snapshot of it for one hour a week ...*" To deny survivors the opportunity to speak for themselves, is to deny them the opportunity to proactively influence service delivery and to genuinely benefit from being heard.

Against a backdrop of consultation upon consultation it is easy to understand why workers should be defensive with respect to researchers. When child sexual abuse is on the agenda, then the instinct to prevent access is powerful.

Researchers attempting to gain access to potentially vulnerable participants should not underestimate the efforts needed. It goes without saying that the individuals' experiences of child sexual abuse vary and there are points in time where it would be evidently inappropriate to invite participation in research. The sensitive researcher understands this and knows to take account of the fact that we are asking people to share their lives with us. To try to mine data from subjects without first explaining the purpose and perceived value of the research and thereby ensuring respondents truly want to participate, is likely to deliver findings that fail to reflect the reality of life as it is lived.

As a consequence of the context of the study, gaining access to children and young people to invite to participate emerged as the overwhelming challenge.

The anticipated timeframe for completing the research was necessarily revised in light of the difficulty in accessing young people. The fieldwork began in October 2003 with the final interview taking place on 19th October 2004.

1. Summary of research findings

This research provides new insight into the needs of children, young people and non-abusing mothers where child sexual abuse has been discovered. The research is based on the real experiences of those who have had to deal with the issues. The work highlights the dilemmas for those involved in knowing what action to take. Lack of understanding on the part of workers, in varied roles and in positions of varying levels, can result in inappropriate responses and judgements being made. When this happens the consequences are not only unhelpful, but potentially seriously damaging for the individuals involved. The research pinpoints;

- variability in gaining support once child sexual abuse has been discovered, due to lack of understanding and inadequate resources
- a need for specialist training for frontline workers across all contexts
- a wish to raise awareness of child sexual abuse systematically within schools at the earliest point in time
- the requirement to highlight the need for support for survivors and their families or carers in the wake of child sexual abuse as legitimate, and that need may vary, often having delayed action characteristics
- more focus on enabling children to tell about abuse because most survivors wished it had been discovered sooner, in retrospect
- the desirability of taking a holistic perspective in understanding the specific nature of individual need
- a need to take into account the reality of people's lives as they are lived in relation to making sensible and meaningful plans of action
- being aware that there may be links to domestic violence and the potential impact this can have on behaviour and support needs
- the benefit of understanding the *Remodelling* process revealed by this research, in giving greater *visibility* to what challenges may lie ahead for survivors and carers
- the main concern of those participating in this research being how to "get on with their lives." For some this involved discovering the possibility of another life beyond that which had been imposed on them through the child sexual abuse and others' reactions to it. Some had managed to largely divorce themselves from the "abuse" identity and move on, to a new place to stay, college or such like, others were still being consumed by dealing with their feelings and outsiders' reactions, unable to see beyond "their abuse"

- utility in explaining the aftermath as a transitional process where not knowing what to expect is entirely normal and that there is a real need to emphasise this; to lend clarity to the ways in which individuals can shape their own destiny and to how they can access specialist help as and when they need it
- the value of providing information to those involved, and for the need for workers to appreciate individuals' capacity to absorb that information will be variable in light of individual factors and according to the particular point in time
- the importance of practical help for survivors and their families and the need for workers to find out what would be meaningful to individuals at different stages following discovery as opposed to “assuming” they know
- the need for flexibility and ongoing availability of supports, avoiding pre-determined time limits and age related barriers
- the fact that there should be consistency of support worker
- a clear need for empathy and respect when dealing with survivors and their carers; the research highlighted many instances where this was notably missing
- consideration of the needs of support workers
- unacceptable delays in cases going to court and traumatic cross examination by defence council
- abusers routinely perceived as evading punishment and the negative impact this has on survivors and their carers
- greater focus on encouraging positive media coverage from an informed perspective with respect to child sexual abuse – to counter the stigma, myths and break down the barrier of silence
- fragmented knowledge of supports available
- Government led co-ordinated approaches to child sexual abuse being required
- general need for routine feedback at all levels in connection with sexual abuse and grounded monitoring of needs and how well they are being met on an ongoing basis

The report which follows reveals the reasons why it is necessary for workers to gain a clearer understanding of the processes involved in remodelling life after child sexual abuse. It emphasises the fact that doing nothing should not be an option. It also reveals why encouraging people to “get on with their lives” by words alone is unrealistic and potentially damaging. Explaining in meaningful ways how this can be done is the key.

2. Research methodology

Research design

In light of the overall exploratory purpose of the research and the need to generate deeper understanding, it was decided to employ a systematic approach to analysing the necessarily large volumes of qualitative data. It was decided to use grounded theory research methodology (Glaser, 1978). In using this approach to the research the researcher avoids reading in any depth within the area to be studied and remains open to discovering the main issues as articulated by the participants, who are the experts. It is the researcher who is naïve and wishes to encourage disclosure of the real issues. The researcher must be humble and genuinely wish to understand life as it is lived by those involved.

Data generation

In order to avoid prejudging the issues, adherence to a rigid questionnaire was avoided and instead topic guides were drawn up (Appendix I) as a starting point. Over time these became redundant in favour of a completely open ended approach to exploring the relevant issues, and digging deeper where judged appropriate. This type of approach worked well in practice with respondents feeling free to discuss the issues of importance to them. It also meant becoming partners in the research as opposed to subjects.

The interviews were carried out in various locations according to practical conditions. Workers were largely interviewed at their place of work or, if preferred, at the Women's Support Project. Non abusing parents were interviewed in their chosen location. The children and young people were interviewed at their usual support service or at home, where appropriate. Because of the context of the research it was very important to acknowledge the potential for causing participants distress. Every effort was made to take this into account during the research design and in making practical provisions to ensure the availability of support directly after the interview itself and subsequently. Social work ethical approval was obtained. All participants received an information sheet which explained the purpose of the research prior to being interviewed. Informed consent was obtained in writing. The Women's Support Project had agreed to provide any supports if required subsequent to the individual interviews. Additionally other information about alternative sources of support was provided. This information was supplementary to the participants having access to their own support worker within the specialist services. Where children were concerned all Market Research Society Guidelines were followed, for example with respect to obtaining necessary parental or equivalent permission.

Most of the interviews were tape recorded for completeness of the data. The tapes were then transcribed. Some participants felt more comfortable not being recorded. When

this was the case, or where the interviewer preferred not to use the tape, detailed field notes were made. These were fleshed out immediately after the interview to ensure full coverage of the issues discussed.

Practical considerations determined who was interviewed when. In other words interviews happened as and when willing participants were discovered. Extreme difficulties in recruiting children and young people were encountered. However, over time and with the generous cooperation of a number of key support specialists from within both statutory and voluntary agencies across the city this major stumbling block was overcome.

Dealing with the data

The first step in analysing the data involved photocopying the transcripts and field notes. This allowed the data to be coded directly alongside the script. The researcher fractures the data by open coding on a line by line basis. This enables the tightly packed information to be transformed into its components and thereby makes it more amenable to carrying out comparisons with and among other pieces of data and emergent themes on a continuous basis. Codes are given labels which reflect the meaning of the data. This process continues but is interspersed with further data collection and a process known as memoing. This is the method for extracting meaning from the jumble of data. Over time and with persistence patterns begin to emerge and these further direct what data is required to reveal more about the outstanding gaps in understanding. It is then possible to carry out a “theoretical sorting” of all the emergent processes which still remain unconnected. Codes are physically cut up and grouped. In this way links between processes are developed. To understand the above procedures fully please refer to Glaser (1978). Finally, when further analysis and synthesis fail to generate additional dimensions which explain how the participants process their main concern, the process could be said to be reaching completion.

Sample characteristics

Children and young people	13
Non abusing mothers	9
Workers	19
Total number of participants	41

The sample included recent cases, for example Police statement taken on 13th October 2003 and pending court proceedings, others just having been to court, a number where lack of evidence prevented it reaching that stage and one where family pressure to

protect the abuser meant no action followed. Some cases dated back a number of years. One case related to abuse which emerged some 14 years ago. Originally narrow criteria had been set for sample characteristics. Participants aged between 12 and 16 had been sought and having experienced abuse which had been investigated within the last two to three years. The difficulties experienced in recruiting participants forced a more practical strategy and flexibility became the necessity. The result of permitting greater variation within the sample has been beneficial allowing the emergence of greater depth of dimensions to explain the processes experienced. It has also revealed greater insight into the changing character of need over time. For example the case of the oldest participant generated great depth of insight into exiting categories of processes and also revealed the existence of entirely new aspects which would otherwise have gone undiscovered. By incorporating divergent experience of the issues, through selective sampling, during the data collection greater depth of understanding has emerged. The concepts discovered are robust and reflect reality for the participants.

A number of the participants from the sample of children and young people had experienced exploitation by different abusers over time. The majority of these cases were current having been to court during the last year or were pending court. In a number of instances where the abuse had taken place a number of years ago the young people interviewed were, in all but a handful of cases, still in need of ongoing support. One young woman from this category of respondent and now in her early twenties was beginning a new life, in positive mindset, away from her family, having dwelt too long on her abuse issues and having been consumed by it. Others who had not had support at the crisis time surrounding disclosure/discovery and subsequently, or had not had appropriate supports, were experiencing ongoing issues in their daily lives.

The outcome of the cases which had been to court varied across the spectrum (see appendix II). There were those which resulted in no conviction, “not proven” on account of a lack of evidence, others where perpetrators were fined and given community service. When perpetrators were found guilty, sentences ranged from three years up to sixteen years for the sexual abuse of children. Some of the children and young people who took part in the research had experienced abuse within the last year and others’ sexually abusive experiences had ended nearly 10 years ago and in one case, longer.

The sample of young people comprised ten girls and young women aged between fourteen and twenty three, in addition one young woman aged thirty agreed to participate and was particularly informative to the study; two boys aged fifteen and sixteen took part; thirteen children and young people in total, of these two were siblings.

One mother and two of her three children who had been abused were interviewed separately for comparative purposes. All other participants were unconnected to one another. Face to face interviews took place in private and lasted from between forty

minutes and two hours. Four of the non abusing parents interviewed also worked in relevant contexts and could offer a valuable dual perspective.

Nine non abusing parents were interviewed for the research, all mothers. It had been hoped that non abusing fathers would inform the research. This hope did not materialise despite inviting fathers to take part. It should therefore be noted that the findings cannot be assumed to be reflective of fathers' experiences. This would require separate, dedicated efforts. The gender bias reflects the burden of dealing with child sexual abuse, which is largely, though not exclusively, placed upon women. Support services have reported finding engaging with non abusing fathers difficult and the few who have come forward have generally not sustained the interaction. This may indicate that non abusing fathers have different support needs, possibly short term practical advice and may possess an ability to move on more quickly. It may be symptomatic of pressure to keep third party knowledge of the abuse concealed, reflecting a concern over the anticipated reactions of others. An alternative explanation may be that services appear unwelcoming to male carers, given the majority of abusers are male. It would be informative to learn more about the feelings of non abusing fathers, carers and other men who have been innocently caught up in the turmoil of discovery and whose lives have been impacted in order to ensure their needs are being addressed. Telephone and email may be appropriate routes to elicit this type of feedback to guard participants' anonymity. Lack of visibility to services should not prevent awareness of the needs of non abusing males.

Diversity

The participants were from varied social backgrounds. All were from within the Glasgow area with the exception of three participants who were from within the area previously known as Strathclyde region. Some of the young people had experience of being looked after and accommodated, others, of living with foster parents, being homeless and living with non abusing parents in either private or public sector housing. Most had moved out of their original home, often to a completely new area of the city. Some non-abusing mothers who had lived in privately owned accommodation found themselves in very different financial circumstances in the aftermath of disclosure, a number with significant debts to pay-off. Dealing with the practical impact of keeping money coming in whilst supporting a child in the wake of discovering child sexual abuse, possibly by a partner, is the stark reality for many mothers, and a significant additional burden. The seeming incompatibility of generating income whilst "being there" for a child was a conflicting pressure experienced by a number of mothers. The sheer weight of demands on non abusing mothers to keep functioning was almost unbearable.

No individuals with learning difficulties took part in the research directly, (one young boy was invited to take part, but his mother did not give her permission). Participants told of siblings and parents within this category who had been affected by child sexual abuse. There needs have not been explored during this research. Indications are that individuals with learning difficulties are at increased risk of targeting by abusers (Kelly, 1992).

Diversity of sexual orientation was encouraged during recruitment to ensure coverage of potentially relevant variables.

The sample did not include any participants from minority ethnic backgrounds, despite encouraging participation. A dedicated study would be required in order to discover the needs of those from culturally diverse backgrounds. This research would be best carried out using small case studies recruited by a researcher who has spent time in a community based setting in order to establish trust and break down significant barriers to speaking. Depth of insight would be the key. The ability to identify variation across cultures would be valuable. It is anticipated that many of the issues will be similar to those revealed in this current project, however there are likely to be relevant contextual issues which would be significant in terms of barriers to accessing services for those in need of support.

Who were the perpetrators?

This is a critical question and it is important to understand that the perpetrators of child sexual abuse are mostly men and most often known and trusted by the survivors. In other words the perpetrators are those people whom children and adults would least expect to harm them. This emerged clearly in all cases in this study. In these instances stranger danger is less common. However, strangers do use befriending and bribery to feign “familiarity” in order to enable them to perpetrate crimes of child sexual abuse. Grooming activities are well documented. Perpetrators will also opportunistically prey on children and young people, when conditions appear favourable to them. Under these circumstances perpetrators have been exposed as “taking advantage of dubiety”. For example one young girl recounted how she had been in a friend’s home, staying over night, and being asked by the father “*do you fancy a shag?*” In light of her reaction he quickly back peddled saying “*I mean a fag*”. There was no doubt in her mind about the nature of his intentions. The necessity for the cloak of secrecy means abusive situations are pre-planned and orchestrated in most cases. Those with regular and close contact with children therefore have the ideal opportunity to capitalise upon should they wish to. Fathers, husbands/step fathers/mother’s boyfriends, peers, brother, half brother, male family friend, sister, uncles, male cousin and grandfather were the perpetrators of the child sexual abuse explored during this study. It is vital that the public in general understand the identity of abusers where child sexual abuse takes place. They are real people, often family members, not unknown, faceless sex offenders.

Abusive experiences

Three of the young people sampled had been abused repeatedly, during different episodes of abuse, by different perpetrators during their lives. Experience of abuse was viewed as a predisposing element to vulnerability to exploitation in future. One young woman explained her difficulties, saying, “*My attitude’s still distorted when it comes to anything sexual at all and that’s no really been worked with anywhere that I’ve come into contact with. I mean ... it’s about the carnage I’m left with, this is the crap my heed tells me, this is my value system that’s oot the windae. I mean I stopped myself getting involved in abusive sexual situations – I stopped myself*

prostituting but it's no cause I want tae. I know it's no right and it's my abuse that's taking me back to it, that's the only reason I stop doing it ... I'm still choking to do it all the time, I still go through notions when I actually want to get hurt – I've no found anybody yet that deals with that kind of stuff."

Situational factors such as visibility to predatory individuals were additional complicating dimensions. Being placed in residential care was of concern on a number of counts including vulnerability to targeting by external would be abusers. Scope for becoming caught up in further exploitation under these circumstances was seen as tangible. Whilst accommodated a survivor was approached, on public transport, enticed by the offer of drink and drugs to go with someone she didn't know to his place. As she said, "*if I'd been out my face, I'd have just gone and then what would have happened ...*"

Duration

The cases used to inform this study ranged in terms of duration of the abuse, across the spectrum, from an isolated identifiable incident to ongoing abusive experiences over time. Examples include abuse from the age of two until discovery aged eight, or, as in another case, from age four, episodically to the present, aged twenty one. Most cases related to ongoing abuse for usually a minimum of one year, often much, much longer.

Siblings also abused

Seven of those interviewed also had siblings who had been abused. Four had knowledge of their siblings being abused at the time, the other three discovered about their siblings being abused subsequently when knowledge of the sexual abuse came out. One young woman told of her father's deviousness. "*He told me if I didn't do it, he'd have to do it to my sister*". He was in fact already abusing her sister, though this was kept hidden. A total of eleven siblings were known to have been abused. Others may have been abused but had not disclosed.

Workers

Nineteen workers were "officially" interviewed on a face to face basis. A large number of additional carers informed the research during protracted discussions when negotiating access to young people. A range of workers from statutory and voluntary support services were interviewed. These included individuals from Breakthrough for Women, SAY Women, Notre Dame Centre, Greater Easterhouse Family Support Project, Children and Families Counselling Project, Quarriers Reach Out Project, Women's Support Project and The Halt Project. Other relevant workers included a member of Strathclyde Police Child Protection Unit, lawyer specialising in child sexual abuse cases, ex Reporter to the Children's Panel, with current practice development remit, a Sheriff, Procurator Fiscal, Social Worker, specialist in assessments, experienced pastoral care teacher, mental health nurse, clinical psychiatrist and psychologist.

3. Introduction

This research demonstrates the value of inductive research whereby the researcher enters the arena from a relatively ignorant standpoint and allows the participants to set the agenda. In this way participants' experiences and how they articulate them directs the process. The absence of pre-existing ideas enables the real issues to come out. The research highlights many barriers which children, families and carers encounter in the aftermath of child sexual abuse. It is grounded in the empirical evidence generated from respondents. Whilst it does not purport to being entirely representative, it delivers a valuable way of looking at the critical issues. It is hoped that the work will generate further debate among relevant stakeholders and catalyse positive change.

Defining what child sexual abuse is

Workers were invited to offer a definition of child sexual abuse. The responses obtained reflected varying understanding of the different dimensions of sexually abusive interactions where children are involved. There is an identifiable need for clarity over a comprehensive definition of what should be identified as child sexual abuse in order to ensure abusive activities are picked up by workers.

The Women's Support Project use the following definition in conjunction with citing examples of child sexual abuse when providing training:

"Any child below the age of 16 may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s), (including organised networks). This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour."

Supplementing the above with tangible examples helps to illustrate the wide range of exploitation possible, ranging from obscene telephone calls, indecent exposure and voyeurism such as watching a child undress, to fondling, taking pornographic pictures, attempted intercourse, rape, incest or child prostitution.

A selection of responses gained during this research follows.

A young people's worker said about the definition, *"Varies, with how they define it ... [sexual abuse]. That's where they are at with it. Some will tell you things that you think are terrible – but it's about how they frame it ..."*

"Abuse is about power relationships, could be among peers. There is the legal definition versus the abusive interaction."

Many workers defined child sexual abuse as in terms of peer abuse. Those involved however may not have viewed it as such, being normalised within a culture of alcohol,

drugs, domestic abuse or combination of these factors. *“A 14 year old girl was raped by a 15 year old and her friends were non plussed by it – ‘Oh, that’s OK we’ll look after the wean.’ The girl herself had no previous sexual experience. She was distressed, but her friends seemed to see it as some sort of badge of honour. These are girls who are not lacking in intelligence, but one comes from a double parent household where there’s quite a record of violence in the house, and the other where there’s quite a record of gangsters in the vicinity. The father was killed very viciously by a shotgun a few years ago – mother found beaten to a pulp in the past and both girls have been found on school property using both drink and drugs. They lose the will to say ‘no’ – a lot of peer pressure and they are also out of their mind half the time.”*

Other workers mentioned the links between domestic violence and child sexual abuse. A number of individuals highlighted the difficulties in defining sexual abuse *“where we are bordering on inappropriate behaviour, the grey areas, early grooming, experimentation or where there’s an age differential ...”* A number of respondents referred to *“ritual”* abuse.

“Primarily I see it to do with a range of behaviours carried out in relation to a child or young person which would involve inappropriate sexual behaviour. So it doesn’t have to be an adult, it can be a young perpetrator and in terms of what behaviours fall into that category, I think that there are some that are very clear, more advanced acts of intercourse, penetration, the whole area of grooming, the prelude to sexualised behaviour. The whole issue of consent, in other words if a young person appears to consent that does not diminish the dimension of abusive behaviour.”

“I have a very wide definition of sexual abuse; it includes non-contact. When people think of sexual abuse they automatically think of hands on touching and there are so many other forms; of exhibitionism, showing a child pornography, taking pictures of a child, and from there right on to hands on touching. My definition wouldn’t just include penetration, it could include touching. There is the whole thing about betrayal that’s involved as well, in terms of who’s doing this, because that can have a major effect ... It is very important to have a very wide definition of abuse. Hear statistics all the time about child sexual abuse, but what they very rarely tell you is what are the criteria being used – some stats will only include contact offences.”

4. Describing the research findings

In the aftermath of discovery

When child sexual abuse is suspected and child protection investigations take place the lives of those involved change for ever.

The research has uncovered an inconsistency of response where child sexual abuse is identified. There is variability in the criteria used in determining need for services. One individual's interpretation of risk may be poles apart from that of another. There is no indication of a consistent response to providing information and guidance to children, non abusing parents, carers or frontline workers in the immediate wake of it coming out into the open. There is evidence of missed opportunities for intervention and concurrent vulnerability to further abuse.

Resource limitations are partly to blame for failures. The need to prioritise cases in light of the perceived risk occurs. Those cases whereby the abuser is no longer present and a non abusing mother is caring for the child are often regarded as low priority. This practice is inappropriate in terms of gauging need for support services. The fact that the immediate risk is eliminated however does not mean those involved can function with no adverse effects and without knowing what support services exist or how to access them as and when they are needed. Gaps in front line workers' understanding of child sexual abuse and in a failure to recognise the potential for far reaching impact represent significant factors leading to patchy service response. Insufficient training of these workers about the nature and possible impact of sexually abusive situations on children and their carers gives the opportunity for incorrect opinions to prevail by default. Unwarranted judgements by workers about a mother's parenting ability and possible culpability in the abusive situation have been revealed. These prevent women being given, or asking for, the support they require when faced with traumatic events. The scope for wrongly implicating mothers in abuse is real, so too is the likelihood of serious situations not being acknowledged or being trivialised through lack of understanding.

Inappropriate responses have been highlighted to be extremely damaging in their own right. Many examples involving the reactions of family, friends or workers have come to light. Workers must skilfully enable non abusing mothers or carers to support children wherever possible. Expecting them to intuitively know how to be supportive under conditions of extreme adversity is unrealistic.

There are many reasons why non abusing mothers cannot and will not ask for help when faced with an alien situation such as child sexual abuse and the possible repercussions.

Whilst it is true to say outward appearances can be deceptive and individuals may seem to be functioning normally, deep rooted damage may be smouldering unseen when child sexual abuse has come out into the open. Fear of being labelled an "unfit" mother and

the implications of this is a powerful motivating factor in the silencing of mothers. Under such circumstances what mother would openly admit to not being able to cope? Recognition of a non-abusing parent's need for support should be accepted wisdom. Workers must reinforce this need as legitimate. This research illustrates that this is not universally appreciated at the present time. Minimum reaction by services should be to provide information about support services that exist and how to access these. Other practical supports, advocacy or therapeutic intervention may be appropriate. The links between direct or indirect experience of child sexual abuse, as a survivor or a non-abusing parent, and mental ill-health have repeatedly emerged during the course of the research. Systematic and timely provision of supportive information may have significant impact in minimising resulting damage to mental health. Relatively basic actions may be sufficient to offset damage. However, negative impact on mental health is likely to be characteristic of normal response to traumatic events such as the abuse itself or the consequences of it coming out into the public domain. The tendency to pathologise may therefore be unhelpful and compound inappropriate reactions. The complexity and heterogeneity of response to child sexual abuse mean it is very difficult for the inexperienced to judge how the individuals are reacting in the immediate aftermath. The pressure to pretend things are under control is considerable. *Delayed action response*, whereby effects emerge at unpredictable junctures over time, very often sporadically, and not necessarily in the immediate period after discovery, is a key dimension to consider when arguing for the provision of supportive information at the earliest point possible. The likelihood of a need for some degree of specialist support because of enduring or intermittent effects means services must be highly flexible in their approach. This flexibility encompasses their willingness and ability to listen, to discover, to tailor response in light of individual need and to appreciate the oscillating nature of need.

The research has uncovered the fragmented nature of knowledge about support services availability and suitability among workers. This furthers the inconsistency of response. The existence of a reticence amongst some workers was observed in relation to supporting victims. Some workers reported a fear of doing more damage than good and being distinctly uncomfortable in knowing how best to go about tackling the issues. As one worker commented, "*my experience and certainly from a patient's perspective as well, a lot of patients felt nurses and professionals shied away from it [child sexual abuse] and I felt that as well, I felt quite inadequate*".

There is an identifiable gap between rhetoric and practice among the varied stakeholders in relation to joined up working. Failures may be to do with historical misconceptions as to the appropriateness of division of labour between the statutory and voluntary sector. There is divergence of opinion of who should be doing what work. Clarity over which services are best equipped to carry out differing roles is needed. This will prevent the dangers of inefficient duplication of effort and a parallel failure to meet existing needs. It will also mean a more efficient allocation of finite resources.

Attitudes regarding policies, health and safety requirements and cultural norms have led to rigidity in approach in some quarters. Cooperation between stakeholders under these conditions becomes difficult. Some clients are labelled as undesirable and consequently their needs, often challenging ones, may be ignored. Within one organisation approached to give access to its clients as part of this exploratory research, there was a preoccupation with bureaucratic ethical considerations which were largely bogus. This reflected a failure to tune in to reality, disregard for the need to listen to and engage with other parties whose motives are informed and well intended. One worker, at the coal face highlighted the institutional dogma she witnessed, saying attitudes tend to be "*We do things this way and we're doing it right*". A genuine openness to dialogue with others was missing.

The barriers to telling

Survivors have been described as testing the water in order to gauge whether or not they should talk about their experiences of child sexual abuse. They are looking for a reaction, looking for the green light, "*to know whether to go further.*" The observation may be of significance in areas where encouraging disclosure is the primary concern. Indeed this research highlights a gap in practice where too little is done to facilitate "telling". The barriers to telling are significant and anything that can be done to dismantle these to some extent should be done.

Most, though not all, of the children and young people have said they wished things had been discovered sooner. However decisions about who to tell and how to go about doing it are complex. As one young woman told me "*there is never a right time.*" Trying to escape the abuse by denying its existence to oneself and others is one strategy. Negative experiences of investigation procedures, court outcomes and a failure to see justice done are factors which retrospectively made some participants wish they had never told or that it had not come out.

Fears about getting into trouble were real. Issues which involve intimate sexual experiences are further complications. Having the opportunity to tell when no one will interrupt or overhear are additional considerations. Concerns over the anticipated disruptive consequences to family life or of not being believed prevent telling. In cases where children have been abused at a very young age and abusers have established the "norms" of life, the gradual realisation that what has been happening is not the "*game*" it was fabricated to be, is a source of added turmoil. Under these conditions self critical feelings of "*how could I have been so stupid not to see?*" were evident. Survivors become implicated in the abuse and this can make it all the more difficult for them to see a route to escape through telling.

With the application of skilled and creative minds it should be possible to teach the language and decision making ability to enable otherwise silenced children to speak up, safe in *the* knowledge that they will be appropriately supported.

Raising awareness

There is therefore evidence of a need to proactively raise awareness at an early stage within schools. The aim should be to deliver sufficient information to help keep children safe. Giving them this knowledge, a language and a route to highlight problems must be a key element in the move to change children's services for the better. There were examples of children, being abused, being manipulated into believing that what is happening to them is for example "*part of growing up*". Repeatedly children and young people said they would have spoken up had they understood that what was happening to them was not normal. When asked who she might have considered telling, one young woman explained her feelings, "*You think it's normal and told no to talk about it [by the abuser] I don't really know, I'd have liked to have said to my sister, or something, or like my best pal, but I couldn't because I thought it's no normal ..., but you think it happens to everybody – because it happens to you, that's a way of bringing up and your told not to talk about it.*"

Young people stated they felt more work should be done to raise awareness in schools and that they should "*tell you the full story ... about diseases [sexual], everything. In primary, don't let anyone touch you, primary one or two – 'that's wrong or that ...' [ie teach about inappropriate behaviour and boundaries].*" Another young girl had similar thoughts and highlights a gap in provision, saying "*In schools, something about child abuse. If I knew, like at school that it was wrong I would, at least then maybe have said to a teacher, like this is happening to me, can you help stop it happening. They do sex education but there is nothing about inappropriate behaviour and things like that – they don't do nothing about it, it's just like a man and a woman at it and there's nothing really in it ...*"

Words to describe what has happened

Having easy access to a trusted and familiar teacher may be their only viable channel to tell. Cuts in resources for pastoral care of pupils make this route for children increasingly precarious. With relevant teachers finding themselves overstretched, the consequent shortage of time could suppress receptiveness to warning signs indicating abuse. The time available to work with vulnerable youngsters is diminishing and need remains. Having an "open door" policy – as in one school where a room is always staffed and pupils can go in at any time for a drink of water is an example of a non stigmatised contact route which could have a wider role to play.

Currently there is no strategic commitment to raise awareness of the issue of child sexual abuse within the pre-school and primary education systems in Scotland. Resource material does exist and is used in Canada, Australia and in some US states. The Glasgow education department has an "Action Against Abuse" pack for use in secondary schools which encourages discussion about child sexual abuse and positive solutions. However, use of this material is not mandatory and uptake varies. Data for year 2004 indicates that out of 37 schools in Strathclyde region, only a total of 9 schools either requested specialist training on child sexual abuse or for the material to be delivered. Those

involved in promoting the use of these resources report the need for a proactive “push” strategy in encouraging uptake. There is no apparent commitment at strategic level to consistent coverage of the issue.

What is appropriate response?

Workers have highlighted the critical dimensions to responding to child sexual abuse as being the need to believe the child and where a non abusing mother is present to enable them to provide consistent and stable support. Where a supportive non abusing parent is absent identifying a consistent source of support is important. Beyond the necessity to believe, response will vary on an individual basis thereafter. As one survivor emphasised to me, “*Everybody’s an individual.*” The importance of having someone to believe that abuse has occurred repeatedly emerged through the interviews. Some in contact workers have indicated reluctance to reflect “*belief*” and greater clarity about this is needed. Statutory psychiatric services were criticised for their “*tick the box*” type of approach where survivors felt they were being categorised inappropriately. This had a dehumanising effect and failed to reflect any understanding of them as unique beings. It also prevented issues being addressed in satisfactory ways. Compartmentalising symptoms and labelling were barriers to seeing the interconnectedness of issues. In many instances workers took a *linear* perspective and refused to entertain holistic work criss-crossing issue boundaries even where young people themselves had expressed a wish to proceed along these lines.

Voluntary engagement with services is a critical dimension. A number of young people felt that they were forced into therapy inappropriately, when they were not ready for this. Support work should reflect the meaning individuals place on the abuse they have experienced, not on how workers frame that abuse for them. Listening to children and young people is a key component in reflexivity of response. Needs vary in light of many factors and clearly not all survivors will be able to identify or articulate these. Because it may be challenging to discover the nature and extent of individual need, does not mean it should not happen. Establishing an understanding of personal boundaries and exploring strategies for keeping safe in future may be the primary need. Ensuring the safety of siblings is another concern and one which is not automatically addressed. A number of children and young people have highlighted the positive impact a befriender has had. Being able to write things down was raised as a helpful way of communicating with support workers. Art therapy was also beneficial in providing a route for expression and communication. In some instances there was a feeling that the survivor/counsellor relationship was the critical component as opposed to the actual therapeutic work undertaken. Having someone to trust and depend on was important. Where nightmares, panic attacks, self harm or suicidal feelings exist specific pieces of work are indicated, tailored to individual need.

Giving children and young people a voice

As has already been mentioned the researcher encountered many and varied barriers to gaining access to service users, children and young people, survivors of child sexual abuse. Gaining routine feedback from this group as to their experiences of services is rare. In a climate where there is so little primary data generated, questions regarding the impact and appropriateness of provision are legitimate. If this empirically based research's only contribution to extending knowledge was to highlight the need for engaging young people and routinely giving them the opportunity to voice their expectations and experiences of services which exist and are required where child sexual abuse is an issue, then the project will have been worthwhile. The young people who were interviewed expressed genuinely positive comments about the fact that they would, through communicating their own experiences, help improve approaches and services. The clear message is to encourage more dialogue with children and young people because they have understanding and ability to express their opinions. Non-abusing parents can also be seen as a generally overlooked group when it comes to reflecting their needs.

There are many different approaches to therapeutic interventions where child sexual abuse has occurred. These differences may create barriers to mutual understanding and ultimately prevent open discussion amongst support providers. Under these circumstances there is the likelihood of over-reliance on certain techniques or a delaying effect on new, potentially beneficial, discoveries percolating to survivors.

A number of workers mentioned the feelings of inadequacy in knowing how to proceed when disclosure is made. Passing victims on to others has been one way of "dealing" with the dilemma. However, there has been some recognition that this may not always be appropriate and not be what victims themselves want at that moment in time. For example, *"we just thought when somebody tells you they've been sexually abused and we say we'll try and get them an appointment for 6 weeks – 'just go and talk to someone else' is sending out all the wrong messages – reinforcing how they feel about themselves."* Gartnavel Royal Hospital was developing an abuse pack for use with adult survivors at the suggestion of staff with special interest in the area. Needs-driven initiatives of this nature are to be welcomed. Routine sharing of such resources with other stakeholders would be a beneficial development. Keeping developments in-house unduly limits the opportunity for others to profit and restricts input from external, yet valuable sources. Decisions as to what to do in the aftermath of discovery of child sexual abuse, during and post investigation, pre and post court, should be proactive and not left, assuming someone else will provide the necessary support by magic. Currently there are no guarantees as to being supported systematically.

Silencing

The silencing of children is an omnipresent theme within the research. This process is a consequence of third parties interaction with the young people. Whilst techniques for silencing victims are many and varied they are the sine qua non for abusers. The crime of child sexual abuse is dependent upon the maintenance of secrecy. A repertoire of silencing strategies is consciously and deliberately developed by abusers. Workers, non abusing parents and others have been observed, under certain circumstances, perpetuating this silencing process. Sometimes the easiest option may appear to be to pretend nothing is untoward when there is a question of child sexual abuse.

Within families the powerful desire of non abusing parents to turn back the clock and to somehow pretend that the abuse simply didn't happen can mute voices and stifle much wanted (by survivors) openness. Pretence becomes the driving force. Alternatively a parent may be unsure of what course of action to take. The default position in some such cases is silence. The following reflection by one young woman is an indicator of this practice. *"She'd [young person's mother] seen my scars [caused by self harm] and things and she never acknowledged them. 'Oh has the cat scratched you again?' and I'd say no and it was just left, it wasnae spoken into. There had been suicide attempts before that, nane of them required hospitalisation – but I mean I kept getting cuts on my wrists and marks on my neck from trying to hang myself ... My Maw, I think she saw them but didnae want to see them, so she just sort of brushed it under the carpet and carried on as normal."*

The knock on effect of this can propagate the internalising effect likely to be already present due to the secrecy of the abusive situation itself. The overall impact is one of furthering feelings of isolation and compounding a patterned tendency whereby the nurturing process between parent and child is supplanted by a pushing apart.

The aftermath of the discovery of child sexual abuse is traumatic and emotionally charged. Against this backdrop it is easy to understand how there is scope for exclusion to occur. Punishment may be misdirected, blame being targeted at those at hand, the non abusing parent or siblings for example or on the survivor themselves, in the absence of the justifiable culprit, the abuser. Time and again non abusing parents have described the chaos their lives have become where abuse has come out into the open. Prior to discovery life had appeared routine and people had accommodated the situation to some degree.

The ultimate injustice of child sexual abuse remains the destructive impact of what has happened not only on the individual but to the survivors' families. The abuser is insulated from the suffering they have inflicted and, in this sense, escape their just punishment. The invisibility of abusers and the frequency with which they avoid becoming the focus for blame may partially explain the tendency for survivors and their families to bear the brunt of the burden of blame.

Pretence

Maintaining the institutional integrity of the “family” has been identified as a powerful force in silencing processes. For some parents, the need to protect the institution of the family may be the overwhelming priority. Where this is the case individual suffering will be subsumed by a skewed vision. Family pressure meant *“no being able to talk about it, pretending it’s fine, it’s fine ...”* for one young woman. The desire to preserve outward appearances of normality takes precedence, stifling individual needs. The collective pressure should not be underestimated. Indeed a parallel pressure to conceal as opposed to confront and tackle was in evidence where a Priest had been the perpetrator of child sexual abuse, the protection of the *institution* prevailed over the individual, survivor.

The preoccupation in some cases to erase any outward evidence of abuse arose as an issue repeatedly within the research. This type of penetrating, unrelenting focus creates a situation where there is no escape for survivors. This has been described as being trapped. Living against a backdrop of abuse over a long period is a source of torture for victims, involving pretence that the abuse never happened, with the likelihood of constant exposure to the perpetrators. There were four examples of young people living with the perpetrator, either under the same roof or within close proximity. *“I found it difficult because it had been bottled up for so long – no way you show it in the house and school ...”*, here the young woman was forced to live with her stepbrother, her family having full knowledge about the abuse and as explained *“they still treated him the same way.”* [ie as if he had done nothing wrong] He had been convicted and supposed to be removed from the family home. Verification that this had occurred was clearly ineffective.

One man who had been sexually abused as a boy told a worker of his experience of being let down by his parents because he *“felt they knew about it – they weren’t doing any of the abuse – it was an uncle – but when he told, they said rubbish, making up stories – he actually thinks they knew and found it difficult because it was his dad’s brother.”*

Other participants have echoed the pretence that everything is okay becomes normalised behaviour. Even many years afterwards survivors may have difficulty in admitting that all is not actually *okay*.

Children too have been shown to desire to protect the cohesion of the family. For one young woman the desire to get support and maintain the family were pressing needs, yet seemingly incompatible, *“I was just clamming up because he [youth worker] was employed by social work and the minute I saw social workers I thought woa. I just wanted help for me I didn’t want to cause chaos in the family and I knew at that age my Maw would likely be telt and she wouldn’t react well and I wanted to keep peace at home and get my beed sorted, but there didn’t seem to be a way of doing that.”*

An overwhelming desire to maintain the integrity of the family unit was therefore a characteristic concern for some of the young people. *“I have a conscious memory of being abused between 10 and 11 by my Mum’s partner at the time and since that I’ve been sort of looking for help and not been clear about where to go – wasnae wanting to go to social work or police because that*

would split the whole family up – I didn't want him to go and I didn't want my ma to hate me, so I was kinda stuck in the middle, no visible way out.” Under such conditions silence prevails. A need to break down the stigma associated with child sexual abuse was identified and to provide channels for those who will not interface with statutory bodies to seek some form of support which otherwise would be denied.

How abusers maintain their controlling influence

A mélange of fear, real, projected or anticipated acts to suppress vocalisation. Threats of violence and warnings of consequences for loved ones are routine silencers. “*He told me ‘Mummy would go away’*”, were the very words a non abusing mother remembered her then four year old daughter saying. When asked why she placed her toys in a particular way each night before bed she explained that she wanted them to be safe, having been warned “*If Santa Claus can get in, Daddy [her abuser] can get in.*” These examples demonstrate the shockingly brutal way in which abusers infiltrate the minds of their victims.

The use of complex myth making ploys, involving preplanning in minute detail, years in advance, is another trademark of calculating predatory behaviour designed to access victims covertly. Pre-selection of victims to minimise the chances of being discovered is evidenced. Those who are perceived as already vulnerable are targets for abusers. Those seen as being least likely to be believed in the eventuality that they do actually disclose are often chosen. In this category come those with learning difficulties, mental health issues or children already labelled “difficult”. A number of workers raised concerns over the increasing number of children viewed as being potentially vulnerable to exploitation due to adverse circumstances (for example the impact of heroin addiction on parenting ability), and the ease with which this group could be identified and targeted by abusers.

When can support be given? The mixed messages

Where child sexual abuse is suspected and statutory child protection procedures come into play the research reveals the primacy of evidence gathering. The whole process very often appears driven by evidentiary dogma. A consequence of this has been a reluctance to begin supporting children at the earliest opportunity. Whilst no one would deny the need to gather evidence of the crime of child sexual abuse, this should not preclude or unnecessarily delay the provision of support services.

The needs of non abusing parents have been reported as being largely overlooked in the overwhelming drive to protect the child. The critical role a non abusing mother has in supporting her child may be understood, but in most cases little tangible support is forthcoming. Experienced support workers have repeatedly observed that those with the best outcomes tend to be those children who have had the consistent support of a believing mother or carer. Where the “risk”, in other words the perpetrator, is removed,

then mothers may be left to deal with their own issues, not knowing how best to begin to help their child.

Focus on safeguarding children throughout the investigation and in the preparation of child witnesses has received greater consideration in recent times. However, the availability of support for survivors and their carers remains a cause for concern, particularly where “risk” is assessed to be removed or in cases where there is a lack of evidence to pursue matters. Safeguarding evidence, which may or may not result in a conviction, appears to supersede the needs and wishes of the survivors on many occasions. The need to provide supports which enable survivors and their families to rebuild normality into their lives emerged as critical, regardless of whether risk is removed or not, or whether or not the case is going to court.

Messages about what work can and cannot be done, pre-court are mixed. The official line from all relevant legal sources is clear that pre-court work can and should take place. In order to clarify what can and cannot be done, a new document has just been published by the Scottish Executive (Code of Practice to facilitate the provision of therapeutic support to child witnesses in court proceedings, (2005)). These are explicit and state that the child’s wellbeing is paramount and this should be the driving factor determining provision of therapeutic support. It should not be assumed that there is inevitability of contamination of evidence where such supports are given. This research has revealed much divergence of opinion as to what work is permissible pre court and the provision of the new guidelines should provide support workers with the much needed legitimacy to offer more relevant support. All young people who were interviewed explained their frustration at not being able to talk about all the issues, pre court. They talked as though they had been gagged. The following illustrates this sentiment, “[I] couldnae talk about it to anybody, annoying, because it hadn’t been to court. Cannae talk about what you want tae talk about you’ve got to talk about other things”. Young people repeatedly raised this constraint as a very real frustration and a perceived impediment to their recovery as survivors, as distinct from remaining victims. Preventing talking about the things they want to talk about is just one example of this. This demonstrates the *involuntary* dimension of silencing processes.

Further indicators of silencing activities have come to light as non abusing mothers attempt to compensate in the wake of abuse. One young woman describes her desire to talk about the abuse perpetrated by her brother who, continued to remain in the family home, forcing her to live in the same house as the perpetrator (who’d been given community service and a fine for the abuse of his sister) contrary to what social workers believed. “Basically I wasn’t allowed to talk about it. [Who told you that?] Naebody said to me I wasnae allowed to talk about it but when I wanted to talk about it, my parents wouldnae even listen. Then they would get me up in the middle of the night, when the boys were sleeping and want to talk about it. They just sat and asked me questions like why did I not tell them? ‘We should have just kept it in the family. Why did I get the social workers involved?’”

Misconceptions governing exactly how potential witnesses should be supported exist. There is an indication that even now workers may incorrectly advise parents to avoid accessing support services. This reflects a longstanding vagueness and difference of opinion as to what is and is not permissible, pre-court. Specialist support projects have displayed caution in delivering their services pre-court, preferring to deal post court. Pre-court work does take place but it shies away from delving into the abuse itself (contrary to what many respondents would like), focusing rather on survivors' feelings, strategies for keeping them safe and information about court layout and procedure. Even now mothers can be told not to speak to their children.

A number of young people have been told to believe that they can automatically put the abuse behind them and in the case of one young woman, expect to "*get over your abuse in three weeks*," according to her social worker. Resilience exists, but delivering unrealistic messages of this nature are likely to be not only unhelpful, but possibly damaging. Indeed a number of examples were revealed where serious harm was the result of interventions which masqueraded as support work and fell far short of being acceptable by any benchmarks. A need for basic training is indicated to ensure there is a common understanding about child sexual abuse and what are appropriate responses. Where understanding of the nature and complexity of response to experience of child sexual abuse is absent, the potential for further harm must be addressed. If children and non abusing parents receive messages saying they do not require help then this may be a barrier to asking for support. *Legitimising* the need for support is paramount. Excellent support services exist, but the pathways to these are not well signposted. Access to appropriate and timely support is rare. The young people in this study have been supported in the aftermath of discovery about child sexual abuse, but few have articulated this support as being without problems. Most have told of frustrations and have voiced eagerness to make supports better for others. Supports may have been accessed haphazardly following a vacuum of no services. There is no question that there are many opportunities for the delivery of practical supportive information and advice to be consistently available at the earliest opportunity. Frequently there was evidence of concern for siblings or non abusing parents who had been neglected in terms of assessing their need for support.

Awareness raising of the existence of child sexual abuse, who perpetrators may be, who might be told and how to tell, and how to tell again if no appropriate response happens, are some straightforward pieces of information which should be widely circulated.

Waiting lists to access services are not uncommon. Delays may, in themselves, augment expectations, ie if I have to wait for the service, it must be good. There is potential for a mismatch of expectations versus the reality of provision. For example, one mother explained how it took eight months from her son's first contact via GP to gaining a clinic appointment. He had recently within the previous year, disclosed that his grandfather had abused him. He had been feeling guilty because he had "*enjoyed*" some of the feelings

[sexual— of the abuse] and had wanted to explore why he couldn't seem to keep a girlfriend. Instead of experiencing a helpful supportive response he encountered an unacceptable one; “*why do you want to come for counselling?*”, and “*it's not as if you were attacked on the street and it's not as if you didn't know ... [abuser].*” Abusers are known to actively seek to make experience of abuse “enjoyable”. This is a manipulative technique to continue to engage the young person and perpetuate the abusive interaction.

Geographical boundaries also were reported to prevent access to potentially beneficial services, a further demonstration of the inconsistency of service availability.

The research identifies many barriers to accessing help for both children themselves and their non abusing family members. A particularly relevant dimension which is an apparently characteristic response to the traumatic aftermath of discovery is that survivors may experience “*delayed action*” properties to their need for or the recognition of their need for support. This is a critical fact and must be engineered into service design and resource allocation. There must be no “time bar” to disqualify access to supports. Because need was not evident in the immediate aftermath, this does not mean that support will not be required at some future, indeterminate point or points in time. For example, one young person revealed her concern over the case of her non abusing mother. Having declined an offer of support prior to the case going to court, recognised her need for help some weeks later, post court – to discover that the provision had been perishable, was no longer on offer, having passed its sell by date. Examples such as this have negative effects on survivors, unnecessarily adding to existing distress and compound feelings of powerlessness. “*My social worker was alright she referred me here [project], but that was just for me no my family ... my Ma that's no had any [support].*”

Engaging with supports: the need to consider the individual's context

The receptivity of survivors to intervention and support appeared variable, with a number of survivors repeatedly accessing provision but being unable to sustain the interaction. Reasons why this pattern emerged are not clear, however, some possible explanations have emerged. Personal matching of counsellors may not have occurred or be possible due to limited resources. Survivor/counsellor incompatibility may have been an issue from the outset. Service expectations and provision may be at odds with client needs. For example, a requirement to attend appointments may be too rigid for clients to adhere to. Failure to comply may prevent further engagement. Young people may feel they cannot return, having let their counsellor down, alternatively service provision may be withheld. An additional explanation for support breakdown may be that service design simply fails to take account of the social construction of young people's lives and the need for services to mesh with that person's lifestyle. For example one young respondent told of how she attended counselling on a Tuesday afternoon followed by going to the pictures with her friends and how the two things were not compatible, saying “*It used to do my head in ...*” Being forced into have counselling was another reason

for lack of efficacy and tailing off. This observation meshes with the tendency for adults to ignore/silence children and young people and to impose what is perceived in their opinion as being “best”. Consent was a critical area for successful intervention and willing participation integral to best practice evidenced by some services. Practical support, information and advocacy may be the priority at that moment in time. Needs change over time.

The need for workers to be able to empathise with survivors and their families emerged as a critical dimension and adequate training has a key role to play in filling this need. Where non abusing parents exist, it is paramount that their needs are explored, understood and met. Too often, as evidenced in this research, the non abusing mothers are left unsupported in the face of devastating discoveries which reorganise their lives. Beliefs, relationships and daily life are transformed in previously unimaginable ways. Routine family life is thrown into turmoil. The discovery of child sexual abuse has a *remodelling* effect. Impact may not only be local to the immediate family unit, but may have a wider locus of effect. Disbelief may be the reaction of relatives when confronted by the discovery that a “respected” family member has been accused of child sexual abuse. Disbelief is not however the same as not believing but is part of a process at a difficult time. It is essential for non abusing parents to be able to access support in their own right and to enable them to appropriately support their child/children.

The needs of individuals must be the driving force as far as directing appropriate response is concerned in the wake of child sexual abuse. Knowledge about patterns of response should enable workers to better understand survivors and be more able to provide tailored and appropriate supports. The uniqueness of each case must be the fulcrum around which all else pivots. Common factors are there. Support should be looked at in its widest context. Making superficial judgements about people’s need for support should be discouraged.

The pervasive and embedded nature of the ties of blood is a significant factor in making sense of reactions to intra familial abuse. Bonds of love and expected loyalty are powerful constituents where relationships are concerned. Decision making under such circumstances can be extremely complex, with conflicting forces at play. The norms of abused children will, in many cases, have been established by a father figure/perpetrator concealing the abusive nature of activities. Disclosure is unlikely and the scope for ongoing abuse to take place is great. Breaking bonds in the aftermath of discovery is traumatic and life changing. One young woman tells of her social worker’s lack of comprehension with respect to her feelings toward her abuser, *“she doesnae understand how I feel toward my brother. She understands what’s happening, what’s going on. People don’t understand how I don’t hate my brother, I just want him to be helped but my social worker couldnae understand, it’s like my brother, and I wouldnae want anything wrang tae happen tae him.”*

A number of young people talked about their own chance discovery that what was happening to them was abuse as distinct from a previously understood “normal” part of

growing up, “it was a friend I had at the time and we were sitting just talking about all kinds of things and I said something and she said that’s no right, that’s definitely no right.” Confusion reigns where “deviance” supplants previous meanings.

“I was eight at the time, I was at my Nan’s house, and all my cousins were staying and I was saying ‘do you do this with your Da?’ – they were looking at me – are you weird or something ...?”

How knowledge of the abuse comes into the open is another important issue. Whether the young person was proactive in telling versus a sudden unforeseen discovery, possible disclosure by a third party, perhaps a sibling, slipped out whilst drunk, or was triggered by events requires consideration. Very often it is unexpected, without warning for the child and not within their control. *“I woke up with my Mum lying beside me crying and gran walking about the streets in her night gown – this was the third abuse. I didnae tell about it. Wee brother [also abused] told at the time. He visits a psychiatric unit, he tried to kill himself and aw that, never talk about it, trying to kill himself since it happened, just after. He’s been doing it [attempting suicide] ever since it happened to him and he’s still trying it”.*

The process of discovery: acknowledgement versus denial

There are powerful forces which encourage a muting of voices where child sexual abuse is concerned. Pretence is a common component. This is played out in characteristic fashion where parties will exist in an unreal situation. At one level the actors function as though nothing had happened, but in reality are suffering mental anguish. Unilateral pretence and collective pretence may occur depending on the situation. Anguish may be perpetuated for survivors both by the nature of sexual abuse and by the ongoing pressure for concealment. This is true even where the abuse itself has stopped.

“I feel let down, wanted the problem discovered, wanted help with my head, I was having nightmares, couldnae think beyond it [the abuse], I wanted help for me – anorexic at 15, at 10 began restricting my eating, 12 started to cut myself – nobody picked up on it – brushed under the carpet ...”

One very experienced worker identified this patterned practice thus, *“I guess my experience is that there is an immense tendency and pressure to behave as if nothing had happened in relation to sexual abuse. In other words the kind of secrecy which is often a key part of the abusing behaviour, seems to me to resonate through what happens even once the behaviour is known about. People don’t want to talk about it, people don’t want to acknowledge it and that seems to me to be a continuing effect”.*

The point at which the abuse itself is discovered, by non abusing parents in general, is often not easily definable – active realisation being the culmination of an incremental process; one in which many shards of suspicion converge to reveal the existence of child sexual abuse; shards, which in isolation, and even accumulating, were at the time confusing or meaningless; shards, which retrospectively may appear indicative of abuse, yet at the time held no such meaning. Outsiders, looking in, see with different eyes. Faced with what they see as irrefutable evidence of abuse they fail to comprehend how mothers

could not have known. This research highlights how inappropriate such judgements are given the complex, unfamiliar and traumatic experience of discovery.

The benefit of hindsight

Where abuse has taken place, the non abusing mothers in this study were noted to rework the missed clues and risked becoming caught up in self-blame for failing to make the now seemingly obvious connections. This practice was evidenced in the case of every respondent participating in the research. Revisiting occasions where the “signs” were there is one example of how “mothers” replay their own “failings”. It is all too easy for the detached commentator to see situations as either black or white. External judgments which label mothers, as being to blame, simply exacerbate the unimaginable guilt already present for not having seen sooner. One woman talked of being made to feel as though she did not deserve her children by a number of different professionals involved in the initial investigative process which was carried out by Police and social work. The repetitive nature of this punishment has significant negative mental health implications. All of the mothers in this study reported either being admitted for treatment, or being prescribed anti-depressants by their GP. For example, *“I had to give up work, my nerves were really bad, I got nae kind of counselling or anything, I had to go to the Dr for my nerves ...”*

The self volunteered reports of damage to mental health tended towards the more severe end of the spectrum. Additionally a number of the young people interviewed also reported their non abusing mother struggling to function following disclosure, one regularly crying inconsolably, another resulting in hospitalisation some months on. The impact of child sexual abuse on mental health (of both survivors and their families) was further emphasised during the investigative phase of the research with a number of health professionals from this specialist area wishing to be interviewed because they felt their experiences would be relevant to the project.

Where workers are tempted to pass judgment on a mother’s culpability – caution is indicated. To illustrate the point one worker said *“I ask people to ‘think of a colleague who you really respect, is shit hot at their job – can you honestly say, 100% that you would believe immediately?’”* Being confronted with the possibility of child sexual abuse by your husband/partner/other family member is like being asked to believe what for many is the unimaginable. Confronted by the possibility of her husband’s guilt, one non abusing mother remembers her initial reaction, *“I kept saying I don’t think he would do that, I really don’t, I canny imagine him ... I canny see him doing that he’s the kind of man that wouldn’y do things like that ...”* A general failure to entertain the possibility that abusers may be our friends, lovers, husbands, relatives is a hurdle to discovery. Media coverage could do more to portray sex offenders as real people, leading otherwise mundane lives. A number of mothers recounted knowing that something was wrong at an earlier point in time, but were unable to pinpoint the problem. *“With me going in from my work, I knew there was*

something wrong with my family, but I didn't know this was what it was ..." When child sexual abuse is not on the agenda, being sensitive to the warning signs is unlikely.

The trajectory of the process of discovery can be varied. Discovery may be instantaneous and irrefutable, with the culprit being caught by a third party. This was the situation in only one of the cases in this study. The precautions abusers take to keep the secret hidden however mean that definitive proof of this kind is rare. Children may tell, but be misunderstood. For example one young girl told of "*sliding down the slide onto 'the balls'*", when playing with her older cousin. Only at a much later date did the full meaning become apparent.

Children and young people may not be believed if they tell about abuse. One mother tells of her initial reaction, "*I just kept thinking she must be on drugs, she's mad, she's off her head ... why is she doing this, running away and making all these allegations ...*" This reflected initial disbelief, as does the following example, "*It was my sister told my auntie and she didn't believe her because my sister had lied before, but no big lies you know. Nobody believed her and she came up to our house one night and ma Ma asked me and at first I said no and then 'cause I started crying, it came out.*"

Children and young people need to be believed and should understand they did not instigate the abuse. Workers must simultaneously appropriately deal with the possibility of dubiety. This can result in a lack of clarity as to how to respond.

Some of the perpetrators of child sexual abuse in this study have been revealed to have used violence, often of a very extreme nature, against non abusing mothers. As one non abusing mother began, "*I was, just to let you know, in a violent relationship – when I came here [relocated to keep safe] I was on my back for eight months, set about me and my wee boy with an iron bar ...*" In some of the cases it seems the use of violence is a strategy designed to numb mothers' awareness of other abusive possibilities, to mitigate the likelihood of discovery, to make them appear weak in their children's eyes and to make them seem ill equipped to react to best effect. At least 5 of the 9 non abusing parents in this study had been in violent relationships, in all these cases the abuser had been the father figure. Other researchers have noted the links between domestic violence and child sexual abuse, notably Forman (1992). In her study she draws attention to the implications of understanding these complex interactions. This has particular relevance for the delivery of appropriate supports based on the reality of the woman's life experience. It impinges on the sense making and recovery processes. Fear silences.

Frequently the discovery process was incremental in character, with the non abusing mother taking time for the reality of the abuse to infiltrate their consciousness. In the face of accumulating evidence it may be a tiny detail which tips the balance to belief from denial. Mothers can sometimes be quite specific about the moment at which they realised that abuse had occurred. "*He was out there looking for her ... and then I think just at that point, I thought, 'what have you done?' I think that's when it clicked, there's something no right here ...*"

Reasons for not telling

Wanting to tell was a common sentiment voiced by many of the young people interviewed. A number of different barriers were identified as preventing this however. For some the difficulty appeared to surround finding the “right” moment to tell and the words to tell. One young woman indicates the problem she faced, saying “*We werenae that close to Ma or Da and you canny just turn round when you’re making a cup of tea and ‘Oh, that’s right this has happened to me ...’*” The awkwardness of just coming straight out and telling a non-abusing parent or carer was too great. Picking “the right moment” is not easy. When asked whether she had wanted to tell, one young woman who’d been abused by her brother explained how she felt, saying “*Aye and no. Aye, to stop it happening to other people but scared in case I got into trouble. I never told because, you know, I thought it was well you know, if you’re talking, I didn’t know how to put it in words.*”

A powerful desire for children to “protect” a non-abusing mother from the anticipated stress surrounding the discovery was another impediment to telling. Threats made by abusers are powerful forces against telling. One young person had previously told her mother that abuse had not occurred. “*Mum I didn’t mean to tell you lies. [denying that abuse had happened] My Dad said my Gran would have a heart attack, you would die, you would take an overdose ‘cause your nerves couldn’t handle it ...’*” [disclosure]. Children and young people will go to great lengths to conceal the abuse in the face of fears of the repercussions on loved ones. Where violence is part and parcel of daily existence within families, children have maintained secrecy as a bargaining tool to help minimise the abuse of their mother. For example one daughter tells, “*You know when you used to get all they doings, we used to say to ma Da ‘you canny dae that any more, you do it, we’re going to tell ...’ and he kept daeing it and daeing it ...*”, and mother realised “*that’s why X told in the end – because I had a really bad doing one night and she says, ‘I told him, I told him ...’*” Repeatedly children have been described as keeping the secret to “protect” a loved one. “*We didn’t want to say anything to you, we were too frightened in case we upset you..*” One young man told his mother of his wish to spare her the distress of discovering her father had abused him as a young boy. She had always looked up to her Dad and he’d been a much talked about, haloed figure in her life. Her son kept the secret from the age of eleven until he was nineteen.

In one instance a young woman explained how she felt pressure to protect herself, by maintaining the façade of normality against a backdrop of multiple abuse. As she herself put it, “*I was a good wee actress – I was good at kidding on that everything was alright. I didn’t want social work or police to get into all that [the sexual abuse] – say social work to a 10 year old and you just think I’m gonna get whipped aff them and pit in care – go out of wan hellish situation into a worse wan.*”

Picking up on the indicators of child sexual abuse

“At 12 I started self harming, which was evident for all because I was going to classes wearing a tee-shirt and scars on my arms and fresh cuts and things – so it was quite evident – but nobody seemed to bother – they’d say how did you do that? I done it myself and that was just left.”

Expressing regret that it wasn’t tackled earlier was a common sentiment among the young people. One young woman with multiple experiences of abuse told me it would have been helpful *“to talk about it when I was young.”* If it hadn’t have come out she explained, *“I’d have still felt trapped and I wouldn’y have been myself.”*

The lack of evidence to suggest supports are consistently available

When asked about provision of support surrounding child sexual abuse a worker echoed the emergent data from the current study saying, *“Well, certainly it doesn’t happen routinely in my experience.”* Speaking from a health service background, another worker pointed out a general lack of training surrounding child sexual abuse and that access to relevant material and training was very much down to personal interest and the individual’s proactive search capacity. For those lacking the basic impetus to seek out information – scant information would be forthcoming. A parallel phenomenon was detected within the social work context.

Recognition of the potential need for support and ability to source appropriate supports are a function of individual workers’ interest in the area. This fact leads to inconsistency of response. Need may go unrecognised. This arbitrary dimension to support delivery is a critical gap highlighted by this research.

Availability of support

Where joint Police and Social work investigations have taken place, and specifically where child protection procedures have been implemented the likelihood of accessing support services is apparently good, though waiting lists are not uncommon where some services are concerned. In many other cases there is serious cause for concern. In these instances service allocation is highly dependent on the knowledge base of individual workers. An experienced social worker will seek out and refer to specialist supports or provide information as to what services exist, whereas another may believe there is no such requirement for provision of supports in either the short or long term. There is great danger and much evidence to suggest children and their non abusing parents are not being identified as “in need” and are not being offered access to appropriate supports. One such example was the case of a young girl, aged 9, who having been through the court ordeal repeatedly contacted her curator for support in the aftermath, indicating the absence of other supports. This is one example of the variability in provision of supports. Other young people told of stumbling on support services in a

haphazard way. Visible and consistent routes to relevant services are lacking. Whether abused children and young people reach relevant help is very much a game of chance. Provision of services for non-abusing parents and carers is similarly patchy, and in many instances appears to be provided by default. The extreme impact of child sexual abuse on non-abusing parents and the impact on the “wider” family is a critical fact. More holistic and inclusive approaches need to be given greater emphasis.

Prolonging the agony

Children and families are subjected to additional strain with the protracted process of going to court. None of the young people, whose cases had been destined for court reported swift progress. As one young person put it *“it took pure ages to go to court.”* Repeated delays in getting to court were common and a source of much distress. Court dates were regularly cancelled at short notice, defendants being seen to work the system with their legal representatives apparently adept at drawing things out to their client’s possible advantage. One worker illustrated this damaging practice, *“I’m thinking of an adult – I’m supporting one young woman just now and it’s going to the high court and it’s been put back 5 times so far ... and each time it gets put back it makes it more and more difficult for her – it becomes much harder when the time comes and you are actually in the witness box ... that [delaying tactics] coupled with a system that’s overloaded – can’t cope. I can’t understand why they allow it given, we’re not talking about having your bag pinched here, your talking about something that is so emotional and so, so difficult, I don’t personally understand ... it prevents some kind of closure, I mean when I say closure I mean, the effects are still going to stay with them ... but to have a court appearance hanging over you ...”*

“We got our first court date and it was adjourned and got another man and it got adjourned again and got another man and then brother [abuser] never turned up and then we only got another man there, so went to court and that was the last time we had to go.”

Bargains were seen to be struck at the eleventh hour after families having their lives put on hold in the run up to trial dates. The control of the perpetrator seems to extend to manipulating the duration of distress, through delaying tactics. Lawyers may have a vested interest in prolonging proceedings. Slowness of court proceedings experienced by survivors and their families are therefore regularly denying the freedom to try to move on at the earliest opportunity. New court procedures designed to eliminate these delays have been recently introduced in an attempt to ensure all parties are sufficiently prepared to meet court appearance dates. It remains to be seen whether they will consistently and sufficiently improve the experiences of survivors. Radical improvements are urgently needed. Workers voiced real concerns, concerns emanating from first hand experience.

Are service providers really listening to clients?

When asked how effective current services are in meeting the needs of children, the overwhelming message from the research is that provision varies enormously. As one

worker explained, *“there are some people who have a really rich and compassionate take on understanding issues of child sexual abuse – who work in dedicated services, and if a young person gets in tow with them it is likely to be a helpful experience ..., it bothers me and I think it is possible for the young person to have a conversation ... without feeling that the person is interested or not in whether they have had these aversive experiences. I think that is mostly what worries me ...”*

This variability was echoed by the young people and the non abusing mothers.

Where understanding is lacking

Two non abusing mothers detailed their experience of accessing counselling via their work but felt overly pressurised into returning to work before they were ready. *“All they were interested in was getting me back to work. You need to put this behind you – get back to work as soon as possible, throw yourself into your work ...”* The failure to tailor supports to individuals’ needs highlights the requirement which has emerged very strongly that services must be person centred.

Some young people spoke of having workers who lacked even a most basic ability to understand their experiences. A distinct absence of empathy was indicated by one young woman’s views of her social workers, saying *“[she was] just a daftie and the way she spoke wasn’t helpful, she couldn’t relate to you, didn’t have a clue about what I was talking about – I was on probation and I wouldn’t answer and I’d have to see her, I couldn’t hide from her.”* Another was described as, *“a bit better, but saying get over it [the abuse].”* When asked what had been helpful and would help others, she was able to articulate her beliefs well, saying *“drawing, being allowed to tell them [support workers] the way you want to work. They have to be able to understand you, if you are sitting speaking to them some of them won’t understand where you are coming from.”*

Another important consideration is to scrutinise underpinning assumptions, in other words how “we”, external individuals and agencies, frame the abuse. There is a danger in pre-judging what’s wanted and what’s needed. Too great a focus on a presumed need for therapeutic interventions may be inappropriate.

A key role to play for practical supports

The flip side to failing to fully take on board the potentially destructive impact of child sexual abuse on survivors and those around them is to over-react. This is illustrated in the application of undue pressure to attend counselling for example. Modulating response to reflect person centred need is paramount. Counselling should not be viewed as an obligatory panacea. Coercion of this nature could be damaging, practical supports and advocacy may be more appropriate.

As one young woman told me, when she reflected on her own experience of multiple sexual abuse as a child, having left home and being in the care of another family member, having none of her own possessions, with no money, her particular worry was who was

going to buy her new socks. Practical supports have a vital function and should not be overlooked. Again these should be based on specific, agreed needs of survivors, not patronising, assumed needs. One survivor explained, *“I don’t need a nurse coming in ... someone doing my shopping would help...”* Leaving the safety of home is sometimes an issue for survivors. There are simple things which can be done to ease this burden and which are meaningful in the context of daily life. For example, having had someone to trust to deliver her children the short distance to school safely would have made a tangible difference.

Another young survivor told of how she and her sister became like prisoners in their own home in the aftermath of discovery. Struggling to deal with the shocking discovery their mother was unable to take them to the park for example. *“My Mum was crying and then [we were] made to sit in. I wasn’t allowed out to play ... I think social workers should come in even for a couple of hours every couple of days because it’s hard on kids – see my Mum, all she was doing was sitting on that floor crying – going to her bed – see to be honest social workers didn’t help her.”* During this period of turmoil, in the opinion of the young person, looking back on the situation, having had a little practical assistance would have given a small, but meaningful taste of normality at a time when their mother’s life was in chaos. The children in this case were being doubly punished. Having suffered sexual abuse, they were then denied the freedom to be children and to do ordinary day to day activities, a consequence of the impact on their carer. The need for practical support under these circumstances is critical.

Where survivors are in receipt of benefits and initial processes for proving need have been completed minimising future requirements for reliving the negative consequences of the abuse would be a route to lessening distress. Revealing intimate problems and giving examples of ongoing effects, even indirectly, via form filling, can feel like undue encroachment into personal territory. The impact of further exposure of this nature should not be underestimated, bearing in mind the exploitative experiences survivors have had. *“Do I really need to say that I might wet the bed...?”* Perhaps some processes could be streamlined to minimise repeated intrusion in such cases. In similar vein referral processes via health can involve retelling about child sexual abuse to additional, unfamiliar figures, unduly.

Apparently insignificant actions, which are thoughtful, may have disproportionately beneficial impact in the self recovery process of survivors. One such example springs to mind. This involved a judge offering a young girl a drink of water and inviting her to sit, rather than stand, during her court appearance. This had a big impact, being memorable and humane. One simple recommendation to emerge from this should be to encourage workers to think creatively about the little, meaningful things which could be done, practically for survivors and their families or carers.

The need to listen

“Sometimes I think we need to stop and actually listen to them [in this case, children] – sometimes we get carried away and think we know what’s best for them”. This observation by a specialist therapeutic worker is resonant of the discoveries flowing from this research project. This is to give children, young people and non abusing parents a voice. To listen to the messages these “experts” are giving and to act in light of what they are telling. One young girl told of her experience as an eight year old, saying, *“Counselling, you gotta go to counselling. I don’t think that’s right, I was old enough to know I didn’t want tae go. I don’t think you should go to counselling until you’re 16 – until you actually know, about 14 you start realising ...”* Others talked about not being ready for help, *“heed too scrambled.”* Openness to engaging with support services has been shown to fluctuate.

The children and young people in this study have been able to reflect on their experiences and share valuable insight. Some individuals have given the impression that young people would not be well placed to speak and articulate their views to a researcher. This was not the case in practice. The research has discovered too few examples whereby agencies (with the exception of Children 1st) systematically invite children and young people to give feedback through relevant channels. Much more could be done to genuinely involve service users in ongoing evaluation.

A movement away from more holistic approaches to dealing with child sexual abuse had been identified as a real process within statutory bodies and one which was viewed as a perceived weakness in the system. The child protection function, divorced from the “working through” dimension of social workers’ remit. One worker felt, *“This is not to say that social workers never do this kind of work, because sometimes they do and do it well, but this tends to be the exception.”* The consequence was a tendency to look to other agencies to do the work.

Greater clarity over the division of labour is fundamental to ensuring adequacy and appropriateness of support. There is clearly a role for children and families mental health service provision in light of the proliferation of mental health issues connected to the experience, direct and indirect, of the effects of child sexual abuse. However, it is likely that current provision should be remodelled. Overtly clinical approaches are unlikely to meet the needs of the majority of survivors and their carers. Serious trauma has taken place and as one specialist noted, *“family relationships between the young person and the non abusing parent were seriously damaged by the disclosure work ...”* Damage to mental health and the experience of sexual abuse repeatedly emerged as being interlinked. Given this undeniable fact, careful attention should be devoted to the creative development of relevant services. There were many examples of cases where mental health intervention was portrayed as unhelpful, ill designed and poorly delivered by the respondents in this study. Main criticisms centred round a unilateral type of service delivery whereby survivors were treated as “passengers” and not as sentient beings. The requirement for

active engagement in order for lasting benefits to be delivered by therapeutic offerings appeared to be a missing constituent.

Division of labour

Historically the NHS mental health services in Scotland have had projects doing child sexual abuse consultation work, during the 1980s. However, as experts have observed, *“it just diminished in the 90s, this work was done less and less.”*

One possible explanation for the erosion of work dedicated to sexual abuse was identified as the pressure to medicalise within the health service culture. Work revolving around the needs of children and families having experienced abuse *“just got marginalised because it didn’t have a medical label.”* In contrast to the decline in mental health work surrounding abuse, there was a greater focus on the development of the medical side of things culminating in the Fred Stone Unit, born of collaborative work between Police surgeons, Social work and paediatricians. This work was an attempt to *“do a better job where children had to be examined in the context of abuse allegations, because previously it hadn’t ... it is a very difficult thing to do well ...”*

Stimulating constructive change ...

Joint commissioning of required services means it will be more and more difficult to ignore the needs of children who have been sexually abused and their families. As one respondent with a local and global vision put it, *“I think it means it is a lot harder for any of the parties to avoid the issues which are preoccupying the other agencies – so I think this is coming back on the agenda.”*

One observer felt, *“I think, maybe all the agencies should get together – working together rather than everybody working away not knowing what each other is doing. Outsiders going round these agencies and looking in – I think they link in now and again, but I think they don’t get together enough and work as one.”*

The message about over medicalisation of services and failure to appropriately provide for client needs is therefore seen as being a contextual outcome as opposed to being fundamentally ideological in nature. Given a more needs driven atmosphere the reorientation and remodelling of services and their delivery should follow.

Avoiding the pressure to diagnose in favour of a more realistic perspective should be encouraged; the expected response to adverse life events.

There is a perceived over emphasis on the use of labels within clinical services and a number of respondents have highlighted the unhelpful impact of this requirement. For example, *“Does this child have ADHD, does this child have Aspergers syndrome ... those are the kind of questions people wrestle with ...”*

Who should provide the services?

This research does not answer this question. It highlights the need for wide ranging interagency debate surrounding who is best suited to deliver appropriate services. Some issues for consideration are outlined below.

“I think we are under a lot of restraints – working in hospital environments”. There is a feeling that negative preconceptions of some workers can be a significant barrier to the delivery of appropriate supports. Going through psychiatric services risks being branded “personality disorder” and with this comes attendant prejudice that these individuals are “not helping themselves”. It would be true to say that many of these clients are very demanding, often drug dependent and draining to work with. Workers may see little or no “return” for their efforts and consequently this category of client may be viewed very negatively by some. Reframing their situations in terms of responses to life events and developing a greater understanding of the difficulty of “growing up normal” under such conditions is seen as a more positive approach. Instead of being “*wasters and somebody that’s using the system*” one worker talked of her theory in very different terms saying, “*their personality is not developed and that is why they take on negative coping skills, it’s about children having to deal with adult situations, situations they shouldn’t be in.*”

Simple lack of life experience on the part of some workers was raised as another factor which can encourage avoidance strategies where child sexual abuse is on the agenda. As one more experienced interviewee noted, “*I think everybody is an individual with a different upbringing and I think young nurses find it very difficult – really stressful ..., then it leads to avoidance and patients pick up on this and close up and go back to the pills.*”

There is a real need to address the issue, not skirt around it and provide avenues to open up the dialogue. “*I think they would have liked somebody to ask them, someone to believe them ...*”

Co-ordinating the current fragmented responses is a priority. Possibly one body, an agency for abuse, to pull it all together, would help visibility and accessibility. Encouraging more self referral services could also be considered. The process of *remodelling* points to the potential for the development of a greater reliance on practical supports, self-help strategies and possibly peer support.

Fear of others knowing

The issue of who knows about sexual abuse having occurred is a critical issue for victims and their families. Concerns over others’ reactions to the abuse were often acute. In one instance the fears about neighbours discovering were shown to be unfounded and more to do with the mental distress associated with the discovery of the multiple abuse of her children by her husband, “*if they hear he’s a paedophile they’re going to blow up my house ... we’ll be spat on ... but it was all in my imagination – how I felt.*” In other cases anticipated negative consequences were fulfilled. The scenario of wholesale peer discovery within the school

context was unhelpful for a number of young people. Telling one's trusted friend about experience of child sexual abuse does not come with a guarantee of confidentiality. In time others may find out and often do. The information may well be used in hurtful, damaging ways. If bullying was an issue for the victim, then information about abuse simply becomes further ammunition. One young person told me *"I was bullied already, when everybody found out [about the sexual abuse] it made it worse, extra things to pick on – I was really angry, a friend spilled the beans and it came out."* With the benefit of hindsight a number of young people said they would opt to keep counsel to themselves and advise others faced with a similar choice to do likewise. For example, *"the whole school knows, everybody knows, see if I'm talking on the internet [to pals] – they know what gets to me, that's what annoys me, see if I fall out with somebody, they'll open their mouth [about being abused] aye about what happened to me ..., so any advice to anybody would be – keep your mouth shut – don't tell your pals."*

In some instances it was clearly helpful for judicious disclosure to relevant parties. Teachers went to great lengths to help provide extra classes for one young girl to help her catch up for lost time and enable her to achieve her academic potential in the aftermath of disclosure.

Gaps

There is a real gap in out of hours needs driven crisis support. There is a need for more provision of outreach work for young people.

Social work standby service has been described as "inappropriate" by survivors needing some emotional support or place to chill out when issues "over heat". Other voluntary services do respond but this is reliant on dedication of workers and their willingness to make themselves contactable in an emergency. Referrals to other support services rely heavily on informal networks. More could be done to make the links more visible and routinely workable.

Lack of consistency in procurator fiscal – for example *"talking to one pf and then it was a different one [in court] – strange because it was a man, I'd have preferred it if it was a woman ..."* There was indication too that post court support is viewed as good practice with respect to debriefing from the procurator fiscal concerned, however this was not a uniform requirement and as such open to discretion; gaps can and do occur.

Further research is needed to explore how residential workers and foster parents deal with the issue of child sexual abuse and what supports and training are available to these particularly relevant groups. No residential units participated in this study despite being invited to take part. Data from this source would have been very valuable to this research project in light of the relevance of the issue of child sexual abuse within the looked after context.

Reasons for not taking part may include (1) a view that workers wish to protect their vulnerable young people from perceived “further harm” in discussing issues with outsiders, when they may well have had previous “intrusion” from a number of other parties; (2) unwillingness to dig up issues, ie. it may not be in workers’ interests to potentially “stir things up”, easier to choose this option and avoid unnecessary disruption to the routine. There may be a vested interest in maintaining the status quo; (3) feeling uncomfortable with the issue of child sexual abuse; (4) the barrier of divided loyalty for residential workers. A conflict of duty to protect their young people and provide parental support versus pressure to protect the social work department may exist. This conflict of interest would apply where for example a young person may have originally been accommodated/in respite care, having been abused, but has subsequently experienced further child sexual abuse by peers whilst being looked after. In these cases young people may have the right to make a claim against their carers. (5) Pre existing opinions about effectiveness of support services, possible previous bad experiences, causing all services to be dismissed as ineffective or inappropriate. Further in depth work within residential settings is indicated.

Judicial impact

“If you could turn back time I wouldn’t have told anyone ... I felt like the criminal, not the victim”, one young person’s telling reflection on her experiences of the justice system.

Another young woman told of her courtroom memories, saying of the defence, *“they tell you ‘you done this’ and you don’t have time to answer, when you never... He said I fantasised. They make you feel about that high and they shout about 10 questions ...”*

The feeling of being let down by a system that they had believed would punish the guilty, was a sentiment echoed by many of the young people interviewed. Where a case ended without convictions, due to lack of evidence, one young woman described being left in a vacuum, wondering, but not being told what kind of evidence would have been needed. She wished she could have her opportunity to return to court, a number of years having elapsed. With the benefit of greater maturity, she felt she would be able to be a more credible witness in the face of rigorous cross examination.

Pre-court preparation serves to demystify the process. As one young woman explained, having already been through a trial process, *“It was easier this time, I had support there. The Police were really good and I knew what to expect ...”*

Designing, resourcing and operating effective support services for children and non abusing parents cannot operate in a vacuum, however, where child sexual abuse is on the agenda. Courts must deal appropriately with abusers. Almost without exception respondents have voiced concern over perceived inconsistencies in sentencing of abusers, *“I do think there are very ambiguous messages coming out of the courts.”* This concern over frequently incomprehensible judgments was echoed repeatedly. Others felt sentencing

reflected a lack of understanding of the crime and what its consequences are. There was a feeling that faced with the difficulties with gaining convictions through the criminal justice system more cases should be pursued through the Children's Hearing system. The benefit here was that even where grounds are denied, the abuser can be designated a schedule one offender. A more uniform response was felt to be necessary. There is cause for concern where convictions have not been secured, yet abuse has happened. The perpetrator may become "invisible" – beyond the jurisdiction of monitoring and free to continue as before, targeting others. Further concerns were raised with respect to facilities currently available where supervised contact is permitted in terms of suitability and adequacy. For example it was also discovered that one child had been further abused during such "contact" with her father, a number of years ago.

On deeper exploration, there are many difficulties surrounding establishing that sexual abuse has occurred from a legal standpoint, not least among these is the apparent lack of consensus about what evidence is appropriate and valid, among "experts" in the field. Proving the identity of the perpetrator/s is also extremely complicated given the nature of the crime and improbability of having tangible forensic evidence. Sheriffs must examine the evidence put in front of them. This means, as one put it, *"I can't look behind what's put in front of me."* The scenario where grounds are not accepted is becoming more common and the *"way referrals seem to be so contested means we are just about at the point of skewing it back that the child is not coming at the top [of priorities]."*

Discovering valuable advances in research work within the field of child sexual abuse are vital to improving the ability to determine, in legal terms, that child sexual abuse has occurred. Robust tools such as those documented in Freidrich et al. (1998) *Normative sexual behaviour in children* is one example of work which was cited as being likely to influence judicial knowledge and thereby tangibly augment existing practice for the better.

Time frames for referrals to be dealt with are regularly prolonged, frequently, as one respondent observed *"by so many different legal people being involved."* An example of a recent case in point was cited by a sheriff who noted that, *"all the various parties had instructed an advocate, social work ..., even the Reporter."* The practice of overloading with legal representation is very often perceived as an unnecessary move with some individuals being perfectly competent to act in their own right. Once such trends gain momentum, however, reversing them becomes difficult. Logistically such practice is nightmarish. The challenge of ensuring all the relevant people can synchronise their diaries is one explanation why delays in progressing cases takes place. Under such circumstances it is difficult to maintain continuity. Delaying tactics on the part of legal representatives is another possible explanation. A number of parties may have vested interests in prolonging cases. Problems with courtroom availability were highlighted as another serious issue frequently causing otherwise unnecessary delays. One obvious, though no

doubt unpopular, solution would be to extend court operating times to make use of underutilised capacity outwith normal hours. Shift working could be considered.

Balancing provision of ongoing support where required with a need to bring some sense of closure.

Some support services are restricted in the duration of supports they can offer. From the outset there may be a predetermined package – this is inflexible and clearly fails to build in variability of individual need.

Relevant support must be the benchmark. A number of respondents picked up on open ended counselling as building too great a sense of reliance with potentially negative impact on the victim. A number of young people highlighted this as an issue they had encountered and had seen others being prevented from “moving on” by support services wishing to prolong the relationship. Optimum practice appeared to be support with clear aims together with reviews of progress, working towards a mutually agreed end point, with the guarantee of continuing support in future when necessary.

A living nightmare – where services fail to give due consideration

One non abusing mother told of her experience of being wrongly implicated in her daughter’s abuse, having the child then aged four, taken into care and having to battle to prove her innocence and finally to get her daughter returned to her care. She described her ordeal in terms of “*playing a game where you don’t know the rules.*” Non abusing mothers have repeatedly described the unreality of what occurs in the immediate aftermath of discovering that your child has been sexually abused, by either the father or father figure. They talk of existing in a trance like state where they feel disconnected and powerless, almost removed from normal existence.

One mother told how she felt as though she was in a room surrounded by many doors but unable to go through any one, not knowing which to choose. The response is likely to mirror the response to acute trauma experienced in varied contexts. What happens is like a *cocooning process* whereby the individual is “protected” from grappling with the terrible reality of the situation and paralysed from taking conscious action.

There is a need for independent input in order to avoid abuse of parental rights by over zealous, possibly poorly trained, workers where child protection issues arise. It is crucial that parents understand the process they are involved in and know that they have rights too.

Gender

Gender emerged as an important issue to be considered when working with survivors and requires to be handled sensitively. Asking survivors about their preferences and reflecting these was suggested as the best way forward.

“The [Police] woman was dead nice, so she was. No like you see on telly – interview room, like a homely place, quite a homely place. If it had been a man I was talking to [giving her statement] it would have been different, because it was a woman you feel better.”

Knowing what services exist

Suggestions for fostering greater interaction between various agencies working to support children, young people and non abusing parents could include the establishment of a forum for practitioners. This would enable the various parties to explain details of their role, what they do and how they do things in order to enable participants to share ways of working and openness to adopting other, possibly underutilised approaches. This would encourage debate and stimulate greater sharing of knowledge, and allowing the various parties to see beyond their particular niche and better appreciate the bigger picture. The research has revealed a need to counter narrow perspectives and to catalyse new ways of thinking.

What services exist? What support work is done? These are not simple questions, provision is fragmented. There is a need to research and document all available resources and provide an up-to-date directory of who does what.

Online availability with details of how to access would be helpful.

A brief example of two specialist services is given below.

Children and Families Counselling Project. Children 1st will work with children, young people (up to age 21) and non abusing parents where child sexual abuse has taken place. Negotiation with the family takes place and examination of how the family functions to discover, for example, who is “invisible” and who talks too much. During this process one worker facilitates, another documents. The aim is to generate awareness of dynamics and to provide a model of communication. This work usually involves 3 full sessions of 1 hour, with 3 further individual sessions each. The service offered is tailored in light of emergent needs and formulated accordingly. It appears to be reflexive, for example the workers say, *“this is what we think you told us, these are the areas, deal with the effects of sexual abuse, ... possibly nightmares, flashbacks, keeping safe.”* It is client lead but workers steer the process in order that, as one worker put it, *“so, not here over long and they can see an end. We meet together and give some homework, things that help them put things into practice”*. *“Do I need to still come here?” – “Do you think you need to come?”* When work is finished, celebrate the achievements – monitoring and questionnaire after six months ...

Greater Easterhouse Family Support Project. Work with children and families around the issue of “What is abuse?” and with a clear emphasis on consent to engage. Evaluate without too many assumptions, for example at this point, do they need a specialist service? A caring believing parent may be sufficient. The project gives information so that survivors and their families understand the social work department, about the case conference, give them information to enable individuals to make links themselves that they didn’t previously have the language to describe. Work on family tree. Use life snake to understand about people’s lives and why the people have made the decisions they’ve made.

Discrete yet visible, this is a dilemma for services. One worker pointed to the success of SAY Women as a case in point, growing profile and publicity, yet perception that this in turn could become a barrier, with a young person having said, *“If I go there people will know I’ve been abused ...”*

5. Remodelling lives – explaining the research

The main contribution of this research is to explain how the various individuals process their main concern. By honing in on patterns of behaviour and repeatedly comparing these it has been possible to distinguish some key processes and to give them explanatory power. This ability to deal with variability and generate understanding is particularly helpful in this instance where need changes over time and at individual level. It means it is possible to unravel the conditions which catalyse change and ultimately to deliver predictive capacity.

The primary process identified during the research is a *remodelling* one which explains the various ways in which the survivors, children and young people and non abusing mothers attempt to reconstitute their lives in the aftermath of child sexual abuse. It reflects how an individual's resources (intrinsic, based on prior knowledge and external supports) together with other people's actions and informal networks influence this regrouping.

For example appearing as a witness has the capacity to be empowering and was explained in terms of a status passage by one young person, "*I just wanted to do it myself, needed to grow up and then to move on.*"

The overall process itself may have beneficial characteristics or negative dimensions, under varied conditions. The *involuntary* character of finding one's self faced with the need to remodel life is an underpinning feature.

Adjusting to life after child sexual abuse is a process. This *remodelling* is fluid and as such is *reversible* in nature. In other words when heading in a negative trajectory, the process may be arrested and reoriented in positive directions, or vice versa. In other words it is not *irreversible*. Progress toward relative stability may be sequential and fairly unproblematic in certain circumstances.

More commonly the *remodelling* is a chaotic process, influenced by conflicting forces. Conflicting forces originate from the intrinsically problematic task of dealing with the unknown. In other words there may be a realisation of the need to take on a new identity, one that is distinct and separate from the child abuse identity. The key point is that there is no way of knowing in the absence of prior knowledge as to how this will happen. Indeed the experience of being socialised into that identity may have been so complete that the notion that any other possibilities exist, would be beyond belief. Under such circumstances delayed action remodelling may take place at some later date.

This study focused on children and young people who were evidently at various stages in their own *remodelling* processes. It would be rare for remodelling to be instantaneous and in reality for those taking part it was mostly protracted. For example, "*It was weird in the hoose at first [after disclosure] – getting back to normal and all that, it was different – but they [family] never really started getting back to normal until noo ...*" [after court case more than 2 years later]

The data generated from the young people indicated that there had been an expectation, for some, life would simply pick up along the same course it had been on pre-discovery; as if frozen in time, reawakened, those involved would resume life as before. An indicator of this follows, “*I thought it was over and done with – everything would be over and done with wi’ after I’d talked about it and I’d get to see my Dad again and everything would be back to normal, but it wasn’t ...*”

In reality *remodelling* did not take place automatically for those participants interviewed. A few did report siblings having seemingly remodelled life comparatively smoothly. The unique meanings taken from the socialisation into abuse together with existing life experience, others’ reactions and the existence of positive coexisting transitional processes may be variously implicated in the ability to either not become consumed by the negative abuse identity in the first place, or to more easily remodel at a faster pace than is possible for some.

A category of *remodelling* is *shaping*. *Shaping* explains the process of influencing the remodelling. It is based upon the individual’s cumulative ability to deal with previously unknown circumstances. It therefore revolves around previous life experiences and development together with the individual’s reaction to the oppressive experiences of the sexual abuse. The existence, nature and continuity of supports are also features of the actual ability at any given moment. A sub process of *shaping* is *sense making* and properties of this are *self defining capability* and, in the absence of this capacity, *adopting imparted beliefs* and *paralysis*. “*I mean this has happened and I mean you just don’t know, it’s like being in a big balloon that you are in and floating about in it, waiting for somebody to burst it and show you the right way to go.*” The trauma of discovery is a cutting point and impinges on ability to proactively shape remodelling to varying degrees over time.

This concept of *sense making* may go some way to explaining patterned chaotic remodelling over prolonged time frames where children have experienced sustained abusive situations from a relatively young age. Prior knowledge of dealing with varied life experience is absent under these conditions. Compensating for this together with defining the nature of supports required is complex. It would seem probable that *self defining capability* would in itself be adversely affected in many instances by the sense of betrayal and turmoil involved when the reality which abusers have constructed is uncovered as deception. The *remodelling* process could be viewed as innately precarious because of the *undermining* potential of abuser’s manipulative activities.

Because the research did not explore the specific abusive activities experienced by the children and young people and their individual reactions over time it is not possible to identify whether patterns of response reflect reaction to specific controlling processes employed and the innate versus contrived power differential, how others were portrayed, and against what awareness context the situations took place. Certainly there is scope for further investigative work to unravel more meaningful understanding of the socialisation processes associated with child sexual abuse through rigorous comparative analysis.

Certain critical junctures were identifiable as placing the *remodelling* in suspended animation or perhaps more correctly triggering an overtly regressive trajectory. These included *reactions by others*, including (a) *unanticipated*, (b) *anticipated* and, *being consumed*. Where supportive and believing reactions by family are a taken for granted dimension of life, and suddenly this is no longer guaranteed, previous capacity to function is jeopardised. Identity is challenged when the rules are so shockingly redefined. The facility to *make sense* of life may be abruptly shut down, as a consequence. Initial response to being told that child has been abused is a failure to take in the information, an inability to absorb. “*I mean, I didn’y understand – I couldn’y understand ... I was like in a sort of floating distance, ’cause this had come upon me ...*”

Knowing automatically what action to take and who to rely on under these conditions is clearly problematic. Compensatory dimensions, such as trusted friends or family networks, where they exist may have *mitigating* properties. These have been demonstrated as having *perishable* properties. There is no surety of these supports having the *staying power* to see it through however. Under conditions of intra-familial abuse this is more frequently an issue. Under conditions where domestic abuse is implicated in the overall picture, *pre-engineered isolating* is likely to have been in evidence, the consequence being already flimsy sources of external support. In sum the options are few or not obvious. *Clarity*, a category of *shaping*, is minimised on a number of levels. Under conditions where supportive parental influence is already denied to some extent, making the impact of this aversive reaction not altogether without precedent, the acute process may be bypassed or have mitigating properties. Alternatively the routine practice of coping with adversity may accelerate the apparently unalterable and undesirable spiral. In this case *reactions by others* have augmenting properties. *Being consumed* is a term used by respondents. It explains the pervasive nature of the child sexual abuse and its disease like character, for some it seems incurable. Indicators of this include, “*She wouldn’t let me touch her boys when I told her, like I would give them sexual abuse, it would rub off ... and that’s how it feels, itchy, like I want to scratch it*” and, “*I couldn’t think beyond it.*” *Being consumed* may be *chronic* or *sporadic* with flare-ups being triggered, sometimes in predictable fashion or alternatively in unforeseeable circumstances. *Being consumed* has damaging implications for *remodelling* life in the desired orientation.

Remodelling via a sub-process of *escaping* was emergent where *shaping* becomes problematic for the reasons mentioned above. *Escaping* explains how survivors try to avoid the negative consequences of child sexual abuse in a number of different ways. These include *denying*, through *running away* or *disassociating* strategies. *Denying* is an avoidance mechanism designed to protect from further harm. It may have either *self protective* properties, or it may have the primary function of *protecting others*; it may have shared elements.

A *comparative valuing* process was observed whereby survivors would discount others’, possibly their siblings’, or mothers’, abusive experiences. In such cases survivors actively

appear to devalue third party suffering in favour of their own self defined higher tariff experience. This *relative discounting* can have a destructive impact on relationships, as the following example indicates.

“When me and my daughter were sitting – when I started going through a lot of things [during life snake work] she didn’y want to hear, and I felt this isn’y just about you, this is about the two of us. ‘Oh! This has happened to me, it never happened to you.’ I said I was abused, in a different way, through violence. This had happened to her, no me. She felt what would you know it never happened to you ... I probably would never understand it but I was abused in a different way. ‘No it’s a different thing altogether ...’ and I think people get mixed up with abuse, they think (you say abuse) and they think sexual abuse – it’s like mine [domestic violence] didn’y count ...”

There is a tacit understanding, socially constructed, that some aspects of life are so private, or so deviant, or too awkward to deal with, they accordingly become unspeakable. A need for mothers is to be able to ask any question without feeling they should know the answer. Workers must understand mothers’ need to know, but her natural reluctance to ask. Explicitly saying “no question is inappropriate”, and to go through commonly held concerns and deal with things they may not want to ask in a proactive way is viewed as good practice. One mother talked about this issue, saying, *“What do they mean? Is my daughter still a virgin? Questions there that you wanted to ask, but because you were a mother, felt you should know – but you didn’y know, and you know what I mean, I better no [ask] because they’ll think I’m really daft in asking this.”*

Child sexual abuse is taboo. This fact amplifies the perceived and anticipated reaction by outsiders. The likelihood of those closest making balanced decisions and taking sensible action in response to discovery is seriously jeopardised in the turmoil. There is real fear about asking the questions that need to be answered in order to progress the remodelling. This must be understood and built into responses. For example, it takes a great courage to ask whether, “Will I be a safe parent?” or “what should I do when my daughter is masturbating in front of her siblings?” Legitimising the need to ask what may feel like naïve questions is a very significant message. It is easy to rationalise this need in the context of experiencing life under unfamiliar conditions.

Discovery, a process in itself, under these conditions is a turning point. Life as it was experienced may become unrecognisable as a consequence. A period of suspended animation could occur. This *cocooning* behaviour is a safety valve and explains how some individuals become insulated from extreme distress. It appears instinctive and involuntary. It has been described as having unreal and instantaneous properties. It was emergent from the data generated by the non abusing mothers. Indicators were mothers being unable to understand the meaning of what had occurred. Ability to take information on board at that time was non existent and action not on the agenda.

Hypersensitising, displayed in the form of uncontrollable crying or aggressive behaviour, is an example of divergent response to traumatic events. It may be self focused or

targeted at others. It has enduring features and trigger reactions whenever threats emerge or threats are anticipated. An indicator of this is when a young person is jostled in the street, or someone else enters, their safety zone (self defined). Transgressing these types of boundaries was seen as a critical juncture to protective behaviours for example “*I go into ned mode.*”

Over-protecting was one response to discovery by non abusing mothers and their endeavours to *escape* the consequences of child abuse. It is explained as their attempt to compensate for society’s attributed blame for not being identifiable as a good mother. It is a tacit norm that it is a mother’s duty to protect her children, when child sexual abuse is revealed there are automatic negative unspoken implications for any person whose identity is defined as mothering. This dimension is intrinsic. It is well known that mothers are often explicitly unfairly judged by others and this has an *undermining* impact on the shared concern of remodelling life in the aftermath of the abuse. “*Because of the pressure of it [discovery] your children become cotton wool. You don’t have a life for your children. My boy was going out and I’d say I’ll come down and he’d say ‘for goodness sake Ma, my pals.’ You become a different person.*”

Subsequently pressure to revalidate as being entitled to claim the mothering role should not be underestimated. Under conditions where the individual’s primary function is being a mother then the tendency to over-compensate or to experience high degrees of regression due to this *undermining* and consequent loss of identity is augmented. *Over-compensating* has harmful dimensions where the abuser has reorganised the mother’s view of her ability in calculating ways (possibly by domestic abuse and mind games aimed at altering the balance of power as perceived by the child), to further impede her sense-making and her practical supportive purpose. In fact their mothers’ *over protecting* was interpreted by young people, in light of the abusers manipulations, as tantamount to admitting culpability. *Over protecting* may function as further confirmation of the survivor’s “damaged, disfigured” self, through being viewed as in need of special treatment, thereby augmenting feelings of *strangeness*. (This is impressionistic and requires further data to allow more complete comparative analysis). An alternative reaction to discovery by mothers is *pretending everything is okay*. Again this may be interpreted by survivors as a further demonstration that they should be able to remodel their lives instantaneously and without complication.

Memories of being let down at a critical moment, for example in the immediate aftermath of discovery, or subsequently, by those who would be expected to stand by you were damaging. This would have implications for engaging with support and maintaining it. The fear of replaying this abandonment can seriously hinder establishing meaningful relationships with substitute supporters. With time, mutual respect and understanding these memories may fade. However, there was evidence that under conditions of great trust there are still some things, so deep rooted and hurtful, that remain unspeakable for fear of damaging this valued partnership.

Who do you trust in the aftermath? The following are one mother's words, *"You don't have a relationship the same because you feel, well you don't know ... because when you think I'm living in the house with this person and how could he have ... and I'm a woman and he's having a relationship with me and there's a lot of things and you think why do they do this? When I had the other relationship and he was a nice person and I just couldn't handle that I just felt you know, no..thought, no.. – because the other one [the abuser] I thought was fine."*

It becomes clear that the non-abusing mother's parallel struggle to remodel has many similarities to those of survivors. For example, punishment may be unfairly targeted at them, in the absence of the abuser. This was emergent from the data. The following is an indicator, *"They've did this crime and all this time, we're doing a life sentence, we're doing a life sentence [mothers] because we've no just got the children, we've got all the abuse that we get off the kids, they attack us, they treat us like muck – they have no respect because if we weren't involved with this person [abuser] this wouldn't have happened."*

Siblings too may be caught up in the torrent of blame. This *surrogating* is a category of blaming as indicated here, *"Her [my daughter's] attitude was well if you weren't with him [her abuser] then this would have never happened to me. My boy's like his father, looks like him, so it was just the fact the fact that this had happened and my son looked like his father that abused her, she used to batter him, thump him ... she used to fire out, call us everything under the sun – it was terrible. It was a sort of time bomb – you pay the price you do pay the price for the rest of your life."*

Self blame is another issue. On learning that her now dead father had abused both her sons the mother explained how she experienced feelings of guilt, saying, *"I packed their bags"*, as if somehow, this act was a symbolic sanctioning of the abuse and that she was somehow to blame. This is an example of how normal actions of a mother allowing her children to stay over with their grandparents can be wrongly reinterpreted through self-blaming eyes. The reasons why one form of blaming should take precedence over another, and under what conditions, remain to be elucidated.

Individual reactions in the aftermath of discovery vary. The common pattern is one of disorienting impact. The previous equilibrium of life, chaotic though it may have been, vanishes. All those involved may fail to appreciate the potential impact of the abusive situation on the others. There is a role for support services to guide responses appropriately.

A dedicated worker illustrates this need clearly, saying, *"To me it is about giving these mothers support – but what actually happens – the rug gets pulled away from under them, their life goes into turmoil, they have all these people, they have social work, police – they have all these meetings they didn't have before and we are asking them to make some of the most difficult decisions of their life – choose between your partner or your wean at that particular time. I think at disclosure, it must just be shock ... I think you need to offer them support to get them through that phase and then there's the guilt. 'I should have known', how could they know, how should they have known? It's about supporting these women ..."*

It is easy to see how this perspective can get ignored in the intensity of a child protection investigation.

Non abusing mothers may be sidelined, suddenly losing their identity and with no clear role. As another experienced worker pointed out, “*and there is an automatic assumption that they [mothers] have been aware. There are non abusing parents who do collude, struggle with it. There are those who do not do anything. Some don’t believe the child – believe the partner. Where the child’s interest comes first, they need to know their child is OK physically, via medical opinion.*” Mothers may be unable to process their own individual remodelling until they feel their child has their life under control. This can therefore have a *delaying* impact on positive progression for non abusing mothers.

When an individual’s very essence is threatened, as is often the case where child sexual abuse comes out into the open, all activities may take on threatening dimensions. Situations where outsiders are unexpectedly given, possibly unsanctioned, access to the innermost being are complicating factors. The level of threat can become seemingly unbearable and indelible. This fact is of great relevance to workers who must understand the potential repercussions of any interactions with survivors and consider the need for support.

Being able to tolerate confusion and regression are critical under these circumstances and such resources are not routinely possessed. The challenge for survivors to remodel life is apparently awesome given the variability of processes potentially at play. The contribution of this research is therefore to elucidate these processes and provide some framework around which to reconstruct meaning and enable informed action. Understanding of the overall process in itself lends the ability to become autonomous, gives the belief and impetus to first define the nature of the goalposts to aim for, and ultimately the means to influence the *shape* of the passage there. The emergent theory is like a key to demystifying a previously overwhelming and nonsensical world. Its power is in its ability to reliably explain the process at play, the driving forces (causes) and the varied consequences generated by widely disparate experiences and situations. It does not dwell on constituents in isolation, but gives them understanding for those who seek to remodel their lives in positive and meaningful ways. It also unlocks the ability in non specialist workers to make sense of what fundamentally are normal endeavours to construct and live life with positive meaning. It may meet with resistance because it confronts their own established interpretations of the world and consequently ways of working.

Remodelling fits and works demonstrably and these characteristics mean it has reliability and utility in addressing deep rooted insecurity in effectively supporting children, young people, non abusing parents and others who experience the consequences of childhood sexual abuse.

When venturing in unfamiliar territory, without the benefit of prior knowledge, the chances of arriving at one's intended destination directly are remote. Trial and error can work, but swifter progress is more probable with the guidance of someone with local knowledge or at the very least a map to enable some anticipation of what to expect ahead and some chance of becoming able to navigate independently. Clearly the emergent theory in its current form has not reached its maximum potential in terms of explanatory power. It does have in-built reliability and robustness which means that as and when other dimensions are revealed these can be comparatively analysed and integrated.

The fact that survivors and non abusing parents face alien situations in a context of weighty socially constructed fictions concerning the "extreme deviance" of child sexual abuse and attendant assumptions (many highly inappropriate and of spurious origination) about appropriate responses, it is little wonder that the cumulative impact is socialisation replete with confusion, strangeness and isolation.

The ability to understand the *remodelling* process is not a magical solution to tackling the consequences of child sexual abuse. It does not diminish the magnitude of the challenge of disavowing of the child sexual abuse status and attaining some degree of self determination in life. It does however reassure those involved that feelings of confusion and regression are intrinsic to the overall process; that the feelings they have are normal, they are to be expected.

It explains to those involved that it is okay to have such feelings when attempting to leave behind the current problematic identity.

Remodelling provides a way of seeing beyond the overwhelming here and now to a future removed from the current trauma. It is based on the experiences of others who have endured similar situations and reflects reality. For example, new barriers to progress have a habit of cropping up repeatedly for survivors and their families. Most often this happens just when elusive positive momentum is glimpsed. Being able to deal with the unexpected, *perpetual coping*, is a learned response emergent with the duration of the overall remodelling. It is part and parcel of the necessary journey to aspired existence. *Predicting* the likely pattern of events gives remarkable legitimacy to those tasked with supporting the status passage. It counters the consequences of repeated apparent failure to *remodel* along recognisably positive trajectory, despair. It legitimises a support worker's competence in the eyes of the survivor and deflects the real danger of a worker being seen as ineffective, given the difficulties in delivering tangible proof of desired progress. An indicator of this is a young person's question emergent in the context of therapist and separately of a mother "*What do you know? You haven't had this experience.*"

Predicting therefore has energising properties whereby individuals develop *staying power*. In the face of adversity *staying power* has particular importance in ensuring participants in the process are willing to see things through. *Staying power* acknowledges that what lies ahead is likely to be taxing but recognises that there are times where it is necessary to be

exposed to seemingly risky trails in order to overcome the particular barriers. It is an important dimension to accomplishing successful remodelling for survivors themselves and their coaches. Where *staying power* is missing, ability to progress is seriously in jeopardy. Past experiences of negative intervention, family abandonment, violence, denied opportunities for normality, not to mention the possibly extreme nature of the sexual exploitation itself, variously conspire to sap the will to sustain endeavour.

Belief in ever achieving the semblance of “normality” becomes precarious, like some sort of cruel mirage. Expectations can erode under these conditions and options for action appear starkly bleak. Against this background resignation to habitual suffering and entrapment in chronically damaged status may become reality. Indeed this may take on the *preferred identity* where continued attempts to escape have ended in seeming failure. Where hope for freedom, in some guise, is gone in light of that individual’s *sense making* and the social structures that prevail crisis exists. Sensitive specialist workers may pick up on the indicators of this suicidal momentum but given the isolating impact of prolonged residence in the undesired status it is likely that they may never have had the support they needed or that whatever support they did receive was meaningless in the context of life as it was lived for them.

However, over time and with the benefit of *experiential* learning about the *remodelling* of life, provided the conditions for fulfilling the annihilation spiral do not coincide, survivors with *staying power* discover, in a variety of ways, through trial and error and with appropriate guidance from skilled workers, that *remodelling* which approaches their self defined ideal becomes believable. The comment “*We’ll try anything*” reflects the acknowledgement that there is a need to keep looking for ways to move on in positive ways, and that giving up is not an option. This realisation is a turning point and further confirms incremental change is real.

6. Comparative literature review

The following brief comparative literature review is intended to situate this primary research work amongst relevant existing knowledge. The aim is not completeness of coverage. Selectivity has been used to focus on the similarities and differences within the specific locus of child sexual abuse and where judged appropriate, beyond. By using this approach it is possible to highlight how this research has furthered understanding of the issues surrounding supporting all those individuals who encounter child sexual abuse, in a variety of contexts, and the ways in which this research can positively influence the way forward.

In addition the review points to a number of other situations outwith the area which are potentially relevant from a cross fertilisation standpoint. For example wherever individuals or collectives seek domination or control over others for gain, this could be where some form of commercial gain is at stake or in many other situations where extortion takes place (Guthrie, 2000). There are likely to be similarities in the social processes used by abusers where they covertly engineer situations to enable them to keep others in line.

Elsewhere where traumatic events have taken place, possibly subsequent to a disaster of some description, where bereavement or betrayal has occurred there may be commonality in response and therefore scope for interdisciplinary dialogue over commonalities in need where individual and family life is thrown into turmoil and supports are required. For the purpose of this research however, focus is placed largely on the substantive area to ensure that the highly specific and complex nature of needs are fully explained, together with the overarching social processes at play.

The theme of removing the barriers to openness in discussing child sexual abuse resonates in other aspects of life which have traditionally been taboo. Suicide is one such area and an interesting article by McQuillan (The Herald, 2nd Nov 2004) echoes a number of key discoveries emanating from this research. Her recent article entitled “Just ask” is based around a young woman’s experiences of self harm and suicidal impulses. She explains “*I appeared quite fine*” on the surface. However as McQuillan continues, “*she wishes now that someone could have picked up on her distress sooner.*” As chartered psychologist David Murray (in McQuillan, 2004) states “*It’s about taking the unspeakable and making it speakable. It’s about recognising that unless you ask you don’t know.*” The parallels with silencing process and pretence revealed by this exploratory research are evident.

Additionally he talks about the importance of “*connectedness*”, explaining it as countering feelings of isolation through knowing “*that other people ‘get’ you.*” This would seem to mirror the significance of attention to detail when supporting survivors. In other words this connectedness equates to a tangible demonstration of empathy. It is a reflection of a person’s ability to listen to needs and to show this in meaningful ways. Connectedness

came up in this research clearly when participants explained their positive feelings about others taking an interest in their experiences, for example, in inviting them to take part in the research process. Group working was another source of connectedness for some children and young people and for non-abusing parents where those involved really felt understood. Being sensitive in picking up on individuals' needs and reflecting this, in small but relevant ways, emerged from the data and appears to be a way of demonstrating connectedness.

The impact of possessing deep understanding of abusive processes, manipulating activities, and controlling strategies should not be underestimated in terms of cultivating the right to support survivors and their carers. Dr Baylis, lecturer in Positive Psychology, draws parallels with American horse whisperer, Monty Roberts when "*trying to foster a relationship with someone, gentleness reaps greater rewards than coercion*" (The Times Magazine, 6 Nov 2004:12). He notes commonality of approach between how Roberts works with frightened and troubled horses and the "*principles and skills that I have witnessed as being most effective in human psychology.*" These observations are resonant of the need to truly understand as deeply as possible the dynamics of being socialised into abusive situations and to reflect this understanding at all levels in the context of the challenge to remodel lives in the aftermath of child sexual abuse as revealed in this inductive research.

Baylis urges avoidance of pressure encouraging "*offering our warm invitation and then patiently withdrawing, we send the signal that any decision to develop the hoped-for relationship is the other person's free choice, and this in itself provides a strong foundation for any future partnership.*" Baylis believes "*by seeking to understand the language and values of the other person, that we are most likely to foster helpful rapport.*" The contribution this current research has made in highlighting the critical need to understand more of the social construction and patterns of behaviour characteristic where child sexual abuse has taken place should therefore not be underestimated.

Hooper (1992) carried out exploratory research to discover more about mothers' responses to the discovery of child sexual abuse, in order to enable workers to be better placed to act. This work has many similarities to the current work in approach to data generation and in its focus on process. Hooper's work gives a deep insight into the issues as framed by the women themselves. It explains mothers surviving and emphasises "*loss*" as a recurrent issue in the discovery of abuse and subsequent decisions about seeking help. This conceptualisation is quite different from what emerges in the current research. Whilst loss may be an outcome, it is not a driving process. Instead the emphasis is on understanding the prime concerns from a more holistic perspective and the dominant themes revolve around the *silencing* of children and non-abusing mothers. The powerful influence of preserving the integrity of socially constructed fictions, such as the façade of normality and institution of the family.

Similarity exists with the *discovery* of abuse and a mutual preference for this term over the more commonly used "disclosure" which masks the *finding out* dimension and the part

played by serendipity. Disclosure does happen but it is wrong to imply that it is predominantly a pre-planned conscious occurrence; it rarely is. Hooper's contention that the whole area of response to child sexual abuse is "*complex*" and is reinforced by the density of concepts emergent in this work also.

The silencing of children is a theme also identified in Kelly (1988) whereby children consciously chose not to tell their mothers about abuse in order to protect them from the anticipated distress of knowing. In her book *Surviving Sexual Violence*, Kelly (1988, p175), states, "*All of them had wanted someone to pick up on and stop the abuse.*"

Associated with the pervasive *silencing* where child sexual abuse is concerned is the likely accuracy of official statistics relating to prevalence. Fisher and Beech (2004) in *Managing Sex Offender Risk* (Eds Kenshal & McIvor) reflect this, "*The primary difficulty in identifying the extent of sexual offending is sexual offences are greatly under-reported, probably more so than any other type of offence.*(p27)" In addition, they note that Myhls & Allen, 2002 stated "*offences carried out by a close relation are less likely to be reported than if the offender is a stranger or not well known to the victim.*" They continue, "*Prior, Glaser & Lynch (1997) report that, of those child abuse cases reported to the police, 56 per cent result in no further action, 35 per cent of perpetrators are charged and fewer than 10 per cent are convicted.*"

Scottish Executive figures which refer to number of children registered because of child sexual abuse indicate numbers have decreased by 32% over the past five years. Figures for 2003–2004 reveal a decrease of 25%. This meant that as at 31st March 2004 a total of 233 children were registered under this category in Scotland. Technically this relates to numbers referred for Child Protection inquiries, subject to a case conference and were registered as a result. This does not reflect cases which resulted in no further action. Given the gaps identified by this research which relate to the variability of response to child sexual abuse such decreases in numbers must be viewed with concern and not as proof that prevalence of this crime is becoming less. Caution is recommended when interpreting these figures in isolation.

Scottish Executive publication "It's everyone's job to make sure I'm alright" Report of the Child Protection Audit and Review (2001) noted "*that children and their families do not always get the help they need when they need it.*" This observation is mirrored by the current research. Another point of note, also highlighted in the Review, is a patterned failure by social work services to act where apparently valid concerns were raised by third parties. Repeatedly workers mentioned concerns that urgent action was indicated, yet appropriate response was not forthcoming. Feedback about action taken with respect to referrals was unsystematic. Information flows back to referrers, for example within education services, are a key dimension in ensuring appropriate long term support is provided in a coordinated way.

Graham (1982) explains mothering in the aftermath of discovery as “*perpetual coping*” and this explains the reality of life for the non abusing mothers in this research in their endeavours to *remodel* their own lives, often through actively shaping that of their child.

Kennelly (1980s) explains about the *secrecy, manipulation and distancing* which are key processes identified during the data analysis in this project. She highlights these whilst discussing the logic behind employing a groupwork approach when supporting women whose children have been sexually abused. These dimensions are all key components revealed during this research, and have emerged during interviews whereby the participants have been given free reign to fully explore the issues of importance to them. The pressure to keep secret the abuse itself and the notable tendency to perpetuate a silencing even after knowledge of the abuse has come into the open was a dominant theme in the current research. Kennelly makes the connection between a lack of understanding of the dynamics of child sexual abuse at both lay and professional levels and the consequent tendency to implicate non abusing mothers, whom they assume must have been aware of the existence of abuse. Not knowing the complex ways in which abusers routinely manipulate others perceptions of reality and thereby keep things hidden is a barrier to non specialist workers effectively supporting families in the aftermath of discovery. Examples of non abusing parents being inappropriately implicated and unfairly judged as culpable, at various levels, as revealed in the current piece of exploratory research is similar to Kennelly’s experience of working with non offending parents. Instinctively mothers feel they have failed in their role as a mother when they discover their child or children have been abused this directly impacts upon *sense making* and it undermines her legitimacy to remodel in this identity. Children may also feel let down by their mother’s perceived failings in relation to awareness of the abuse and in their response to it. Kennelly calls this process a consequence of abusers active efforts at distancing children from their mothers. This has a parallel in the current work, which explains the displacement of established interactions as a disorienting consequence, which may be consciously catalysed by the abuser’s actions or which may occur automatically in light of children feeling let down by their mother and traditional expectations of what mothers do.

The unhelpful practice of labelling individuals as “borderline personality disorder” and the knock on judgemental and frequently damaging consequences of being negatively treated, possibly because of self harming behaviours, which repeatedly emerged during the course of the research is discussed in “*The therapy seesaw: achieving therapeutically balanced approaches to working with emotional distress*,” (Talkes and Tennant, 2004). There seemed to be a desire for more reflexivity in response. The authors state that “*therapists need to work out ways of nurturing engagement and this requires skilful activity*.” They talk of the need for “*hooking*” clients and introduce the idea of selling. Certainly, within statutory mental health provision there is a general need for meaningful engagement processes. It would appear that where opinions exist to suggest that child sexual abuse is a “*niche*” as has come across in this research, a fundamental reframing is what is required. A more radical

approach to enable survivors to interview therapists as to whether they feel they will meet their needs may be the way forward? Attrition rates for counselling may be associated with an over-reliance on therapy per se. Taking into account of how therapy fits with the reality of life for the survivor and their ability or wish for engagement at that moment in time is important. Reliance on text book knowledge in lieu of experiential learning is likely to encourage the perpetuation of received wisdom, which may be “off the mark” in terms of validity and utility. The existence of negative feelings on the part of some workers in light of the undeniable challenge of characteristically difficult issues cannot be discounted. More detailed research could be carried out to examine the dynamics of this process with particular reference to survivors’ experiences of therapy.

The tangible feeling of regret that opportunities to pursue their rightful careers had been sacrificed because of the consequences of child sexual abuse emerged from the research. The all-consuming potential of child sexual abuse is repeatedly evident. There was anger that educational attainment had been denied and amazement that their behaviour “*was either ignored or punished*” (Kelly, 1988: 176).

A final similarity with Kelly is to be found in her discovery that in contrast to truanting behaviours, some survivors would use school as an escape from the abuse and perform well academically. This reflects the need to do proactive awareness raising work within schools and to present children with channels to tell and serves to draw attention to the existing shortcomings in current systems. According to Kelly, “*It demonstrates how dangerous it is for professionals to rely on visible ‘signs’ as reliable indicators of whether or not ...*” sexual abuse is an issue.

In “Disempowerment and Disconnection: Trauma and Homelessness” (2002:p17) a research study, the critical dimensions surrounding Remodelling life are outlined in a quote explaining the most effective ways of working with people affected by trauma. The process of remodelling is not identified as such, but clearly is indicated as the following reveals, “*We must encourage clients to develop an awareness that have the right to choose their own direction in life, and although the past is part of them, it need not weigh down or dictate the direction of the future.*” Shaping the passage ahead is possible.

One other theme which was striking to the researcher during the fieldwork, centred upon the general tendency for workers to be lacking in a wider vision. When invited to comment on areas outwith their direct niche a number of participants found this problematic; their view was very much confined to their own area of specialisation and contemplating activities beyond this was not usual. Interestingly in Pay’s article “*Joining up – time, resources and a culture change*” in Children in Scotland (Nov 2004) draws attention to this issue. “*Staff from different service backgrounds have to try to see a broader picture’, according to Keir Bloomer, chief executive of Clackmannanshire Council.*” Further the necessity to allow the individual to become the fulcrum around which all else balances is acknowledged as critical with Pay commenting “*Keir Bloomer believes in the need to demand that individual children’s needs are the focus in service delivery.*” This simply reiterates an important message, as articulated by one survivor from this study, “*Everyone’s an individual.*”

7. Recommendations

There is a requirement for needs driven services and routine research into how well these services fulfil the expectations of target groups. Supports to workers, survivors and their non abusing parents and carers must be needs driven. This research reveals that excellent services and highly experienced professionals exist. The pathways to these supports are generally not clearly defined and there is a great deal of evidence pointing to inconsistent referral on to relevant supports. This stems from an apparent variability in depth of knowledge about the dynamics and potential impact of child sexual abuse.

External impressions that suggest individuals are coping may be misleading and symptomatic of the tendency towards the *pretence of normality*. Where joint Police and social work investigations have taken place there was greater satisfaction with routes to further supports. In other cases there was little evidence of reliable channels. Responses were seen as reflecting individual non specialist worker's appreciation of the issues as distinct from systematic action. Where workers had a special interest in sexual abuse they would recognise the fundamental need to provide information to survivors and possibly proactively become involved in sourcing additional suitable support. In the absence of this perspective, being left to muddle through, with potentially catastrophic consequences, would be the possible outcome. Basic training with respect to understanding the appropriate responses to implement where child sexual abuse has come to light is paramount.

Formalised predetermined cut-offs or age related bars to supports should be avoided to build in the need for flexibility of response and to ensure essential supports are accessible as required by survivors and carers. This research highlights the often sporadic nature of need for support and has discovered funding issues which arise and constrain service accessibility to those in need. Systems must be cognisant of the legitimate and unpredictable dimensions to need, often characterised by *delayed action* properties. Examples of workers having to lobby for continuation of funding have emerged as have cases where workers give their time for free where funding is not forthcoming or ceases, yet need exists. Specialists in therapeutic interventions should not by definition be diverted from their primary function by bureaucratic wrangling for funding.

Systems which take needs into account are required where the allocation of scarce resources is concerned. Workers (and the few survivors who had been fortunate to experience this) felt befriending to be a beneficial asset. Availability of befrienders however was problematic. Again this was another example of inappropriate allocation of resources. Befrienders are in greater supply when individuals live in certain areas and allocation was described as not reflecting specific need. One respondent observed the absurdity of the situation, "*if you have drug using parents and live in Govan you will have a befriender even if you don't need one.*"

Support services are fragmented and it is not easy to determine relative appropriateness beyond individuals' direct, possibly restricted, experience. Sharing of approaches and understanding between support providers is patchy with a distinct shortage of reciprocity. For example it emerged that Gartnavel Royal had developed a workbook for use with adult survivors, however, it was not made available to the researcher as a possible example of good practice. It is not clear why such material should be kept in house but such isolationism does not help genuine attempts at promoting interagency cooperation for the benefit of all.

A single coordinating centre for child sexual abuse could have a useful function in more clearly mapping what services are available. This could facilitate access to training and enable experts in dealing with specific issues to be more easily located. This would operate as a one-stop resource devoted to child sexual abuse, commission relevant primary research and disseminate guidance as to good practice in supporting survivors and their carers. There is evidence that continuity of support worker is important to survivors and wherever possible this need should be built in to service design. There is also an issue surrounding who supports the supporters.

Focus on supporting children and carers by informing them of the processes involved where child sexual abuse emerges and enabling them to access practical and emotional supports through reflecting empathy for their varied and often unimaginably traumatic experiences.

The best way for services to reflect needs is through depth of understanding of the dynamics of child sexual abuse. High quality training designed to increase the knowledge base across a range of in-contact workers is therefore viewed as a very important factor.

The scope for using the processes highlighted in this research should be explored through seminar work with non specialist workers. Moving from an over reliance on descriptive discussion to a more conceptual level should be highly beneficial in facilitating training. Emphasising the scope for the ongoing effects of abuse to negatively impact survivors in their daily lives and the need for focus on *remodelling* via non coercive *shaping* processes may have relevance for workers together, with imbued meaning and positive connotations for survivors.

By sequentially exploring the additional processes identified in the research, from the data generated, it may be possible to build up a holistic perspective of the varied processes at play. In this way workers should discover where similarity of experience between children and their non abusing parents exists and also where divergence may occur and enable varying needs to be understood and better served. The research project not only clearly highlights the central concerns for the survivors and their families but it helps to explain why the individuals behave the way they do, in response to real and anticipated fears and interventions. It is hoped that this research will make non specialist

workers better placed to disavow existing myths in favour of genuine explanations of the dynamics of child sexual abuse and to respond in appropriate ways.

8. Conclusion

This research highlights that there is a lack of consistency in the availability of support services to all the relevant parties where the existence of child sexual abuse has come out. There is the frenetic activity of the investigation, lives in turmoil, then a vacuum for many. After the functional part there is no certainty of accessing emotional or practical support for survivors themselves or their carers. When support is accessed there are no guarantees that it will be appropriate.

Systematic response

This research reveals a pattern of chance discovery when it comes to arriving at support services, particularly where non abusing mothers are concerned.

There is a requirement for the routine provision of information regarding supports available and their suitability for various parties whenever child sexual abuse emerges as an issue whether or not there is “further action” being taken. Those survivors and their families must be made aware that support exists and that they have a right to it, on their terms. The knowledge that there are outlets and avenues to gain some form of release is vital.

It is essential to enable children to identify someone they can trust consistently, to help them to deal with the confusion and *disorienting* process documented in the research. In the case of children at the younger end of the spectrum, confusion is likely to be the predominant experience, as one participant commented, “*Something has happened, someone has done something and they don’t see that person any more.*”

Empathy and flexibility

Services must be flexible enough to be meaningful to survivors and their varied and complex needs. Some existing services have been described as completely unsuited to the lives young people lead. Services must take account of how people live their lives and evolve accordingly. Restricting hours of opening to 9 to 5 is one example of a barrier to access. The strict requirement to keep appointments is a further barrier. Some young people with chaotic lives relate better to the kind of service provided by Reach Out for example. Recently some young people reported trying to engage with a social work service and experienced difficulties including negative reactions, reluctance to engage and discovered the provision of a predetermined block of sessions failed to reflect their needs.

Rationed services with issues regarding difficulties in re-presenting when needed were seen as unhelpful. Worries over this were viewed as counterproductive. This was seen as a source of reluctance for service users to move on. The fear of rejoining a waiting list

should further supports be needed was a real barrier to autonomy. The issue of creating dependence on counselling was also raised and due focus on “ending” processes was viewed as necessary (with the option to return on an as required basis).

Empirically based training

Encourage more empirical research with survivors in order to most fully explore their needs, and thereby respond proactively to train workers sensitively and design services which truly reflect need. In this way supports will be more relevant and effective. Services which are judged theoretically appropriate, based on received wisdom, run the risk of bypassing dimensions which are critical to survivors. The issue of “who is aware of the abuse” emerged as an important factor for survivors and their families. This indicates that careful consideration must be given to location and visibility of support services together with accessibility.

Publicity

The media in general do not generate positive messages in respect of issues relating to child sexual abuse. The consequences are the propagation of unhelpful myths. One such example peddled in the popular press relates to the possibility of survivors going on to become abusers. Undue focus on misrepresented reality reinforces latent fears in survivors and is likely to trigger negative public opinion where survivors are concerned. Some journalists can and do grasp the opportunity to reflect the reality of life as a survivor from an informed perspective and in this way help to influence perceptions in positive ways.

Interdisciplinary debate

Encourage more dialogue about child sexual abuse across diverse walks of life, not just within the context of those who work in the area. This is a similar finding to recommendations contained in the Report by the Short Life Working Group on the Care Needs of People who are survivors of Childhood Sexual Abuse (2004).

Stimulating interdisciplinary discussion can only be beneficial in raising awareness and in kick starting debate about the issue. It is likely that there are many opportunities to be gained by encouraging people to talk. For example, there is some interesting research which indicates a link between animal cruelty and some cases of sexual abuse in children (NSPCC, 2001). Households where violence is prevalent have high mortality rates for domestic pets. Perhaps interdisciplinary discussion of such patterns of abusive behaviour might reveal some useful avenues for early detection of potential abusers, or indicate a need for intervention in at risk households. Awareness of such correlations in behaviour could potentially be used to enable the establishment of norms of caring and

nurturing, where manipulative and oppressive behaviours might otherwise become dominant.

A therapeutic role for research

Stimulate more openness to involving survivors in research, giving them a voice to mutual benefit in terms of deepening insight into needs and empowering survivors themselves. Feedback from young people who participated in the research was overwhelmingly positive and lends weight to legitimising future work of this nature. One young person explained her feelings about participating in the process, saying, *“I like doing stuff like this [being interviewed] ’cause I know it’ll help people, ..., it’ll help other weans ... and it helps knowing that other people want to know what you’re going through and you’re no just being tossed to the side basically – other people want to know what you’ve went through and aw that.”* There has been too little focus on gaining routine feedback about the needs of those whose lives have been changed by child sexual abuse.

Making the links with other forms of abuse

During the course of this investigative research it has become apparent that child sexual abuse is very often one component, of many forms of abuse, which survivors and their families experience at the hands of abusers. The existence of domestic violence is one example. Previous research has highlighted these links (Forman, 1992) and their relevance in making appropriate responses to child sexual abuse. Five of the nine non-abusing mothers in this current study volunteered that violence had been part of their lives at the hands of their child’s abuser. The respondents were not explicitly asked whether they had experienced domestic violence, this was raised by the participants themselves, voluntarily. It may be that more of the sample had similar experiences but chose not to raise the issue in the context of the interview. The links between child sexual abuse and other extreme forms of controlling behaviour are indicated. Workers who have had concerns over child protection, frequently children in the care of a particularly controlling male, possibly their father have expressed their frustration at their ineffectiveness in terms of intervention. There is clearly scope for highly manipulative individuals to evade attempts at intervention in many ways. These people may be overtly threatening to workers. Alternatively they may appear entirely co-operative and plausible in order to deflect suspicion. They also may be inconspicuous. One young woman told how she was absolutely forbidden to attend her GP under any circumstances by her controlling and abusing father. Abusers can be extremely successful in isolating behaviours and thereby insulated from discovery. Whether anything more can be done in cases where suspicions exist, an investigation takes place and nothing tangible is discovered but nevertheless “unsubstantiated gut feeling” type worries exist, is something which could be further explored. Uneasiness about situations may be indicative of the existence of serious situations. It is here where creativity in gaining the

trust of young people when they are not under the eye of possible abusers may be significantly worthwhile. Schools have a role to play in this capacity.

As has been demonstrated by this research, the fact that children attend school reliably and make the grade in exams, does not guarantee that they are not being sexually abused. Glimpses of underlying problems may show through sporadically. In-contact workers whatever their role need the knowledge to pick up on subtle and not so subtle clues and with the benefit of specialist training develop deep understanding of the processes driving behaviour, and cultivate the sensitivity and skill to act in light of that person's unique experience; and wherever possible, given child protection obligations, with their cooperation and consent.

In parallel, children and young people should be introduced to the issue of sexual boundaries. The concept that known and loved adults may seek to do inappropriate things could be raised sensitively, and in conjunction with exploring the possibilities of who to tell and to provide ideas about how to tell at the earliest possible point in time and who to tell again should the first attempt fail. This type of work is not mandatory in primary schools and it happens in a limited number of secondary schools currently.

Most of the young people in the study would have liked their abusive experiences discovered earlier. It is the challenge for us all not only to find the ways to make this wish reality for future children and young people and their carers, but to go beyond this and to strive for more meaningful interpretations of life in the aftermath of child sexual abuse. It is the sincere hope that the emergence of *remodelling* and its explanatory power represents a meaningful stepping stone in this process.

Greater openness to the existence of child sexual abuse combined with a more general understanding of who the perpetrators are likely to be is a starting point to the process of eroding the culture of secrecy and silence which this research has highlighted. Raising awareness of child sexual abuse is one of the most basic, yet potentially most influential ways of countering abusive activities. Commitment to placing child sexual abuse high on the agenda at Government level is vital. Wide ranging discussion surrounding how best to respond meaningfully (ie who is best placed to meet identified needs) in co-ordinated ways is a priority. Grounded knowledge together with the cascade effect of top level ownership and sufficient funding should enable real change in children's services.

Availability of exploitative images of children on the internet has been highlighted as influential in propagating demand for this material. By definition, where such demand exists, children will be abused. With this in mind there has never been a more opportune moment to take positive action and influence children's services meaningfully.

References

- Arnold, L. and Magill, A. (1999). *Lifting the Lid, Abergavenny: The Basement Project*
- Baylis, N. (2004). On the science of happiness, *The Times Magazine*, 6 Nov
- Fisher, D.D. and Beech, A.R. (2004). Prevalence of Adult Male Sex Offenders, in H. Kenshal, and G. McIvor (eds), *Managing Sex Offender Risk*, Jessica Kingsley Publishers
- Forman, J. (1992). *Is there a correlation between child sexual abuse and domestic violence?*, Glasgow: Women's Support Project
- Freidrich, W N et al. (1998). Normative Sexual Behaviour in Children: A Contemporary Sample, in *Pediatrics*, Vol 101 (4:9)
- Glaser, B.G. (1978). *Theoretical sensitivity*, Mill Valley, CA: The Sociology Press
- Glasgow Homelessness Network (2002). *Disempowerment and Disconnection: trauma and homelessness*, Glasgow
- Graham, H. (1982). Coping: or how mothers are seen and not heard, in S. Friedman and E. Sarah (eds), *On the Problem of Men*, London: The Women's Press
- Hooper, C.A. (1992). *Mothers surviving child sexual abuse*, London: Routledge
- Kelly, L. (1992). The Connections Between Disability and Child Abuse: A Review of Research Evidence, in *Child Abuse Review*, Vol 1, Issue 3
- Kelly, L. (1988). *Surviving Sexual Violence*, Cambridge: Polity
- Kennelly, K (1980s). Women's Support Group – Non-offending Parents: Seattle: Harbourview Medical Centre
- MacMillan, P., Jamieson, R. and Walsh, F. (2003) Child Abuse and Neglect, *The International Journal*, Vol 27, No 12
- McQuillan, R. (2004). Just Ask, *The Herald, Society Supplement*, 2 Nov
- NSPCC and RSPCA (2001) Joint conference on making the connections between child abuse and animal cruelty, Leicester
- Pay, N. (2004). Joining up – time, resources and a culture change: *Children in Scotland*, Nov
- Scottish Executive (2005). *Code of practice to facilitate the provision of therapeutic support to child witnesses in court proceedings*
- Scottish Executive (2004). www.scotland.gov.uk/stats/bulletins/00369
- Scottish Executive (2001). *It's everyone's job to make sure I'm alright. Report of the Child Protection Audit and Review*, Edinburgh

Short Life Working Group (2004) *Report on the Care Needs of People who are Survivors of Childhood Sexual Abuse*

Talkes, K. and Tennant, A. (2004). The therapy seesaw: achieving therapeutically balanced approaches to working with emotional distress: *The British Journal of Forensic Practice*, Volume 6, Issue 3

Appendices

Appendix I

Examples of Topic Guides used initially during data collection

EXPLORING THE NEEDS OF CHILDREN, YOUNG PEOPLE AND NON ABUSING PARENTS WHERE CHILD SEXUAL ABUSE HAS BEEN AN ISSUE

'Workers' Topic Guide

1. Outline scope and purpose of the research project.
2. Reassure on confidentiality issue.
3. Invite respondent to summarise the work carried out by the organisation and to locate their role in this context.
 - How long have you worked in this specific function/child protection?
 - Previous experience.
4. Could we begin by defining your perception of what child sexual abuse actually is?
5. When child sexual abuse is suspected what guidelines, procedures or protocols should be followed? How appropriate are these?
6. What supports are you aware of being available to the child or young person? How are needs assessed, and by whom?
 - At the time of discovery (of the sexual abuse)
 - During any investigation
 - And at other relevant points?
7. [If supports exist, explore their relative value] If none exist explore possible reasons for this.
8. What do you consider to be the most pressing needs of the children involved, and why?
9. How effective are existing services in meeting the needs of these abused children and YP?
10. What, if anything could or should be done differently and why?
11. Turning to the needs of non abusing parents, what supports are on offer to such parents, (eg by which agencies, where, and, appropriateness)?

12. Are you aware of any barriers to the provision, delivery or accessibility of appropriate services to non abusing parents?
13. Could you give me some examples of what you consider to be “best practice” when it comes to supporting
 - (a) The children themselves,
 - (b) Non abusing parents
14. Are there any things we haven’t discussed perhaps that you think we should have ... (possibly areas you feel require further research, or, are there any particular individuals you feel we should be consulting with) in order to inform this work.

Thank and close.

EXPLORING THE NEEDS OF CHILDREN, YOUNG PEOPLE AND NON ABUSING PARENTS WHERE CHILD SEXUAL ABUSE HAS BEEN AN ISSUE

‘Children and Young People’ Topic Guide

1. Outline scope and purpose of the research project.
2. Reassure on confidentiality issue and detail procedures to be followed in order to access the Women’s Support Project.
3. Invite respondent to explain a little bit about the context of the abuse (conditions leading to disclosure/discovery, how long ago, duration of sexual abuse, who abuser was). In other words, how it came out about the existence of sexual abuse?
4. What happened as a result? – [Response whose?, investigations, by whom, how, duration; legal dimensions, place of safety, parents, contact issues)
5. In your opinion, how appropriate were these responses? Could you explain why you feel this?
6. What supports were made available to you, and by whom ?
 - At the time of discovery (of the sexual abuse)
 - During any investigation
 - And at other relevant points?
 - Explore pre/post court support
 - How long did the support continue?
 - Protection from abuser, then and now?
7. [If supports exist, explore their relative value] If none were in place, explore possible reasons for this.

8. What do you consider to be the most pressing needs of children and young people who find themselves in similar circumstances to yourself , and why? How effective are existing services in meeting these needs?
9. What, if anything could or should be done differently and why?
 - Examples of what respondents consider to be poor practice
10. Turning to the needs of parents, what supports were on offer to your non abusing parent/s, (by which agencies, where, and, appropriateness)?
11. Are you aware of any barriers to the provision, delivery or accessibility of appropriate services?
12. Probe on impact on self and other family dynamics (relationship with abuser/non abusing parents, siblings, others –depending upon who abuser was – father, grandfather, step-father, mothers boyfriend, sibling, family friend, respected other, in contact other, stranger etc..) Conflict – coping?

(Possibly, How did abuser treat your mother?)

If father not abuser, explore perceived impact on father – any apparent difference in reaction between non abusing parents – what supports were available to your father and did these appear to be relevant?
13. To help workers better understand your needs, what suggestions do you have in relation to developing effective services?
 - For young people
 - For non abusing parents
 - Siblings

Are there any things we haven't discussed perhaps that you think we should have ...

Thank and close.

Appendix II

Conviction rates for the sample

Table to indicate distribution of conviction rates for cases in this study, those which went to court but failed to result in conviction and those which for varied reasons did not result in further action, through lack of evidence, family pressure not to pursue a case, death of perpetrator or other reasons.

Only data from distinct cases are included, in other words, where siblings and parent were interviewed, this is incorporated as one case. Under circumstances where multiple experience of abuse was raised, only data regarding the most recent case was used. Therefore the data set reflects 20 cases where child sexual abuse had occurred. This reflects an amalgamation of the statistics for the children, young people and those from non abusing parents, as follows:

Outcome	Cases	Percentage
Conviction	4	20%
No conviction	5	25%
No further action	11	55%

NB. Whilst reference is made to non abusing parents throughout this report, the sample reflects data generated from mothers exclusively.

A blueprint for good practice

When discussing the effects of the experience of child sexual abuse and the unpredictable nature of an individual's response, being able to tailor services in light of specific need is critical. Ability to understand the impact and flexibility to work with young people on their terms is paramount. Having reiterated the heterogeneity of need it may appear incongruous to then begin to put forward a blueprint. This is intended as a guideline and originates from rigorous comparative analysis of interview data generated from the young people themselves, and non abusing mothers, together with the reflections on examples of good practice by a diverse selection of workers. Patterns emerged from volunteered examples of supports that were seen as positive together with many examples of unwanted interventions. The main themes outlined are robust recommendations from amongst the sample group and are likely to have utility and transferability for others.

- (a) supports should be offered in a context of consent. In other words, that the young people concerned are ready and receptive to engage with workers. Some young people stated that they had been pressurised into having counselling when they were not ready. Under these circumstances, the value of this coercive activity must be questioned.
- (b) work centred around the young person's best interests. It should be a genuinely empowering experience. This will encompass timing, service design and possibly personal compatibility with support worker.
- (c) ensure best, most talented people are doing this work. Training is one component but there are also likely to be individuals who are instinctively better at working in this environment than others.
- (d) give consistency of support worker. Many of the young people interviewed expressed disappointment when a familiar worker became unavailable, often at a critical juncture, court appearance, for example.
- (e) consider the gender of those doing the work. The simple response is to have only women in post, given most of the abuse is carried out by males. Indeed many of the young people have stated that they were happy working with females only. Males should not by definition be excluded, however in all cases.
- (f) provide good information through training to dispel damaging myths. There is a body of thought which implicates non abusing mothers where child sexual abuse has taken place. The whole thesis centres round "awareness" of the sexual abuse, the investigation process and the need for child protection. As has previously been discussed, the process of discovery is complex and if workers wrongly believe that

non abusing mothers must have known and if they didn't, "well they should have", then the labels of "collusion" may be wrongly assigned.

- (g) focus on where responsibility lies for the abuse. This is a helpful approach to countering the tendency for the weight of responsibility to be heaped upon the non abusing mother. In other words, "he was responsible, he was wrong, it was harmful – my daughter is entitled to protection ..."
- (h) allow survivors and non abusing mothers to reflect their own experience of the impact of the abusive process on themselves. Give non abusing mothers a channel, a voice during the investigative phase where they may otherwise feel powerless. For example when a report is written, mothers are encouraged to read it, discuss the contents and given the opportunity to comment in writing and highlight any areas of disagreement.
- (i) remember the potential for excluding others, give scope for supports and therapy to deal with the needs of the carers, whether these are foster parents, residential staff or non abusing parents, thereby taking due account of the context of life as it is lived for them. Accommodate individuals' need to work through issues, particularly where details are of an intimate nature, but be conscious of the potential to isolate parties. Offer where appropriate groupwork and the possibility of peer support.
- (j) whatever supports are being considered, they should take account of situation specific circumstances. Capacity to modulate response according to need. Services should be able to offer a repertoire of supports.

Appendix IV

Future services and other comments

“more support and for social work to try to understand what is going on for them [other survivors].”

Speedier court processing. *“The time it took to court, that was bad (two year it took). If it had gone up to court [High Court] within a year it would have felt easier, been better.”*

More general awareness about child sexual abuse, so people understand more about it.

The need for advocacy. *“Whose job is to advise non abusing parents of their rights? The possibility of getting a lawyer at the outset. Need someone to go through the process, explain things, let them understand and take their hand.”*

More could be done with *“facilitating the freeing for adoption scenario, enabling parents to see their own difficulties and the effects and to give consent in a guilt free way – whilst taking responsibility. This is down to training and an ability to put it into practice.”*

Everyone should be allowed a screen in court, not age dictated.

“you know how there’s Childline, something like that handed out in schools, nationally in schools, just for abuse. I saw Childline and thought that’s battered children, I’m no phoning that. It’s hard because if there’s abuse ongoing and it’s a child, legally no matter what agency your involved with they’re going to come in and that’s no what you’re wanting, that just gees you mistrust. You could choose to give your name and address but you’d no be pressurised to do that – just to phone up and speak about what’s happening, because I know for myself when I actually managed to verbalise, say it, the strength went on from that, gave me the strength to say it to more people, until I got in touch with the right people.”

“continuity of worker.”

“integrated services, where you are living.”

“Risk assessment should follow it [perpetrating sexual abuse], if done it once, could do it again”, the opinion of a young woman whose step brother had abused her, been fined and received community service. There was seen to be scope for social work to do some follow up work in the hope of reducing the risk of re-offending.

“a place to chill out. See if I’m upset – Mum’ll put me down on the floor and pin me down – I don’t like that – I’d rather go somewhere, walk round the block – phoned Standby [and they said], ‘No I’m not coming, calm down ...’, don’t think under 16 should be put in a cell.”

“direct self referral – as some fall through – don’t want contact with social work.”

“Early intervention.”

“Listening, respecting, accepting their experiences, giving them space, time to talk, being open with them, non-judgemental and CLEAR about confidentiality. Be open to the trauma, understand their difficult behaviour and be flexible, follow through.”

“Good practice – therapeutic work at the child’s pace, enable understanding from the individual’s perspective, there are kids who deal with it ...”

Where social work contact is taboo ... A young girl who had experienced multiple abuse from the age of ten, told me about her experience when a youth worker *“picked up there was something wrong ..., he tried to speak, but [I was] worried about the consequences – so social work was just a barrier.”* Services encouraging self referral with voluntary participation at the core would fill an identifiable gap in existing provision.

Create awareness of existing services.

Enabling staff through training. Check out their values and ways of working. Transferring skills.

Eliminate/minimise, the judgemental service reactions. Often quite deep rooted opinions and values. *“Hell of a lot of prejudice”*. Some workers will look at the behaviours, not what is underlying. They don’t want to take it on board.

When young people have cut themselves and attended A+E, *“this isn’t the best place for you.”* Behaviour described as “sneaky” or “attention seeking” by workers – value laden and very revealing of attitudes.

Resources to support vulnerable young people who have experienced abuse in general, though not necessarily specifically sexual abuse. As one worker said, *“The vast majority of the children we work with, there are issues of drinking in the house, domestic abuse and you have to have the sexual abuse component to meet our criteria, but what about the others who don’t have the sexual abuse – but they’ve got all the rest, whose doing the work with them?”*

Rationing of resources. The practice of predetermining need by limiting service provision to certain number of sessions, not allowing need to guide resource allocation.

Supporting non abusing mothers and carers routinely.

More reliance on peer support, group support where relevant.

Services for males.

Remove age “cut off” from service provision for young people. Reach 25 and access can be difficult.

Lack of crisis supports when the knowledge of the sexual abuse has come out.

Respite accommodation was highlighted as an urgent need. This would be capable of providing for 6–8 young people, with support staff available to give emotional support. All meals provided, option of communal meals and with access to phone at no cost. This would exist for respite. There was knowledge of a crisis house in Edinburgh but this requires reservations one month in advance. The above provision would be purely for immediate respite situations where young people are in need.

Grading of supports according to need. Drop in facility with open space plus option for support or counselling. Play support for young people, informal group work ...

Crisis lines won't return calls to mobile numbers because of resource restrictions.

More media coverage devoted to the significant message relating to child protection. Not just about stranger danger – all the research shows it's not strangers who are abusing.

Scope for more sensitive self protection work to be done at early stages. Messages about bodies and boundaries.