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Indirect Victims of Child Sexual Abuse:

Preliminary findings from research on the needs of and support for families of child sexual abuse

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Abstract

Child sexual abuse is a complex and highly emotive subject. This research focuses on what victimologists sometimes called 'indirect', tertiary' or even 'secondary', 'victims'. These people are those non-abusers who are close to the 'primary' or 'direct' victim/s - the abused child/children. Indirect victims might be parents, carers, guardians, siblings, grandparents or friends. The experiences and needs of these people have rarely been the subject of research; yet the small number of (mostly US-based) studies of families of children subjected to sexual assault point to the profound impacts such offences can have, particularly on mothers.

This poster reports on some preliminary findings from my ongoing research on the needs of and support for families of child sexual abuse. Findings derive from discussions with key contacts and from semi-structured integrities with key prefessional staff working in capacies involved in such cases. It reports in general terms on

interviews with key professional staff working in agencies involved in such cases. It reports in general terms on their perceptions of the 'ripple effect' emanating from child sexual abuse. Specifically it reports on their perceptions of who is affected, how people are affected, what their needs are and what services/support is available. Ultimately the research examines the scope and adequacy of extant support structures with a view to minimising risk and reducing harm in families.

Aims and Objectives/Methodology

The aims of this research project are to explore the needs of and support for families of child sexual abuse. The research objective is to explore the 'ripple effect' emanating from child sexual abuse and the impact such offences and experiences of victimisation have on those non abusers who are close to the victim and the perpetrator. The project thus focuses on two indirect victim groups:

- (i) non-abusing parents, siblings, family members and friends and
- (ii) friends and family of the perpetrator

Methodology

The fieldwork is gathering perceptions from professionals linked to the key agencies involved in investigations and safeguarding of such cases of abuse. In-depth semi-structured interviews with key personnel are probing perceptions of who is affected and what the nature, extent and reach of the impact of the offences is. The following questions are steering the semi-structured interview conversations:

- Who is affected by child sexual abuse
- How are these people affected? What is the impact?
- What are their needs are they met?
- What services/support is available?

Background Context

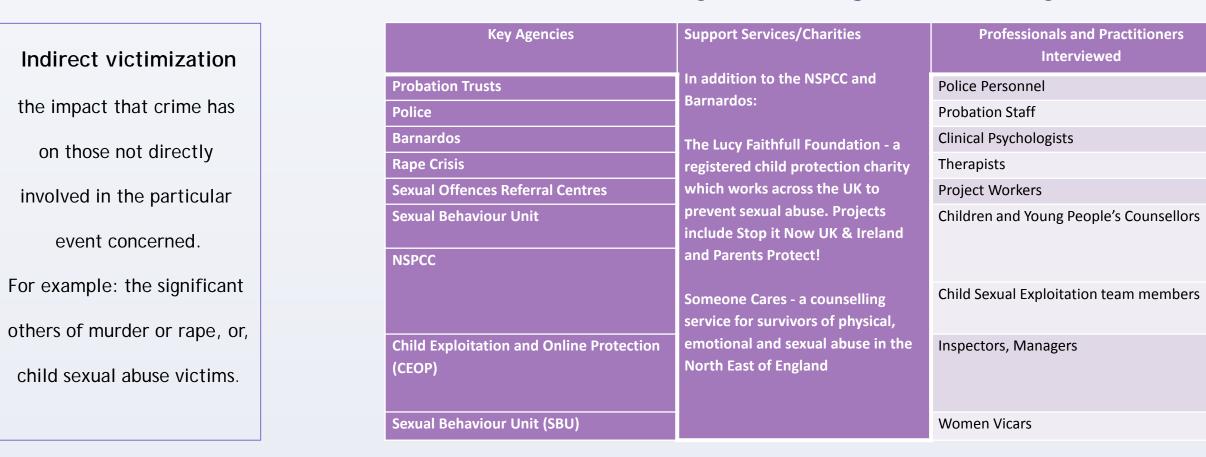
Predatorial sexual abuse has recently attracted much media attention in the wake of the Jimmy Savile scandal and child sexual abuse is especially newsworthy when a toxic mix of key news values can be configured. Savile's offending amounted to 214 criminal offences across 28 police force areas over 60 years. The ripple effect of the harm caused is unknowable, the indrect victims remain hidden.

Criminal victimisation and the experiences of victimisation within families, homes and other supposedly 'safe havens', warrants much deeper academic attention. Over the last 40 years or so, interest in victims of crime has proliferated yet interventions and support for them has been piecemeal and fragmented; to the extent that while multi-agency responses to the safety of children remain settled and established in risk-based practice, the feelings and emotions of those delivering and experiencing interventions have been largely elided in academic discourse (Davies 2011). This at a time when independent reviews of child safety and protection and concerns about safeguarding children from abuse generally and sexual assault in particular, bring to the fore a plethora of victim-related issues, including a 'mismatch' between victims and support and needs and services (Mawby 2001). In the context of sexual offences against children, four potential victim groups can be identified:

- 1. the wrongly accused;
- 2. the children who are subjected to sexual abuse;
- 3. their non-abusing parents and siblings;
- 4. the families of sex offenders.

This research focuses on the latter two groups, those who might be termed 'indirect' or 'tertiary' victims. These people - significant others who are non-abusers and close to the primary or direct victim - have rarely been the subject of research; yet the small number of (mostly US-based in the 1990s) studies of families of children subjected to sexual assault point to the profound impacts such offences can have, particularly on mothers. One key finding, for example, suggests that, in the aftermath of such abuses, parents or carers significantly rethink their protection and security measures, as well as the support they seek from other family members and social workers. This is important, not least because mothers' reactions impact significantly on their abused children (Cohen and Mannarino 1996; Elliott and Carnes 2001).

Preliminary Findings and Analysis



Tertiary victimization

includes a wider circle of 'victims'
and the term draws attention to
the impact that crime has on those
not directly involved in the
particular event concerned.

For example: those affected by
a particularly shocking event or
life changing experience.

Preliminary Findings and Analysis

There is a wealth of academic literature on the subject of child sexual abuse, mostly outside of, or peripheral to, criminology and victimology and emanating from the fields of health, psychology and social work. Within these literatures there is a dual prioritisation. A significant body of work focuses on the direct victim/s. A smaller body of work is steered towards interventions for perpetrators. A distinct set of academic inquiries have focused on the nature and quality of support provided by non-abusive parents (Elliott and Carnes 2001, Galloway and Hogg 2008, Hooper and Humphreys 1998, Levenson and Morin 2001, Plummer and Eastin 2007).

The sexual abuse of children can take place on and off line. It can be in a familial or out-of-home/family care setting. The preliminary findings reported upon here include and begin to distinguish between these different contexts of child sexual abuse.

Preliminary Findings - Who and How?

Children who are abused in a variety of settings are often but not always surrounded by people who care deeply about them. Non-abusing adults close to the abused child include mothers, fathers, grandparents, older siblings, friends and school teachers. Non-abusing parents and siblings were mentioned most frequently as those most obviously affected by the ripple or knock-on effect of child sexual abuse. This however, varied according to the location and nature of the abuse. With respect to indirect victimization linked to the sexual abuse of children out-of-home parents - mother and father - were primary sufferers with men's and women's reactions showing a distinct gender difference.

Indirect victimization linked to the sexual abuse of children out-of-home:

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

She was shell shocked is how I,d describe it.....she just came in and she was like caught in the headlights....

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

the ripple effect on their families at that time was immense, absolutely immense....

Typically the responses would involve anger, sadness and a gender difference between the reaction of mothers and those of fathers:

Preliminary Findings: indirect victimization linked to the sexual abuse of children in family care:

In one example the respondent had been working with a colleague and with a family where a 14 year old girl was suffering from severe anorexia. She had five siblings:

the mother just was not able to manage it, cope with it. The whole family were affected by that one child's abuse in a very profound and a very long-term....

Within the subset of studies addressing the nature and quality of support provided by non-abusive parents, the concept of 'mother blaming' is debated. In this research, mothers engaged in much self-blaming:

Mum really struggled to cope with the fact that she couldn't protect her daughter, and mum actually left the house...

...and the mothers guilt at this having happened to her daughters and she had no idea...

She was unable to talk really, her eyes were full of tears, put on a really brave face but I know she's absolutely devastated. And it's that guilt, she told me on the phone, because this was her partner and had been her partner for many years and she had brought him into the house, he's been abusing her child all this time and she know nothing about it.

Elsewhere I have argued there is a gender patterning to emotions linked to victimisation. As women, and as indirect, tertiary and secondary victims, we feel the pains, harms and victimisations of those close to us (Davies, 2008). Women's emotional labour involves responding to other's stresses and distresses in a selfless 'caring' way (Lupton, 1998). This suggests a gender bias in the nature of emotional work which impinges upon women's experiences of victimisation. Women appear to bear the brunt of harm and suffering and victimisation (Davies, 2011). Women appear to bear a disproportionate burden of harm, suffering and victimisation by taking on the woes of others. Findings from the research being reported upon here indicate this argument is evidenced in the context of child sexual abuse.

The concept of 'mother blaming' has been taken to task by feminist scholars, particularly in relation to prevention issues. Some approaches appear to blame mothers for the abuse of her child, effectively shifting the blame from, and taking the focus off, the perpetrator. Thus, in addition to self-blame, mothers appear to have to shoulder blame for the direct victimization. Mothers were the main indirect victim mentioned by all respondents.

Preliminary Findings - Needs and Support

Whilst practitioners were primarily engaged to directly support the child victim, they provided overwhelming evidence that the caring adults had varying needs for information in order to understand on behalf of the abused, in order to be able to support their children through to survivor status as well as personal support needs in the short, medium and much longer term.

There is an abundance of evidence suggesting that child sexual abuse has adverse health consequences in adulthood and other lifelong effects on the direct victim/survivor (Wilson 2010; Walsh et al. 2010). Findings from this research suggest that the lifelong adverse consequences that child sexual abuse has in adulthood appear replicated amongst other family members.

A group was set up to support parents. The group mainly comprised of mothers though the service also supported couples. One couple were supported in connection with the abuse of their learning disabled child:

... that couple came to us for quite a long time because of the fall-out for them was immense and they were in pieces and we did what we could to help them remain as a strong couple because they were a strong couple but just help them with the effects of what happened to their son. We offered their son a couple of sessions but he wasn't wanting to engage with us particularly. He needed his parents and that is often what we've found. Those

The overprotection was definitely there, that goes without saying. They're not knowing how to cope so buying their children everything that money could buy as a form of compensation. Children were puzzled by that, not really understanding

young people who were abused actually didn't want professional involvement often. Often they just wanted their parents but because their parents were in such pieces you had that incredible barrier.

The impact on parent's, and on mothers in particular, was variously evidenced and included very personal impacts on health including depression, anxiety, dependency on medication, alcohol and damage to self-esteem. Wider impacts including stigma and broken relationships were often mentioned. In several instances this has lead to support being stretched, adapted and manipulated so that support could be more inclusive of the range of family members being adversely affected.

Preliminary Conclusions

Who is affected by child sexual abuse and how are they affected?

Parents are particularly adversely affected in relation to indirect victimisation linked to the sexual abuse of children in out-of-home or out of family care venues - including nurseries. Fathers and mothers are affected (though react differently), as are the non-abused siblings of those who have been abused. With regards to indirect victimization linked to the sexual abuse of children in family care, mothers often have to manage their own internal self-blame and guilt no matter who the perpetrator is but especially if he is her partner. Women also experience secondary victimization in this regard. In addition to their self-blame, they also negotiate their assumed complicity and culpability in cooperating with safeguarding and police personnel.

Though both non-abusing mothers and fathers are adversely affected, there is a distinct gender difference to their reactions in the aftermath - in the short and longer term and in their coping strategies.

What are their needs - are they met?

Emergent findings suggest there are unmet needs in relation to those affected indirectly by child sexual abuse. Parents have a variety of needs and they often depend highly on the specific case. There are needs with regards to information about the nature and extent of child sexual abuse. Non abusing mothers and fathers have different reactions which give rise to different gendered needs in terms of their being able to support their child through the experience in the immediate and longer term. Parental, especially mother's perceptions about their own ability to support their child, can be so self-blaming, with such feelings of guilt, that this can be debilitating to the extent that it affects physical and mental health and relationships.

What services/support is available?

There have been and are projects and initiatives to support families. In the past these have been pioneering and ground-breaking with support groups developing derived from feminist inspired thinking and family therapy was more commonplace. Contemporarily the scope and adequacy of extant support structures has declined and continues to diminish.

A new development in the Yorkshire area is the **Kelly Project**. This small scale innovative project is an initiative within GROW - a service enabling women in Rotherham to make informed choices. The project will support 5 families to meet their needs arising from the abuse of a child in their family.

Recommendations for Further Research

The preliminary findings from this victimological perspective are encapsulated by the following quote from Plummer and Eastin (2007: 1068-9):

The role of societal expectations of mothers and the countertransference of professionals who interact with these mothers, and often judge them, needs to be examined further. The context of abuse and reactions to it need to be carefully analyzed to understand the complexity of the overall situation on a case-by-case basis. One important unasked and unanswered question remains: What is the appropriate response of mothers to a disclosure of abuse and what reaction would be viewed as healthy?...... The role of mother-blaming cannot be overstated in this matter.

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