

***Adolescents Who Sexually Abuse:
Exploring the Impact on the Family***

A thesis submitted to the Dublin Institute of Technology in part fulfilment of
the requirements for award of Masters in Criminology

By

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Declaration

I hereby certify that the material which is submitted in this thesis towards the award of **Masters in Criminology** is entirely my own work and has not been submitted for any academic assessment other than part fulfilment of the award named above.

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Abstract

This research project considers a frequently ignored dimension of adolescent sexual abuse, the parents and families of the adolescent perpetrator. This study focuses on eliciting professionals' views of the impact on the family when an adolescent member has sexually abused. The context for the study is outlined with an account of the prevalence of and explanations for adolescent sexual abuse. The study proceeds to look at legislation and the impact on labelling. Areas relating to the family on the impact of disclosure, parental reactions and the process of engagement are explored.

Semi-structured interviews were conducted with five professionals working within the child welfare and criminal justice system who worked with young people who had sexually abused and their families. The purpose of the study was to explore with professionals their perceived perception of the impact having an adolescent sexual abusing member has on families, from their contact with family members.

The findings and analysis suggest, from the professionals' perspective, that families are faced with many issues when confronted with the discovery that their child has sexually abused. These include emotional upheaval, risk management and issues regarding engaging with services. If the aim of therapeutic intervention with sexually abusing youth is to reduce the risk of further abuse and to help the young person develop a healthy lifestyle, this study contends from the professionals' perspective, that family involvement in this process is essential. The researcher concludes this study by making recommendations.

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Chapter 1

Introduction

1.1 Context

Sexualised behaviour, like other areas of growth develops over time and many behaviours are normal for children at certain ages. Sexualised behaviour is viewed along a continuum from normal/healthy to problematic to harmful. Problematic sexual behaviours are the result of learning; therefore they have the potential to be unlearned (Cavanagh-Johnson, 1999). Early intervention with young over sexualised children, before patterns of sexually problematic behaviours become entrenched, are likely to be most effective. Young people who exhibit problematic sexualized behaviours can be helped to overcome these problems by the interventions of adult caregivers who provide care, consistency, limit setting and understanding to the child. However, when there is not an effective response to problematic sexual behaviours, the potential risk for the young person and others is increased. Despite the importance of the caregiver role, little is known about the impact on caregivers when they become aware of incidents of harmful sexualised behaviour perpetrated by their son or daughter. This is important because the manner in which adult caregivers respond ultimately influences their capabilities to help the young person. This study focuses on eliciting professionals' views of the impact on the family when an adolescent member has sexually abused. It also explores the role of the criminal justice system and the welfare system in responding to incidents of problematic and/or abusive behaviour by young people.

1.2 Rationale for the Study

The researcher is employed as a social care worker in a residential centre and has experience of working with young people who have sexually abused. From conversations with parents the researcher became aware that the needs of the parents were very often ignored and little was known about the impact their child's sexually abusing behaviour had on them. Research tells us that intervention with the family of an abusing youth is important however the reality is that very often the needs of the young person overshadow those of the family. This is an important area of study which appears to be under-researched. It is important to generate information that more accurately inform responses to the problem.

1.3 Aims and Objectives

The overall aim is to explore the impact on the family of having an adolescent member who has sexually abused, from the perspective of professionals.

The objectives for this study were:

- To identify the responses of families to the disclosure of sexual abuse by an adolescent member.
- To highlight the importance of family engagement in the therapeutic process to promote positive outcomes for the young people.
- To contribute to the limited data available on the impact for families when an adolescent member has sexually abused.
- To identify the responses by the criminal justice system and the welfare system.

1.4 Organisation of Chapters

Chapter Two addresses the existing literature on the topic of adolescents who engage in sexually abusive acts and provides an understanding of some of the causal factors for their behaviour. Information on the legislation surrounding this area is provided with reference to the impact on labelling. Issues regarding the family are then addressed. Chapter Three focuses on the research methodology including the research design and research methods. Issues regarding access, consent and ethical considerations are explored. A description of the data collection and analysis processes are given. Chapter Four is a presentation of the findings and a discussion of same drawing on literature reviewed earlier. Chapter Five contains the conclusions and recommendations relating to this study.

Chapter 2

Literature Review

2.1 Introduction

It is generally accepted that as a society Ireland has a serious problem with child sexual abuse. The Sexual Abuse and Violence in Ireland (SAVI) Report (McGee, Garavan, de Barra, Byrne and Conroy, 2002) based on a random sample of over 3,000 Irish adults found that 24% of men and 30% of women have been victims of child sexual abuse. When a person thinks of a child molester they see in their minds the dirty old man image. The reality however is that the perpetrator of child sexual abuse in one out of every four cases is another child or adolescent, 17 years old or younger (McGee et al., 2002). The 2009 Annual Report of the committee monitoring the Garda diversion programme highlights that a total of 74 sexual offences, including 17 rapes and 40 sexual assaults were committed by under 18's.

The adolescent sex offender is defined as “a minor who commits any sexual act with a person of any age against the victim's will, without true consent or in an aggressive, exploitative, or threatening manner” (Ryan and Lane, 1991, p.3). This may be a long way from the innocence most people would like to see in children. International research reports that over half of adult sexual offenders admit to having engaged in sexually abusive behaviour in their teenage years (Barbaree and Marshall, 2006). Despite the above statistics the empirical and theoretical knowledge base on adolescent sexual abuse is still very limited. The failure to recognise the significance of sexual abuse committed by adolescents has been confounded by the lack of knowledge surrounding sexual development in adolescents, as well as the fact that victims are likely to be family members and parents do not report such abuse (Print and Morrison, 2000 in Itzin).

McGee et al, (2002) found that 20% of adolescents sexually abused someone within their own family network. Fitzpatrick and Fitzgerald (1991) defined sibling abuse as sexual interaction between siblings where mutuality is lacking and where there is a degree of coercion by one sibling who is older, stronger or more valued in the family system. Intrafamilial sexual abuse has been increasingly recognised as a serious problem and although most of the literature focuses on father-daughter incest, sibling incest is estimated to occur three to five times as often as father-daughter incest (Smith and Israel, 1987, Finklehor, 1980).

Assessing the extent of adolescent sexual abuse will always be problematic. There are historical and ideological factors contributing to what amounts to a silence and denial around this issue. A wide variance of opinion, standards and values exist within the community and across cultures and religions about which behaviours are considered to be acceptable. Sexually abusive acts committed by adolescents can often be downplayed or dismissed as sexual curiosity or experimentation (Caputo, Frick & Brodsky, 1999). Ideological constructions of childhood innocence contribute to a reluctance to admit that young people are capable of engaging in sexualised behaviours that exceed commonly accepted developmental or experimental bounds. Indicators that children might engage in coercive sexual behaviour have often been met with shock and denial.

2.2 What is Normal?

There are inadequate and inconsistent understandings of what constitutes “normal” sexual behaviour and “deviant” sexual behaviour (Barbaree and Marshall, 2006; Durham, 2006). It is not possible to polarise normal and deviant sexual behaviours in children or to establish a baseline of appropriate and acceptable sexual behaviours. Sexual knowledge and behaviour progresses on a continuum from mutually agreed experimentation to very serious crimes, such as stalking and rape. (Gil and Cavanagh-Johnson, 1993). Johnson and Feldmeth (1993) identified a continuum of four definable groups of sexual behaviour for children. Group one consists of children who engage in natural and healthy sex play. Group two contains children who are sexually reactive. Group three is where there is extensive mutual sexual behaviours. Group four consists of children who molest. (Johnson and Feldmeth, 1993 in Durham, 2006, p.36). The behaviours in group one are considered to be developmentally appropriate however the other three groups raise varying levels of concern. In group four there are clear concerns about the victimisation of others. Children can move across these groups and being able to locate a child in one of these groups will have implications for the nature and level of intervention needed.

The point at which ‘normal’ sexual behaviour becomes ‘deviant’ cannot be decided based on behaviour alone. In order to clarify which sexual behaviours should cause concern as being abusive or exploitative as opposed to those sexual behaviours that can be regarded as a normal or experimental part of adolescent developmental behaviour, Ryan and Lane (1991) emphasise the importance of considering the following factors, consent, equality, and

control/coercion and to what extent they are present in the sexual interaction. Consent is seen as having four elements: understanding the proposal, knowing the standard of behaviour, awareness of possible consequences and respect for agreement or disagreement. Equality can be thought of in relation to perceived differentials of power which can be affected by age, size, gender, strength or self image difference. Ryan identifies a continuum of control in sexual acts ranging from normal where there is no coercion, manipulation at a subtle non-physical level, coercion by threats to physical force with use of weapons and direct physical threats.

2.3 Explanations for Adolescent Sexual Abuse

Adolescent sex abusers constitute a heterogeneous group. No single profile can describe all adolescent sex abusers. Research has identified the vast majority of young people who sexually abuse to be male. However there is a growing recognition that adolescent girls also sexually abuse and Halstenson, Bumby and Bumby (2004) suggest they share common characteristics to their male counterparts. Pritchard (2004) found that adolescents who sexually abuse are often socially isolated and experience anxiety, depression and suicidal thoughts. A large percentage experience difficulties in school, both in terms of educational attainment and behaviour (Masson and Erooga, 1999). Poor or disrupted attachments have been identified as a significant feature in the lives of many young people who sexually abuse (Durham, 2006; Finkelhor 1984). This is consistent with research by Marsa, O'Reilly, Carr, Murphy, O'Sullivan, Cotter and Hevey (2004) who identified that a secure adult attachment style was four times less common in child sex abusers. Attachment refers to the affectionate relationship or tie a child has with its primary caregiver. Central to attachment theory is the premise that a secure attachment inoculates a child against the harmful effects of adversity, while an insecure attachment places the child at risk. Early attachments are significant for social and emotional development and also for relationships across the life span. O'Halloran, Carr, O'Reilly, Sheerin, Cherry, Turner, Beckett & Brown (2002) conducted a study aimed to profile the psychological and psychosocial characteristics of a group of Irish adolescents with a history of sexually abusing. Their findings were similar to research that identifies low self esteem and emotional loneliness to be characteristic amongst adolescent sex abusers.

Finkelhor (1984) proposed four preconditions which must be present for an offender to sexually abuse a child. His model is widely used as a framework for therapeutic intervention.

Precondition one is the motivation to sexually abuse. The offender may be motivated by “emotional congruence” (p.54) where relating sexually to the child satisfies an emotional need. Sexual contact with the victim may be sexually gratifying for the offender or the motivation may arise due to alternative sources for sexual gratification being blocked or less satisfying. The potential offender needs not only to be motivated but also must overcome “internal inhibitions” (p.55) against acting on that motivation in order to justify or minimise their behaviour. Once a potential offender has the motivation and has overcome their internal inhibitions they must overcome “external inhibitors” (p.58) that could potentially prevent their offence from occurring. Most offenders knowing that their behaviour is wrong will seek opportunities for unsupervised contact with a potential victim (Durham, 2006). The final of Finkelhor’s four preconditions is that the offender must overcome or undermine the victim’s resistance. Potential victims may be groomed by offenders, including bribery, the provision of treats and use of threats or physical force in order to overcome their resistance (Durham, 2006).

There is no single cause for adolescent sexual abuse. Multiple factors may predispose young people to engage in sexually abusive behaviour. A range of developmental and contextual variables and personal attributes collectively contribute to the onset of sexually abusive behaviour (Barbaree, Marshall and McCormick, 1998). Barbaree & Marshall, (2006) suggest that family environment is influential in the development of abusive sexual behaviour in juveniles. The majority of people who sexually abuse others grow up in “abusive rather than nurturing family environments” (O’ Reilly and Carr, 2004 p. 42, cited in O’Reilly, Marshall, Carr & Beckett, 2004). A nurturing family environment facilitates the development of close interpersonal skills where young people learn to satisfy their own social and intimacy skills in a way that is “mutually satisfying and respectful of the needs of others” (Barbaree et al., 1998, p.3). In the abusive family environment young people fail to learn appropriate, effective interpersonal skills and will adopt “a maladaptive, coercive and manipulative strategy for interpersonal interactions” (Duane and Morrison, 2004, p.105 cited in O’Reilly et al). Ryan (2005) found that inconsistent care and parental loss are overrepresented in the early life experiences of juveniles who sexually offend. However this is not to suggest that all young people from abusive families will become sexual offenders or that all juvenile sexual offenders come from abusive families.

Several characteristics have been associated with the families of juvenile sex offenders. In general, these families have tended to exhibit low warmth and cohesion and high rates of

parental difficulties characterised by family violence, substance abuse and family disorganisation and instability (Duane, Carr, Cherry, McGrath & O'Shea, 2002; Ryan and Lane, 1991). Duane et al. (2002) concluded that the parents of sexually abusive adolescents experienced higher rates of abusive experiences in their own childhoods. Being brought up in a disorganised or abusive family environment can result in insecure attachments, low self esteem, empathy and social skill deficits, all of which are risk factors for sexual offending (Durham, 2006, O'Reilly et al, 2004, & Pritchard, 2004). By focusing on characteristics of families there is a risk of shifting the responsibility for the abuse away from the young person by suggesting that the abuse is entirely the result of dysfunctional family relations. Risk factors themselves do not cause abuse but they do make it more likely under certain circumstances. As Ryan and Lane (1991) suggest, "circumstances, experiences and parental models in the early life environment may allow or support the development of sexual deviance or fail to develop the empathy and inhibitions that prevent exploitative behaviour" (p.137).

O'Halloran et al., (2002) in their study found that in 37% of the cases the adolescent perpetrators had themselves been abused as children. In half of these cases the abuse was sexual. Their own victimisation may contribute to their offending but it cannot be said to be the direct cause of sexually abusive behaviour. Ryan (1989) suggests that sexual abuse is a learned behaviour and while not all sexually abused children become sexual offenders, they are at an increased risk.

2.4 Welfare versus Justice

Some will argue that adolescents who have sexually abused belong behind bars; they have committed a crime and therefore should be punished. Others will argue that they can be rehabilitated. The question of how to hold adolescents who sexually abuse accountable for their behaviour is anything but clear-cut. Ideally they are best dealt with by way of suitable treatment or therapy with detention as for all juvenile offenders being used as a "last resort" (Section 96, The Children Act, 2001). Clinical research and ongoing research suggests that many young people can and do change their sexually abusive behaviours once they fully understand how the behaviour developed and once they have been able to reflect on those behaviours in a supported environment not limited to but including the family (Hoghghi, Bhate and Graham, 1997).

Adolescents who sexually abuse pose a genuine risk to other young people and to themselves. While alternatives to detention continue to be favoured by those working with vulnerable young people, this is dependent on a voluntary willingness by the offender to admit their wrong doing and cooperate with an alternative treatment programme. Where young people are not willing to undergo treatment or fail to do so, the result may be that there is no alternative to prosecution. For the victims of the abuse this may prove to be a traumatic experience as they may have to go through the court process. However some victims' rights advocates argue that the perpetrators should pay for their crime and the lives they have destroyed.

There is no specific legislation pertaining to adolescents who sexually abuse and the current legislation refers to anyone above the age of criminal responsibility. Section 52 of the Children Act 2001 as amended by section 129 of the Criminal Justice Act 2006 raised the age of criminal responsibility from 7 to 12 years. However there are exceptions with regards to sexual offences and children aged 10 or 11 can be charged with rape or aggravated sexual assault. The Criminal Law (Sexual Offences) Act 2006 makes it a criminal offence to engage or attempt to engage in a sexual act with a child under the age of 15 years. Section 3 of the Criminal Law (Sex Offences) Act 2006 as amended by Section 5 of the Criminal Law (Sexual Offences) (Amendment) Act 2007 makes it a criminal offence to engage or attempt to engage in a sexual act with a child under 17 years old. The consent of the Director of Public Prosecutions is required for any prosecution of a child under the age of 17 years for this offence. A person who is convicted of this offence and is not more than two years older than the victim is not subject to the requirements of the Sex Offenders Act 2001. This means they will not have their name placed on the Sex Offenders Register.

While relationships between teenagers can be part of the normal developmental process they can also be exploitative, with one in four abusers identified in the SAVI Report being under 17 years of age. In the best interests of protecting young people, criteria for assessing where certain circumstances are or are not abusive / exploitative are needed. The term incest refers to sexual intercourse occurring between close relatives. Close relatives include a child, a sibling or a parent. This is a criminal offence and charges are brought under the Punishment of Incest Act 1908 as amended by the Criminal Law (Incest Proceedings) Act 1995. While there are no age limits, a girl under 17 years cannot be prosecuted for incest. The maximum sentence is life imprisonment for males and seven years for females.

One cannot deny the fact that these juveniles pose a risk to other young people but we must acknowledge that they are also children themselves and therefore a children's rights approach must be adopted. This includes protection from all forms of violence (Article 19 United Nations Convention on The Rights of The Child), and from sexual exploitation (Article 34). A children's rights approach also underlines the importance of the welfare and rehabilitation of child offenders, and identifies basic guarantees for such children. Article 16, for instance, outlines privacy rights which protect the identity of both victims and perpetrators.

2.5 Labelling

There are a variety of phrases used in research and treatment literature to describe young people who have sexually abused others. These include 'juvenile sex offenders', 'adolescent sex offenders', 'young people who display sexually harmful behaviour', 'adolescents with sexually abusive behaviours'. For the purpose of this study the researcher has opted to use the clinically preferred term 'adolescents who have sexually abused' and derivatives of this.

Labelling young people who have sexually abused as 'sex offenders' can be potentially psychologically harmful and can inhibit efforts to change. As Cooley's 1902 "Looking Glass Self Theory" suggests, people internalise labels and feel they cannot change. Labelling can also have similar ongoing repercussions in the young person's family. It is therefore important to label the behaviour and not the person. This is in no way an attempt to exonerate the young person as ultimately the responsibility for the abuse lies with the young person who has perpetrated it and their acts of sexual abuse cause harm and are criminal. Bennett and Marshall (2005) highlighted that the negative connotations associated with the label "sex offender" often result in cases of abuse being unreported, particularly amongst adolescent abusers.

2.6 The Family

2.6.1 Disclosure

"Adolescent sexual improprieties are known to have profound and disruptive repercussions on the entire family, especially the parents of the offending adolescent" (Bennett et al., 2005, p.276). For most parents this signals a period of emotional upheaval that can reverberate

throughout the whole family. As parents confront their own feelings, their emotional and psychological state can threaten the stability of the family system. Any parent who supports the young person must themselves be supported. Discovering that their child has sexually abused is most often traumatic for parents. “Families frequently react with shock, disbelief and confusion followed by intense feelings of shame, anger, guilt and depression....this is exacerbated when the victim and the abuser are living within the same family” (Thomas, 1991 cited in Duane & Morrison, 2004, pp.105-106). Duane et al, (2002) proposed a conceptual model of the experiences of parents in response to the disclosure of sexually abusive behaviour by their adolescent sons, which they suggested may prove helpful for guiding research and clinical practice with parents Duane et al, (2002) observed denial and minimisation as a defence against full acceptance of their son’s behaviour by parents. For some young people remaining in the family home after the discovery of their abuse may not be possible. If the abuse was intrafamilial parents may feel they cannot safely have their offending child live at home. The socially unacceptable nature of sexual abuse may trigger anxieties and fears about the potential consequences for the family and families may feel they have no option but to place their child in an out of home setting.

2.6.2 Intrafamilial Abuse

McGee et al, (2002) found that 20% of juvenile perpetrators perpetrated against someone within their own family network. As previously mentioned sibling incest occurs more often than father-daughter incest. In cases of sibling incest, parental denial and minimisation is common. Alder and Schutz (1995) reported that 58% of sibling incest cases had been disclosed within the subject’s families, but that months and sometimes years passed before any effective intervention took place and often the abuse continued.

Summit (1983) describes the typical response to sibling abuse as the “sexual abuse accommodation syndrome”. The syndrome is comprised of five categories. 1) Secrecy: the abuse often occurs in the context of a trusting relationship. 2) Helplessness. 3) Entrapment and accommodation: younger victims are often not aware of what they are doing when an older sibling engages them in sexual play and may not perceive it as abuse as they are not emotionally or cognitively mature enough. 4) Delayed, unconvincing disclosure: This is where the abuse has continued for some time and with great emotional conflict for the victim because of the risks and costs to the victim. When the disclosure is made significant others may not believe the victim and the perpetrator will deny it. 5) Retraction: the chaotic

aftermath of the disclosure may be too much to bear for the victim so they retract their claim as a way to retreat. Sibling sexual abuse can like other forms of abuse have serious immediate and long term effects on those who are abused. Their sexual lives can be marked by victimisation, sexual acting out or aversion (Cherry, 2009).

2.6.3 Parental Response

Many parents face a dilemma when they discover sibling abuse, as the natural instinct of any parent is to protect their children. But a failure to adequately respond by parents can have long lasting and negative effects for both the victim and the perpetrator. Once disclosed, sibling abuse frequently disrupts a family's organisation. The family may be divided between the victim and the offender (Cherry, 2009).

While most professionals would probably acknowledge the importance of parental involvement in sex offender treatment, there appears to be a scarcity of literature pertaining to them. Parental responses can greatly influence the success of any intervention or contribute to maintaining the behaviour (Durham, 2006). Wiehe (1997) suggests that positive and effective responses by parents ensure that their behaviour stops and the impact on the victim is lessened. Families have an important role to play in supporting a young person to be motivated towards taking responsibility for their behaviour and engaging in interventions. As adolescents are still in a formative stage of development, parents can be influential in re-engaging them back to a normative developmental pathway. Parental involvement can help ensure necessary supervision and monitoring of behaviour and also make possible early recognition of re-offending risks. A strong family support network can function as a protective factor.

2.6.4 Engaging Families

Any intervention involving the family must balance the needs of the family with the protection of the children (Coulshed and Orme, 2006). Including the family in the process of assessment and therapy is regarded as an important part of work with adolescents who sexually abuse. Burnham, Moss, Bedelle and Jamieson, (1999) outline advantages not only for the family but for the victim and the abuser. The victim they suggest benefits as they see the professionals working towards changing the ideas and behaviour of the abuser, it creates a more positive view for the future where relationships can be rehabilitated if the abuse was intrafamilial and it can also resolve any issues of loyalty that may hinder relationships

between the victim and other family members. The advantages for the abuser include facilitating the abuser and other family members to accept what has happened and in doing so working towards reconstructing relationships. All family members can benefit through a feeling that they can contribute to the process of change. They can also gain an understanding of what happened which can help minimise any risk of re-offending.

2.6.5 Consequences of Non-Engagement

Duane and Morrison (2004) highlight potential consequences that the failure to engage families can result in. Family members may be left isolated and unable to support each other as they try to process their reactions. Parents may not adequately offer protection within the family to other children. Anger experienced by parents can often result in the rejection of the offending child especially if the offence concerned a sibling. Parents may deny or minimise the problem as to accept it has happened calls into question their role as a parent and their families functioning. Engaging with parents can help them overcome these feelings. In terms of assessment and treatment outcomes, engagement alongside the young person is hugely important in determining positive outcomes.

Chapter 3

Methodology

3.1 Introduction

This chapter will present the methodology used to answer the research question regarding adolescents who sexually abuse and the impact on the family. The chapter commences by outlining the research design and methods as well as the rationale for choosing the approach. The sampling method used is explained along with information on access, consent and the important issue of ethics being discussed. Details of the data collection and analysis process are discussed. The chapter concludes with some limitations of the study.

3.2 Research Design and Research Methods

Silverman (2005) notes that the method of data collection one employs should be appropriate for what one is trying to find out. An inductive reasoning approach was adopted for this study and the research was qualitative in nature, taking the form of semi-structured interviews. Qualitative research was deemed most appropriate given the exploratory research design. Quantitative research methods usually gather factual and statistical information taking a scientific approach to research while qualitative research methods are more concerned with gathering in-depth information about the area under examination by the researcher (Davis, 2007; Silverman, 2005). Noaks and Wincup (2004) note that qualitative methods contribute to our understanding of why crime occurs by “providing rich and detailed data to flesh out the bare skeleton provided by quantitative data” (p.14). Qualitative research tends to be descriptive and connected with small scale studies, thus benefiting this research as it was apparent at proposal stage of the study that the researcher might encounter difficulties obtaining a large sample to participate in the research.

3.3 Interviews

Interviews enable face to face discussion with human subjects which facilitates a rapport between the interviewer and interviewee and allows for a greater flexibility of coverage. The researcher interviewed a cross-section of professionals both within and outside the Dublin region who work with young people who display sexually abusive behaviour and who have sexually offended. Semi-structured interviews were used to gain insight into the opinions of professionals. The researcher had a clear list of issues to be addressed but unlike structured

interviews the flexibility within this approach enabled the respondents to raise additional or unanticipated issues which contributed to the phenomenon being investigated. The researcher sought clarification and elaboration on answers given and as May (2001) outlines, the researcher can probe beyond answers and enter into conversation with the interviewee. In some interviews, the interviewees referred to programmes that they offer with the assumption that the researcher was familiar with these. The flexibility allowed the researcher to ask for an explanation on this. Semi-structured interviews enable the researcher to enter into novel areas and can produce richer data.

Semi-structured interviews offer more opportunity to probe, typically with the use of follow up questions. While the researcher had an interview schedule (Appendix A), there was flexibility in the order in which the questions were asked. Some of the interviewees touched on areas that the researcher had intended asking questions about further in the interview process but the flexible approach meant these could be addressed as they arose. The researcher also found that some of the interviewees answered two or three of the questions in the schedule in one answer so it was important that the researcher was familiar with the interview questions to avoid repetition. It was also important that the researcher had an understanding of the research question which facilitated alertness to significant themes.

Five interviews were conducted and were labelled 1-5. Each interview lasted on average 1 ½-2 hours. It was agreed that no identifying information would be used as the area being researched is a small area and people would be easily identified. Therefore no background information on participants such as occupation or agency description will be provided in this research to protect the young people and families that interviewees spoke so openly about. Where direct quotations are used they will not be attributed to any individual agency and will be identified only by participant A, B, C, D, E.

3.4 Sampling

The selection of participants for the study was based on a non-probability sampling approach. The method of sampling adopted was purposive sampling which involves targeting people who are knowledgeable about the experience being studied, willing to talk and can represent the points of view being studied (Bachman and Schutt, 2008). With purposive sampling, Denscombe notes that the "...researcher already knows something about the specific people or events and deliberately selects particular ones because they are seen as instances that are

likely to produce the most valuable data” (1998, p.15). Due to the sensitive nature of the research topic and potential difficulties regarding access it was deemed more appropriate to limit the research to professionals rather than families and to examine the perceptions of the professionals. The sample criterion was limited to those who work with young people who have sexually offended or those who display sexually abusive behaviour as not all of the young people that the professionals come in contact with have been convicted for their sexual abuse and their families.

3.5 Participants

The researcher contacted 12 agencies that were identified through the researcher’s knowledge of existing services and the contribution the researcher felt their professional knowledge could lend to the research. Participants worked in both the criminal justice system and the welfare system, and thus offered the potential for a good cross section of experience. A letter of invitation (Appendix B) was posted which explained the purpose of the study and included a consent form (Appendix C) with a return stamped addressed envelope. The researcher contacted participants at the beginning of July and set a two week reply date. The response rate was slow with only two agencies replying by the set date which resulted in the researcher following up the letters sent with a phone call.

Twelve letters were sent and six responses were received. Of those one was ineligible due to not having worked with families. Of the five cases, three worked solely with sexually abusing youth while the work of the other two was not confined to this category of youth. Three of the cases were from outside the Dublin area.

3.6 Data Collection and Analysis

Robson (1993) has pointed out that there is no clear, observed and accepted set of rules for analysing qualitative data such as there is for quantitative data. However, there are certain conventions that are usually adapted to suit the subject and data in hand. Interviews were recorded and transcribed verbatim thus allowing for a full and accurate analysis of the content. Another advantage to this was that it increased the researcher’s familiarity with the data which aided in the identification of themes. The use of semi-structured interviews allowed for comparability between interviews. The transcribing process was time consuming with an average of ten thousand words per interview.

Four of the interviews took place in the organisations where participants were based and one was conducted in the researcher's own home. All the participants agreed to the use of a dictaphone to record the interviews. While informed consent was obtained the option of discontinuing recording was made explicit. From the outset, participants were advised that they could request that the interview be terminated at any time or could decline to answer any of the questions asked.

The data analysis process started after the first interview and was an ongoing process during the data collection stage. Key concepts and recurring themes were identified. When transcribing the information an A4 page was divided up and three quarters was used for the actual transcript allowing one quarter for the researcher's own notes and memos. Codes were attributed to each interviewee and the organisation, thus affording full anonymity to everyone. When transcribing the data the researcher removed any repetition and was mindful to the importance of words which may have illustrated the respondent's point. Responses to open ended questions were coded according to emerging and predetermined groups or themes to provide for analysis (Maxfield and Babbie, 2005). These codes were then grouped under categories. This process was done manually involving a colour coded system. Codes were cross checked to ensure reliability.

The final stage of the analysis process involved comparing the findings from the interviews with the literature review and the development of generalised conclusions based on themes or issues that were identified in the data. A semi-structured interview design allowed for comparison between responses when analysing the data (May, 2001).

3.7 Access, Consent and Ethical Considerations

Access to participants in qualitative research can be a demanding, delicate and time consuming process (Noaks and Wincup, 2004). Access to participants for this research was obtained by writing to the management in the identified services inviting their participation. Denscombe (2003) highlighted that social researchers are expected to 1) respect the rights and dignity of research participants 2) avoid any harm to the participants arising out of their involvement and 3) operate with honesty and integrity. Informed consent is promoted as a fundamental guiding principle for an ethically informed approach. Informed consent was obtained from all participants in the research and they were asked to sign a consent form. Maxfield and Babbie (2006) defined informed consent as "informing subjects about research

procedures and then obtaining their consent to participate” (p.50). As part of gaining informed consent participants were advised of the mechanism that would be used to gather data and confirmation that they were comfortable with a recording being made was sought. The decision to concentrate on professionals was deemed to be more ethical than any attempts to gain access to the ‘less powerful’ group that the research is focused on. The guiding principles of Dublin Institute of Technology were considered (Dublin Institute of Technology, 2008). Procedures for the destruction of data after transcription were provided to participants.

3.8 Limitations

This study is based on the impact adolescent sexual abuse has on the family however due to the sensitive nature of the research area and perceived difficulties in gaining direct access to families this research is an account of families’ experiences as provided by the professionals who work with them. The results are not inclusive or representative of all families with an adolescent who has sexually abused and are limited to those with whom the sample group have contact, due to the time restraints and small scale nature of the study.

3.9 Reflection

Robson (1993) describes insider research as being where the researcher has a pre-existing level of knowledge and insight into the area of research that an outsider may only acquire after extensive research. The researcher is employed as a social care worker in a residential setting and works with teenagers some who display sexually inappropriate and abusive behaviours and who have committed sexual offences. Therefore it was important from the outset that the researcher balanced the professional role and the researcher role to eliminate bias. The research topic is of a sensitive nature and the researcher was conscious that she may be exposed to data that could be difficult to manage. It was therefore important that the researcher remained objective throughout the research process and reflected on how the process impacted on her. The apparent element of secrecy surrounding the research topic both within families and organisations struck the researcher. The researcher understood the need for secrecy surrounding these services in order to negotiate and execute their work in the community. This was evident by some of the buildings in which the services were located, with no identifying information displayed to suggest the nature of the work that went

on within the building. This also made the researcher acutely aware of the impact the application of labels, especially within the area of sexual offending can have.

The researcher encountered difficulties accessing professionals and on reflection feels this may have been due to the research being conducted over the summer months. Another reason may have been due to the relatively small research area and concerns that those targeted may have had regarding the issue of confidentiality. As an insider the researcher was aware of the bounds of confidentiality and was thus frustrated by the poor uptake to participate in the research. It was unfortunate that more people did not participate as without research; progress in this area will be limited which will have a direct impact on the development and delivery of services.

Chapter 4

Findings and Discussion

4.1 Introduction

This chapter presents the main findings from the study of the impact on the family when an adolescent member has sexually abused. The findings will be discussed with reference to existing literature. This includes findings on the process of disclosure, the impact on families in terms of reactions and emotions, the importance of engaging families and consequences for non-engagement, how parents manage and the impact of the criminal justice system. As outlined in the methodology chapter, the main informants in this study were professionals working with young people who have sexually abused and it should be noted that it is from their perspectives that the findings are based.

4.2 Terminology

There is huge discourse around the most appropriate terminology to use when describing young people who have sexually abused, with the consensus being on 'labelling' the behaviour and not the young person. The professionals interviewed all agreed that labelling can have a negative and lasting impact on young people. The preferred terminology amongst those interviewed in the welfare system varied from "inappropriate sexualised behaviour" to "sexually abusive behaviours" to "young people who have engaged in sexually abusive behaviours". Professionals working in the criminal justice system used terminology which pointed towards the criminal dimension of the behaviour, "juvenile sex offender" or a young person who has committed a "sexual offence". It is important that terminology is developmentally sensitive also. The negative connotations associated with the label of sex offender and the damning effect this can have on the lives of the young people was noted however in cases where a criminal prosecution has occurred the criminal act was that of a sexual offence hence the terminology adopted. Where no criminal prosecution has taken place yet the young person has admitted to the abuse it is important that they are not subject to a label that could have damaging implications. A label such as a 'young abuser' can quickly become a stigmatising definition that restricts access to services and can generally serve to pathologise the young person.

4.3 Profile of Families

Several of the families engaged with the services were single parent families typified by an absent father. In cases where there was a father very often he was not the biological father. Despite their intrinsic role as a role model and parent to the young person, it seemed that in these cases, step-fathers showed less interest in the progress of the young person and rarely attended appointments. Some of the participants described that the families they worked with came from lower socio-economic backgrounds however others described a broader profile of socio-economic backgrounds and family structures. Some of the professionals reported a change in the makeup of families over the years which they attributed to the rise of the Celtic tiger and the age of technology. Participant C felt that young people had greater access to pornography and coupled with more parents working outside of the family home resulted in lower supervision levels in the home. Families of young people who have sexually abused are a heterogeneous group. As previously discussed in the literature review chapter, research indicates that adolescents who sexually abuse tend to come from dysfunctional families however this research has found from professional accounts that there are also those who come from relatively well-functioning families not typified by substance abuse.

Professionals reported issues regarding attachment patterns between parents and children who had abused. Most of the professionals agreed that the attachments between parents and the abusive child were disrupted which would have contributed to the abusive behaviour in many cases. Participant A spoke about one young person's early attachment childhood trauma experiences which really "interface and interplayed a significant contribution to his abusive behaviour". In relation to the link between attachment and sexual abusive behaviour, it can be concluded from what professionals have said that attachment deficits are a contributing factor rather than a primary cause of sexually abusive behaviour amongst adolescents.

All of the young people that the professionals spoke about in this study were males. While those interviewed were aware of females who had sexually abused the referral of females was less common. Interestingly, two of the services that took part in the study catered only for males. The researcher wonders if the lack of available services targeted towards females accounts for their under-representation in statistics. Some of the young people that professionals spoke about resided outside of the family home in residential care. The removal of a child from their family can be deeply traumatic. These young people must deal with being separated from their families and deal with their abusive behaviour. Other young

people reside at home and attend community based treatment programmes. In line with previous findings, professionals reported that the majority of the young people had behavioural problems and difficulties were reported at school.

4.4 Coming to Light

Three main avenues were identified as the most common way of the sexual abuse coming to light when the abuse was perpetrated against a family member. The first was victim disclosure; the second involved issues coming to the attention of the school or authorities and the third in a smaller number of cases, parents witnessed the abusive behaviour. Overwhelming, the professionals interviewed said that the adolescent abuser did not initiate a disclosure but that for some of the young abusers it was a huge relief for them to have been caught. For these young people their abusive behaviour had become addictive and while they knew it was wrong, they were unable to seek help. When the abuse was perpetrated against an individual outside the family, the family most often learnt about events from the Gardaí. The impact of disclosure on parents and other family members was most commonly associated with negative emotions. Bennett and Marshall (2005) describe the experience as being “emotionally and psychologically catastrophic” (p.280) and compared it to traumatic stress responses. The initial feelings for the young abuser involved relief and a sense of unburdening, which is totally opposite to that of the parents. What happens following a disclosure is probably more significant than the actual disclosure itself as it will influence long term outcomes.

4.5 Reactions

The relationship parents have with their child was cited as an influencing factor on their reactions following the disclosure of the abuse and it is in this context that the findings should be read.

4.5.1 “*But he’s my son*”

Professionals reported that parental reactions to abuse were a complex issue. The reactions varied when abuse occurred within the family and external to the family. A mismatch of emotions was reported particularly in cases of intrafamilial abuse. Participant A spoke about

how the discovery of intrafamilial abuse can “absolutely up end families”. Another participant recalled how a parent described it as “the darkest week of my life”. What parents said about the conflict of emotions they experienced was recalled by participants, “I still care about him, I still love him but I can’t under any circumstances condone what he has done and I am so angry and upset about what he has brought to our family”. Similarly, “I love him, he’s my son but part of me wants to ‘kill’ him for what he has done to our family” and “I’m tied by birth, by blood, I’m fit to kill him, I want to get rid of him, I want him out of the house, but he’s my son”. Participants were asked if parents recognised that they may in some way have contributed to the development of the abusive behaviour. Participants felt that it was very individualistic to families with some families feeling it was their fault as it is their son and they have a responsibility for him. Participant A stated that some families refuse to accept any responsibility and hold their son fully responsible for his own actions. Non-abusing and victimised siblings in families also suffer. Siblings may resent the victim because they seemed to be the favourite and received special treatment from the offender. This special treatment, of course, was the offender grooming the victim, but the other siblings may not have been able to understand the distinction (Levenson and Morin, 2001).

4.5.2 Guilt, Blame and Denial

In their study Duane et al. observed that on disclosure “parents enter into a process in which thoughts about the disclosure trigger a range of emotions, including shock, confusion, searching and questioning, disbelief or minimisation, acceptance, shame, self-blame, guilt, anger and sadness. Parents do not experience these feelings in any particular order and not all emotions are experienced by all” (2002, p.53). The range of emotions recalled by professionals in this research was similar to those Duane et al. discovered. Feelings of anger, horror, shock, shame and upset were amongst those recalled by the professionals. Participant D spoke about families experiencing real disgust and one family who completely disowned their son and have refused to speak to him because of what he has done. Professionals spoke about parents feeling helpless immediately after disclosure as they waited to see what would happen next. Another participant equated the range of emotions experienced by parents to that of bereavement or loss with parents experiencing a range of emotions including denial, anger, bargaining, depression and finally acceptance. In one case for a parent with a history of child sexual abuse, Participant C recalled that hearing that her child had perpetrated such acts raised fear that she would have to discuss her own history.

Some emotions such as guilt, blame and denial were particularly strong and featured more frequently in the professional respondents' answers. Professionals described that parents could not believe that their child was capable of such actions and as such were often in denial. In some cases, professionals recalled that some parents may have had an idea about the abuse and were either in complete denial about it or minimised it. Denial was quoted by the majority of the professionals as a negative coping strategy that parents adopt. By not facing up to the reality of what has happened parents are able to continue with their daily routines. In general fathers tended to minimise the abuse as experimentation, opportunistic or "teenage boys being boys". Award, Saunders and Levene (1984) found that fathers of adolescent sexual abusers were often more rejecting and more lax with parental control than fathers of non-abusers. Due to the profile of the particular families in this study with the majority of fathers being absent, this study cannot validate this finding. Participant D reported that parents were often opposed to what they perceived as "teachers interfering" in their family life and were in denial about what was being suggested. The impact of parental denial can implicate young people's engagement with services. Parents who may be in denial will not see the importance of the young person engaging with professionals as they refuse to accept what has happened.

In an equally high number of cases guilt was also reported, with participant A recalling one mother's words; "If it happened in my house, on my watch, where was I, because it happened in the bedroom every week and where was I?". Participants also reported that some parents felt they ought to have been able to prevent the abuse from happening and this sense of guilt was coupled with self-anger. Professionals spoke about the difficulties some of the fathers have encountered in terms of trying as a male to reconcile with themselves how their son could have abused. Professionals stated that some fathers feel they have failed in their function as a parent and experience huge levels of guilt. According to the professionals, some families blamed themselves while other families targeted their blame at external services which they felt had let them down when they sought support for another aspect of their child's behaviour for example aggression.

The range of painful emotions experienced by families is consistent with those reported in existing literature as Kahn (1997) outlines common emotional reactions including shame, anger, disbelief and confusion. An interesting finding as reported by professionals, is that it is more common for mothers to report feelings of self-blame and guilt. This may be due to cultural and societal expectations of women's responsibility for child rearing. It can be

concluded from what professionals reported, that many parents experience a range of emotions and for some the struggle to come to terms with what their child has done is eventually resolved leading to a stage where there is acceptance. This acceptance may only be realised after therapeutic intervention.

4.6 Family Engagement

A common aim of all the interventions by those interviewed is to reduce the risk of further abuse by the young people. When asked about the importance of family involvement in this process for the young people, there was a unanimous consensus that family involvement plays a significant role in positive outcomes for the young people. Duane and Morrison defined the objective of working with families as “engaging parents/caregivers in services that enable them to care for, support and supervise young people who have committed sexual assaults, in order to reduce the risk of recidivism, protect known or potential victims, and promote the welfare of the young person” (2004, p.123). Participant C spoke about families coping in a more positive way through the process of engagement. Initial coping strategies were usually negative involving substance misuse, denial and disassociation. However professionals noted positive changes for those who engaged particularly in group work sessions. One participant reported that parents often found comfort from other parents who were going through the same thing and hearing positive accounts of how the interventions benefitted their child, thus reassuring parents that they were not alone. This was supported by Kahn (1997) who pointed out that groups provide a safe forum for expression and discussion and the mutual aid process operating within groups can give parents the feeling that they are not alone. The involvement of professionals with whom they could talk to and seek advice and gain support was also cited as a positive coping strategy for parents. As parents confront their own distress around the abuse their emotional state can further threaten the stability of the family. It is therefore “essential that the clinician provides supports necessary to enable parents to cope effectively in their efforts to respond to the total family unit in a constructive and helpful manner” (Kahn, 1997, p.281). From the interviews with the professionals, it is apparent that there is no one therapeutic approach that can address the complex issues that families present. Family work should complement the individual work being done with the young person. The case for working with families as a core component

of treatment intervention is compelling and all services working with adolescents who have sexually abused, should be as a matter of course, be able to offer parallel services to families.

4.6.1 Barriers to Engagement

The majority of the respondents believed that parents understood the importance of their involvement for their child. While all of the professionals reported that they provide support for families, they reported that there were difficulties engaging some families and it was often more difficult to engage parents than the young person. In some cases the barriers related to practical problems such as an inability to attend appointments due to child minding issues. In some of the cases, childcare issues meant only one parent was in a position to attend sessions thus compromising the extent to which both parents could engage with the process. Childminding problems were compounded by the reluctance of parents to ask for childminding assistance outside the immediate family out of fear that the secret of the abuse would be unveiled. In other cases there were more substantive reasons for parents' refusal to engage. Some of the professionals highlighted that where parents do not engage there is often a correlation that indirectly links to the causal factors for the young person engaging in abusive behaviours in the first instance. Reasons cited varied from the parents' refusal to accept intervention which may have been based on their unwillingness to discuss their own histories of sexual abuse. Some of the professionals believed that families were often reluctant to engage as it meant exposing their vulnerability and private lives. Professionals referred to parents struggling with what to expect as services "embark on a very intimate journey with families and their family dynamic relationship functioning is exposed" (Participant D). "At a time when parents are feeling vulnerable and possibly responsible for what has happened, they are likely to be subjected to a range of personal and searching questions" (Durham, 2006, p.46).

There were particular challenges engaging the families of young people living in residential care. Very often professionals perceived that these parents showed little or no interest in other aspects of their child's life which thus impacted on their engagement in interventions based on their child's sexually abusive behaviour. For some young people remaining in the family home is not an option. It is unclear whether the families of young people residing in residential care would have been anymore cooperative if the young person lived at home. Based on professional knowledge the researcher can speculate that quite often when a child is

removed from the family home, there are other presenting issues which affect the parent's ability to fully engage with services.

4.6.2 The Impact of Non-Engagement

The benefits for family engagement are well documented and as previously stated families can influence the success of intervention. Some of the therapeutic interventions offered by the professionals involve separating what the young person is responsible for in their behaviour and identifying factors that may have contributed to it such as parenting or issues in the home. Participant B reported that this “helps unburden families of eating themselves up with guilt and blame which is not helpful in terms of contributing to the young person's journey to a healthy lifestyle”. However, when families fail to engage or disengage from services they contribute to poorer outcomes for their child. Professionals spoke about families who engage with services being able to reflect upon and be open and understanding and accept that they may have contributed to causal factors to the abuse thus being better equipped to offer support to their child.

One participant felt that one mother's unwillingness to actively participate was a major blockage to her son's development and engagement in interventions and as a result he continues to struggle with the situation. “Her lack of involvement and engagement would have undoubtedly limited his ability to deal with and pass through the experience”. It was also found that the young people whose parents do not engage are often the cases that professionals worry most about as one professional stated, “...because research tells us very clearly that the greatest outcomes for the boys in terms of leading healthy non-abusive lifestyles is when there is parental involvement, hence our work with adolescents and their families goes hand in hand”. Research demonstrates that the involvement of the young person's family in treatment is positively correlated with treatment outcome.

4.6.3 What About Me?

The professionals that took part in the interviews work primarily with the young person and their parents with little or no contact with victims. In some cases professionals reported that their agency worked in partnership with the agency for the victim. In cases of intrafamilial abuse the professionals may hear how the abuse impacted on the sibling victim through the parents. However, in cases of non intrafamilial abuse very often professionals working with the perpetrator are unaware of the effects on the victim. The full extent of the impact on

siblings whether victims or not often goes unreported. One professional recalled how a sibling victim felt further victimised by the process of intervention offered to the sibling abuser and parents and felt they were not offered the same level of intervention. Feelings of hurt, upset, frustration and anger were reported by the victim. The victim felt that they “hadn’t been heard”. Professionals reported that in recent years they have become more acutely aware of the impact on siblings particularly in cases of intrafamilial abuse and they endeavour to ensure victims have been seen for assessment and offered a therapeutic service. The majority of those interviewed highlighted that victim empathy was an important aspect of the intervention programme. However they reported that not all of the young people had the ability to empathise with their victims despite knowing their behaviour was wrong.

The findings from this research are in line with international research on the importance of involving families in treatment from the beginning to contribute to the development of protective and preventative behaviour patterns. All those interviewed agreed that for positive treatment outcomes the family must be involved in the treatment process alongside the young person. Treatment does not take place in a vacuum, and the context in which it is delivered is very important (Hagell and Moran, 2006). It was evident from carrying out this research that access to services is poor as centres exist in isolation or in clusters and are not geographically spread. While resources in every agency may not stretch to provide the same level of intervention, there is a minimum level of service necessary without which any work with young people about their offending behaviour may become seriously compromised. Parental involvement will help the young person to see that they are not being rejected by their parents for their behaviour. This will help restore their sense of containment and security which is important as they address their abusive behaviour. While those interviewed reported that families who engaged saw better outcomes, it is difficult to know whether this was solely due to the intervention of services or whether these families were naturally resilient and would have coped regardless of intervention. In order to accurately assess this, a more in-depth analysis of the profiles of the families involved is required.

4.7 Managing Day To Day

“Allegations of adolescent sexual improprieties are known to have profound and disruptive repercussions on the entire family, especially the parents of the offending adolescent” (Bennett et al., 2005, p.276). Professionals reported a number of challenges that parents face.

4.7.1 Dealing with the Community

The impact on families when the abuse has happened externally can have equally devastating consequences as intrafamilial abuse. Some of the professionals reported that very often families had to relocate to new communities when the abuse was discovered. In some cases this meant leaving behind significant support networks. “This, coupled with the emotional impact can be devastating for families” (Participant A). One participant referred to family homes being vandalised and in some cases burnt out. Families were often subjected to continuous harassment from neighbours. Professionals spoke about some families becoming imprisoned in their own homes keeping the curtains closed all day as if to shut out the outside world. Professionals reported that some of the young people themselves live with a fear of repercussions in their communities. Participant B spoke about how simple tasks such as taking the bus become a huge deal with routes being planned in advance as a preventative measure. Participant D recalled how a sibling had been assaulted in a case of mistaken identity for his brother and how the family now live in constant fear of it happening again and dread the day that their son returns to live with them. In addition to the therapeutic work an important aspect of rehabilitation involves education, training and employment and opportunities to engage in positive social relationships. Not only is this important for the young person but also for the family. However, the stigma associated with sexually abusive behaviour particularly when there is awareness about individual cases in the community can provide substantive barriers to reintegration according to professionals. The difficulties that professionals reported families facing in their communities were very similar. Whether the abusing youth was resident in the family home or not did not appear to make any difference in terms of how families were treated by their community.

4.7.2 Containing the Secret

Smith et al (1987) found that among incestuous adolescents unhealthy family dynamics such as the promotion of family secrets was common. This is consistent with findings from this study where professionals reported that in most cases of intrafamilial abuse, parents tended to

contain the information within the nuclear family. In cases where the abuse was external to the family, parents had no control over who found out. Some professionals reported that for young people living in residential care information was shared amongst the wider family if access visits were taking place in order to reduce any potential risks. Participants were asked about the impact the management of a secret like this can have on a family. Three of the participants spoke about how maintaining the abuse as a secret contributes to the collusiveness around what is not ok behaviour and can contribute to a cycle of secrets within the family. “Abuse happens in secrecy and it fuels the abusive pattern to continue so we would be all for breaking the secrecy around it, having discussions and naming it” (Participant A). Professionals reported that they had experienced cases where the management of a secret becomes a web of lies. Young people were sometimes removed from the family home and went to live in residential care. The lies continued and extended family and friends were led to believe that the young person had gone to boarding school. Another participant recalled how some parents don’t tell their other children what has happened and how this causes confusion for the children when they see their parents being upset. Participant A stated that some parents come up with excuses about where they are going when they have appointments to attend, with one family pretending they were going to bingo weekly. Professionals were in agreement that managing the abuse as a secret creates a huge stress on parents and becomes a huge amount to carry within four walls the whole time and can sometimes put a strain on the relationship between parents. It is not clear from this study whether there are defining family characteristics that influence the sharing of information about the abuse. The researcher can speculate that a well functioning family ought to be able to cope with outsiders knowing about the abuse however this was not validated in this research. The issue of protection was not cited as a reason for families choosing to contain the secret. The researcher can imagine parents wanting to protect not only their abusing child but also their other children and perhaps themselves. By not involving outsiders parents may feel they are shielding their family from negative attention.

4.7.3 Managing the Risk

Parents have an important role to play in “continuing to supervise and monitor the behaviours of their child or young person” (Durham, 2006, p. 47). This was cited as a challenge by participants for parents who have to sustain their daily routine and fulfil their parental function despite the emotional upheaval. It was reported that parents face many dilemmas when the abuse has been intrafamilial. Professionals reported that parents face a massive

challenge in negotiating their parental role, particularly when the victim and abuser live in the same home. In order to overcome this challenge parents are helped by professionals to balance their protective attitudes and responsibilities and roles. Participant A spoke about how one mother struggled to balance her feelings of anger towards her son with wanting to support him through the crisis, while at the same time responding to the needs and concerns of her daughter who was the victim. This was further reflected by participant D who recalled how one parent was conscious not to be seen to favour her son as she feared this may be viewed as a failure to acknowledge the harm her son did, by her daughter the victim. Professionals referred to the challenge that single parents face in this regard in terms of expectations around supervision and how this can be very challenging from both a pragmatic perspective and an emotive perspective.

Professionals spoke about risk management plans and how these can help parents negotiate their parental role where the victim and abuser live within the same house. Activities and daily routines are broken down into levels of risk and parents are asked to identify 'risky' times and potential 'hotspots' within the home and relapse prevention plans are put into place. It is important that professionals outline clear expectations around supervision so that there can be no ambiguity for parents. This may seem like a very simple intervention, however to be effective it requires a coordinated approach from both parents and other caregivers. The implementation of risk management plans may in the researcher's opinion be an easier task when the parents have informed external family members and close friends the task will be shared this reducing parental anxiety. The researcher can speculate based on what professionals have said that risk management for some families eventually becomes part of their daily routine. However for other families according to professionals, they continue to face huge challenges in knowing whether they could ever trust their son again and whether he would abuse again which was a real cause of anxiety even when the treatment programme had come to an end. Most parents naturally worry about their children as they enter adulthood, but for a parent whose child has sexually abused the worry is compounded by other issues. Professionals spoke about parents who felt that they would never relax again particularly when faced with the prospect that their son could become a father. It is important to remember that professional involvement will eventually cease with most of these families and while professionals have stated that they continue to worry about a number of cases, this worry will live with parents forever. As earlier highlighted, parents play a major role in

determining outcomes for their children and in order to be able to do this is important that they continue to seek support even after professional interventions have come to an end.

4.8 The Criminal Justice System

An interesting finding that emerged from this study was the low level of criminal proceedings reported by professionals and taken against young people. This finding is in keeping with research (O'Donnell, 2005) into the high proportion of sexual offenders who are either not charged or do not receive a conviction. One participant stated “we could count on one hand the number of young people who had a criminal conviction and ended up serving a custodial sentence” (Participant D). From what professionals said, it could be concluded that there was several reasons for the low number of cases that were processed through the criminal justice system. One of the main reasons cited for this was the significant number of intrafamilial abuse cases which go unreported. While the standard Health Service Executive child protection notification is issued to the Gardaí, without a complaint from parents the case does not proceed any further. When reasons for parents not reporting the abuse was explored participants stated that the majority of parents did not want outside agencies becoming involved in their private lives and were afraid of the repercussions of such involvement. The age of the young person at the time they abused was also given as a suggested reason for these low levels with one participant believing that if young person was older he would most definitely have been imprisoned for his behaviour.

Professionals were divided in the role of the criminal justice system. Some considered that involvement provided a deterrent while others believed that entry to the criminal justice system was inappropriate due to their perception that the system would respond to the young person as if s/he was an adult. Some of the professionals considered the involvement of the criminal justice system beneficial not only as a deterrent but as “a subtle involuntary catalyst mandate to get young people to participate in therapy” (Participant A). Others believed that when there was criminal justice involvement cases appeared more “heightened” and the case received more attention by professionals and saw the introduction of support services within families. Some of the professionals stated that there can be a sense of justice for the victims of the abuse when there is criminal involvement. Legal involvement may also ensure community safety and act as deterrence. Those that were opposed to criminal justice involvement not only felt it was too pro-adult they also felt custodial sentences compromised

the normal healthy sexual development for adolescents. Based on what the professionals have said, the researcher can conclude that there are huge inconsistencies in how cases are processed. The arguments pro and anti criminal involvement are equally justifiable thus reinforcing that each case must be managed individually and a 'one fits all' approach cannot be applied. This research was consistent in its findings with existing literature that many incidents of adolescent sexual abuse go unreported. Bennett and Marshal (2005) suggest that this may be due to the incident being dismissed as mere experimentation or curiosity but there is also a general reluctance to report an adolescent due to fear of labelling them as a sex offender and the effects this can have. Cashwell and Caruso (1997) have suggested that due to unreported cases there may be as many as 70% of adolescents committing sex offenses who receive neither service nor incarceration for their behaviour. As only a small number of young people are prosecuted and not all young people who sexually abuse are known to services, a number remain unidentifiable and at large in the community. What struck the researcher is that there is no obligation for an adult who may have sexually abused as a youth, to disclose this information and in many cases a criminal record will not exist. While professionals discourage certain career paths that involve working with target groups there is no guarantee that their advice is heeded. Whether legal involvement should be a component of interventions in adolescent sexual abuse cases will always be a topic that people will be divided on.

Chapter 5

Conclusion and Recommendations

5.1 Conclusion

The findings from this research show that the discovery that their child has sexually abused is a deeply traumatic experience for parents and families. It is evident from this research and from existing literature that the impact adolescent sexual abuse has on families is devastating and damaging. Parents are faced with multiple challenges and in some cases face the difficult task of parenting both the victim and the abuser within the same home. The emotional upheaval is immense with parents experiencing a range of emotions. Parents adopt different coping strategies but with the intervention of appropriate services they are able to process what has happened and develop appropriate ways of coping, which ultimately benefits the young person. What is also evident is that involving the family in any intervention or treatment programme is essential in order to promote and ensure positive outcomes for the adolescent. Parental/significant other involvement in the treatment process is essential in order to help young abusers develop healthy non-offending lifestyles.

Inconsistencies in the way that young people who sexually abuse are dealt with due to a lack of specialised services nationwide are a cause of concern. Similarly, routing some young people through the welfare service and others through the criminal justice system requires focused attention so that each young person is afforded equal opportunity to address their behaviour without gaining a criminal conviction. A coordinated and systematic response aimed at preventing and intervening in the development of sexually abusive behaviours of young people is required. It is clear that to do nothing at all and ignore the issue will simply reinforce the likelihood of further abuse. This research found that respondents viewed sexually harmful and abusive behaviour as a significant and growing problem based on referral trends. It is evident that the current service provision is neither equipped to deal adequately with the current scale of the problem nor its likely growth.

5.3 Recommendations

- A National Strategy to eradicate the inconsistencies in inter-agency protocols and to ensure the strategic provision of services for this client group.
- An expansion of services to deal with and tackle this issue. Currently there are no mandatory treatment programmes for unmotivated adjudicated adolescents who sexually abuse in Ireland.
- Mandatory therapeutic services for parents and families of young people under 18 years who sexually abuse. Currently there is a lack of adequate services for family members of those who have exhibited sexually abusive behaviour.
- Longitudinal follow-up studies are needed to test current treatment models, recidivism rates and treatment outcomes.
- Development of specialised residential services for young people who have sexually abused and cannot be safely treated in the community.

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Appendix A: Interview Schedule

1. Can you describe the range of emotions/reactions that parents experience when they discover that their son/daughter has sexually abused?
2. Do you see a change in the emotions/reactions expressed by parents over time from the initial discovery? How do these emotions/reactions change?
3. Do you see a difference in the reactions between mothers and fathers? Can you describe these differences?
4. Poor or disrupted attachments have been identified as a significant feature in the lives of many young people who sexually abuse. Would this be your experience in relation to the young people that you see?
5. What are the different ways that parents learn about what has happened? (Disclosure from siblings, witnessed event, reported to Gardaí by someone....)
6. What challenges do you see parents facing when dealing with a disclosure?
7. What coping strategies do parents adopt?
8. What impact does the disclosure have on a family? Maybe we could talk about the impact on the parents, then the siblings and the wider family network?
9. In your experience do parents react differently if the offence is perpetrated against a sibling rather than an unrelated person? Can you explain?
10. Can you tell me about how parents negotiate their parental role when the victim and offender are within the same family?
11. Research shows a strong link between work with families of sexual offenders and positive treatment outcomes, in your experience is this true in relation to families who stay involved and those who disengage?
12. How willing are parents to accept intervention? very accepting, some won't accept intervention at all, one parent will but the other won't, those who accept but won't engage, start the process but don't finish.
13. Is there a difference between the level and nature of parental involvement with your service; are more mothers likely to be involved than fathers? Why do you think this may be so?
14. What observations have you noted with regard to the reactions of mothers versus fathers in regards to the process of intervention?
15. Are parents willing to involve the wider family network or do they prefer to keep the disclosure within the nuclear family? Is it the case that most retain it within the nuclear family? Do you see any defining factors between those that tell other family members and those that do not?

16. In what ways do you think the management of a secret like a child sexual abuser impacts on a family?
17. Do parents conceptualise this as the young person's problem or a family problem?
18. In terms of the wider community what difficulties do parents report experiencing if the community becomes aware of their child's behaviour?
19. Research would indicate that young people who sexually offend do not constitute a heterogeneous group. Can you give me an overview of the typical young person you see (age, gender, background, family background)
20. What range of emotions do young people display when their sexual abuse has been discovered? How do these change as time progresses?
21. To what do young people attribute their behaviour? (e.g. family experiences, other factors?)
22. Are young people willing to accept responsibility for their behaviour or at what point are they in a position to do so?
23. In your view, are many young people prosecuted as a result of their behaviour? Why do you think this may be?
24. What reasons would there be for not prosecuting a young person?
25. What alternative consequences are in place if the case does not go before a court?
26. Do you think that there are any differences for a young person who is prosecuted, in terms of the services that may be available to them?
27. What advantages/positive aspects if any do you think there may be if a young person is charged for their offence? (for the young person?, family? Community? Young person's future?)
28. What effect does labelling the young person as a sex offender have on the young person?
29. In your view do parents and siblings react differently to a young person who has received a criminal conviction than those who haven't?
30. In terms of living arrangements, once a young person's offending behaviour has been discovered what are the different pathways that young people take? (eg remain in the home, removed, initially remain and later removed, initially removed then return)
31. Can you comment on the effects that removing the offender from the home can have on both the young person and the family as a whole?

Appendix B: Letter to Participants

To whom it may concern;

My name is Tracey Carroll and I am a Masters candidate at the Dublin Institute of Technology. As part of the requirements for the award of MA in Criminology, I am required to carry out a research project. I have chosen to concentrate my research on adolescents who sexually abuse and the impact on the family. Research has shown a strong link between work with families of sexual offenders and positive treatment outcomes, and I wish to explore this more from an Irish perspective.

You are being asked to participate in this study because of your professional experience in working within this field. If you decided to take part I will conduct a semi structured interview with you which should last approx 2 hours. Interviews will take place at a location convenient for you. Participation in this study is completely voluntary. All information provided will be treated in the strictest confidence and all materials relating to this research will be processed only by myself and discussed with my thesis supervisor, Dr. Máiread Seymour, School of Social Sciences and Law, Dublin Institute of Technology. The interview will be taped using a Dictaphone and all data generated from the interview will be held in my home and will be destroyed by me once my research has been accepted in fulfilment of my MA in Criminology. No personal identifying information will be revealed in the study nor will your name be associated with any direct quotations used in the study. The inclusion of information relating to your organisation and your role within the organisation will be restricted to the type of service your organisation provides and organisations will be identified only by a lettering system. This is in order to protect the identities of those whom you work with.

I would be grateful if you could identify someone within your organisation that would be willing to participate and if you could have them indicate on the attached sheet their willingness to participate and how I can get in touch with them. I would appreciate it if you could return it to me at your earliest convenience.

Thank you in advance for your consideration of this request.

Kind regards,

Tracey Carroll

Appendix C: Letter of Consent

Consent Form

I agree to participate in a study being conducted by Tracey Carroll as part fulfilment of a Masters in Criminology thesis through DIT under the supervision of Dr. Máiread Seymour, School of Social Science and Law.

As a participant in this study, I agree to take part in a semi-structured interview which will be audio taped. I understand that I may decline to answer any of the questions and may terminate the interview at any point. I agree to provide information to the researcher on the understanding that I will not be identified in any way in the final report. I am aware that the information I provide will be held in confidence.

I agree to participate in this study.

Yes _____ No _____ (Please tick your choice)

Participant's name: _____

Participant's signature: _____

Date: _____

My preference is that you contact me to arrange an interview date by:

- Phone ____ My telephone number is _____

Or

- Email ____ My email address is _____

Please return in the envelope provided. You can contact me at [REDACTED] or by email

[REDACTED]