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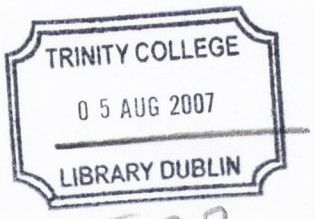

THESIS
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Child Sexual Abuse: Underneath the State Response

PhD

2007

Samantha Catherine Ronan

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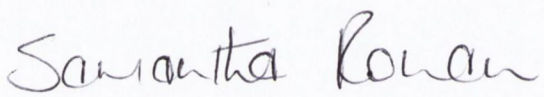

Samantha Ronan.

Abstract

Child Sexual Abuse: Underneath the State Response

Samantha Catherine Ronan

This study explores the ways in which the social problem of child sexual abuse is conceptualised and responded to within state and social systems in the Republic of Ireland, with an especial focus on the Irish state child welfare system. In so doing, it examines the experiences of a sample of children, young people and their parents/carers who came to state child welfare system attention (and that of other state and social systems) over a wide number of years because of concerns of a child sexual abuse nature. It elicits the attitudes, norms and beliefs of a range of professionals both from within and without the state child welfare system who are involved in responding to concerns about child sexual abuse. And it examines a range of social texts; documents and cultural records emanating over time from state and social systems that were selected for the individual and collective meanings they represent in relation to how child sexual abuse is conceptualised and responded to from within the Irish state. Essentially, the study is concerned with ascertaining whether such conceptualisations and responses can protect children from child sexual abuse, as well as facilitate healing and recovery for children and their non-abusing parents/carers. Qualitative research, structured, informed and guided by a critical feminist perspective was chosen as the most appropriate approach to a study such as the present. This was so because it rendered it unproblematic to situate children's oppression by means of sexual abuse within a wider societal context of structural inequality predicated upon the oppression of those with less power. From this position, phenomena such as child sexual abuse and the state are looked upon anew in following Dean (1994), the 'tireless interrogation of what is held to be given, necessary, natural, or neutral'. Interpretive research practices informed by critical and feminist theories in respect of both the interview data and the data generated from the social texts combined to produce holistic social explanations in relation to how and why child sexual abuse is conceptualised and responded to in the ways that it is by Irish state and social systems. Accordingly, a picture emerged of a state constructed and sustained conceptualisation of child sexual abuse as a threat to adults and institutions, actualised through fear and denial based responses to the issue that ultimately serve to contain the problem on behalf of a capitalist patriarchal social order. The consequences of this for the protection of children from sexual abuse, for the promotion of children and families' welfare generally and for the prevention of child sexual abuse are profoundly harmful.

Acknowledgements

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Thank you to my 'soul sisters', Fee and Helen (R) who stimulated, nurtured and sustained me throughout this process (and others).

Thank you to my beloved Colm and to our beautiful children Caspar and Sionna who have endured so much in my bringing this work to its conclusion.

Thank you to my mother Teresa, whom I love so dearly and who in every loving and utterly selfless way supports and assists me throughout.

Overall, my deep love together with my deep pain is fundamentally and eternally associated with my father, Noel Ronan who died on the 1st July 2006. His joy and pride in respect of my being and my work actively encouraged me to develop both, in a bid to aspire to the honesty, integrity and forthrightness characteristic of his persona. One of his many gifts to me, here in the form of the OED in October 1998, was inscribed with the hope that it (the dictionary) would 'illuminate the way'. But it was you my darling Dad, who illuminated the way in every imaginable manner, and your presence will be indescribably missed by me always. Le grá go deo.

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Chapter 1 Child Sexual Abuse and the State Response

Introduction

The sexual abuse of children in the Republic of Ireland, as elsewhere, is a social problem of considerable magnitude. A recent comprehensive adult retrospective survey conducted in Ireland, found prevalence rates of child sexual abuse for women and men to constitute 30.4% and 23.6% respectively (McGee et al, 2002). In the U.K., the Royal College of Physicians estimated in 1997 that 1 % of children will experience some form of sexual abuse each year, with approximately 20% of children experiencing some form of abuse before becoming adults (Itzin, 2000d). Bolen et al (2000) observe from a qualitative review of nine random prevalence studies on the child sexual abuse of females in the U.S.A. and a quantitative review of 22 random studies of the child sexual abuse of females and males in North America, that child sexual abuse is at epidemic proportions. Thus, the authors found prevalence estimates to fall in the range of 30-40% for female child sexual abuse and they found that 13% or more of males are probably sexually abused.

This study explores the ways in which child sexual abuse is conceptualised and responded to within state and social systems in the Irish Republic. In so doing, it explores the experiences of a sample of children and young people and their parents/carers who came to the attention of the state child welfare system (and that of other state and social systems), because of concerns of a child sexual abuse nature. It explores the experiences of a range of professionals from state and social systems who are involved at different levels in responding to concerns about child sexual abuse, and it examines a range of social texts; documents and cultural records. The research site in which qualitative interviews occurred with the sample is a health service region comprised of three counties. Social texts that were examined include, local, regional and national documents emanating from an array of state and social systems that were selected for the individual and collective meanings they represent in relation to how child sexual abuse is conceptualised and responded to within the Irish state.

Essentially, this study examines whether the needs of children who may be sexually abused and their non-abusing parents/carers are met, through their involvement in a system that has been designed by the state to form the primary response to the issue. As

a state child welfare system social worker who worked largely in the area of child sexual abuse for a number of years, and who has been exposed to the current literature in the field, it appeared to me that child sexual abuse was dealt with by the state in a fundamentally different way to all other forms of child abuse. I began to question why this was so, what meanings this held for children and families and whether this approach was helpful to them in the crucial areas of protection and healing.

Current discourse pertaining to the Irish state child care and protection system (along with its international counterparts), is concerned with attempts to re-focus its emphasis from one very much concentrated on individual instances of risk/harm to children to one which adopts a more broad based concept of child and family welfare (Department of Health and Children, 2001, Buckley, 2005). However, it appeared to me that 're-focusing' aspirations in the context of child sexual abuse, whilst concerned that children receive a broader service than the mere investigation of allegations (Ferguson and O'Reilly, 2001), neglected to engage in the first instance with the core assumption that responding to child sexual abuse necessitates state child welfare system professionals to 'validate' what children 'allege'. I return to the issue of assumptions in relation to the state response to child sexual abuse below. So it was that I became interested in seeking to understand at a very fundamental level, how the Irish state child welfare system conceptualises and responds to child sexual abuse in a way that has not been broached to date in the literature.

Background and Context to the Study

I am an employee of the Irish state child welfare system under the aegis of the Health Service Executive (HSE), and am based in the region in which the present study took place. I worked for seven years in a specialist child sexual abuse assessment unit there, as a social worker largely engaged in the investigation and assessment of cases of suspected child sexual abuse. I ceased working in the field of child sexual abuse assessments some five years ago.

Specialist child sexual abuse assessment units in the study site form part of community based child protection services within the structure of the state child welfare system. As such, they are staffed by HSE social workers in the main, who co-work with HSE clinical child psychologists, when available. The unit in which I worked was co-managed by a social work team leader and a senior clinical psychologist. This arrangement differs from

units elsewhere in the Irish Republic, in that others have been staffed/led by medical or child psychiatry personnel. In circumstances where medical examinations for possible child sexual abuse are deemed to be appropriate in the study site, children are usually referred to regionally based hospital paediatricians who subsequently supply reports of their findings to the assessment teams. In child sexual abuse assessment units around the country, on-site medical examinations may occur.

Typically, a team of two social workers or a combination of social worker /clinical psychologist conduct child sexual assessments in the study site. In this regard and in the design and delivery of assessments *per se,* the study site does not significantly differ from others in the Irish Republic.

Referrals for child sexual abuse assessments in the study site usually come from community based child protection and welfare professionals, such as social workers. Referrals are routinely considered at team meetings of specialist professionals as to their appropriateness for assessment, latterly according to written standard 'suitability criteria' applicable across the region (Appendix 1). Parental consent to conduct assessments is most usually sought, as well as consents to access key sites of information, for example; school/pre school, family doctor, and other specialist professionals, where appropriate. Additional procedures are laid down if, for example, parental consents are unforthcoming, or if the alleged perpetrator of child sexual abuse is a family member (Appendix 1).

Broadly, child sexual abuse assessments involve detailed social history interviews with parent(s)/carer(s), with a keen focus on the presenting concern that child sexual abuse may have occurred. For example, the concerns relating to possible child sexual abuse are explored as to what precisely parent(s)/carer(s) were told/observed/witnessed or otherwise came to suspect that their child may have been sexually abused, and parent(s)/carer(s) reactions in this regard are sought. The index child's developmental history, as well as daily routines of eating, sleeping, toileting etc is explored in detail, and any anomalies sought. Similarly, their relationships with family, peers, school/pre-school personnel, and relevant others are explored, and any changes noted. Parent(s)/carer(s) themselves are asked about their relationships with their families of origin, as well as current family functioning including matters to do with sexuality. Parent(s)/carer(s) are routinely asked about their own childhood histories, and whether sexual abuse featured. Interviews with parent(s)/carer(s) are conducted by the two member team allocated to the case, and are

recorded manually. Consideration of written reports from related professionals such as teachers, doctors, police and others as appropriate also forms a significant means by which child sexual abuse assessment professionals build a picture of the child and family, in order to assist with the task at hand.

In the study site, a number of interviews are then conducted with the child about whom there are concerns of a sexual abuse nature. The number of assessment interviews can vary, but generally three to four occur. Interviews are usually of approximately 30 - 50 minutes in length, and occur at weekly intervals. Interviews tend to be shorter in duration when a younger child is being assessed. In the study site, interviews with children have been video-recorded since the late 1990s. A member of the assessment team, designated as 'lead worker' for the case, interviews the child on his/her own in a purpose built facility designed to be comfortable and child friendly. The second assessment team member, designated as 'co-worker' for the case observes the interview through a monitor, operates the video-recording equipment and takes contemporaneous notes. Parent(s)/carer(s) are not permitted to attend or to observe the child's (live) interviews, since it is considered that this could adversely affect the quality of the child's statement. Parent(s)/carer(s) usually remain in a nearby waiting room.

Generally, interviews with children are of a phased and systematic nature moving from the general to the specifics of what of a sexual abuse nature is alleged to have occurred. Child sexual abuse assessment interviews in the study site mirror those around the country, and are by design more forensic in orientation than therapeutic. O'Shea and McElvaney (2001) note the difference between the two

> *It is important to draw a distinction between a forensic assessment which is for legal purposes and a therapeutic assessment which is primarily to ascertain the child's needs. (p.68)*

Thus, the task of the interviews with the child is to elicit as detailed an account as possible of sexual abuse, in the child's own words with the minimum of contamination from the interviewer. Accordingly, the interviewer's use of questions around the child's verbalisations or non-verbal play is carefully prescribed along a continuum where at the favoured end is the facilitation of free narrative from the child, and at the least favoured end are responses as a result of leading questions from the interviewer.

Essentially, assessments are conducted in order to investigate whether or not child sexual abuse occurred, and to conclude (following credibility analysis of the child's account) with a professional opinion on the balance of probabilities in this regard. The credibility analysis process is an exacting one, and incorporates the close review of video footage together with other assessment materials such as interviews with parent(s)/carer(s) and relevant reports. This process may at times be assisted via peer review. The credibility analysis of the child's statement during interviews is closely aligned to the relevant international literature in this context to do with statement validity analysis. Thus, the child's statement is analysed for such features amongst others as coherence, spontaneity, contextual detail and internal and external consistency in order to determine its validity (Yuille, 1988).

Pertinent issues concerning the child's/other children's safety and welfare needs are highlighted, as appropriate in the final report of the child sexual abuse assessment. Specific recommendations may be made to a meeting of child care and related professionals, which may take the form of a child protection conference, about how best to address such needs. For example, treatment and family support services may be recommended, or more rarely, temporary/permanent separation of the index child from his or her abuser or family of origin may be recommended. Parent(s)/carer(s) are usually advised of the outcome of the assessment by specialist professionals in advance of a formal statutory meeting such as a child protection conference, unless there are compelling reasons to suggest that this would not be in the child's best safety and welfare interests.

During my period of employ at the specialist child sexual abuse assessment unit, I completed a postgraduate diploma in child protection and welfare at university, culminating in a small-scale exploratory study of parents' perceptions of the service in which I worked. The opportunity afforded me through my participation on the postgraduate programme enhanced an already questioning perspective on the purpose, function and efficacy of child sexual abuse intervention as thus constructed.

During the seven years I spent working in the specialist child sexual abuse unit, I felt a growing sense of dissatisfaction and discomfort around what was (is) considered best practice in the investigation and assessment of child sexual abuse. Principally, I found it increasingly difficult to reconcile what I considered to be a prescriptive, quasi-forensic style of work (particularly in relation to interviews with children); with the reality that very few

cases of alleged child sexual abuse ever reached a court of criminal law. It appeared to me that my time could more usefully be spent otherwise in terms of supporting the child and the wider family network, as appropriate, through what is frequently a traumatic experience. Another difficulty I had was in relation to the lack of sufficient follow-up treatment and support services for both the child and the family post-assessment, guiding me towards fundamentally questioning the purpose and function of child sexual abuse assessments in relation to the *needs* of presenting children and families. Additionally for me, there were feelings of fear around the work. I had fears about contaminating the child's statement through omission or commission, and indeed I had fears around presenting to an adversarial legal system my professional opinion on a case. I believe many of my colleagues, both from within the unit and without, shared such feelings and critiques of the system to a greater or lesser degree. Ferguson and O'Reilly's (2001) large-scale three year study of child care and protection practices in the Mid Western health board, found similarly that key health board professionals had feelings of fear around conducting child sexual abuse work in a legally acceptable manner. However what remained unanswered and perhaps even unquestioned, was what is it about the *sexual* abuse of children that engenders such an emotion as fear amongst, in this instance, the professionals charged to respond to it.

The postgraduate diploma in child protection and welfare and the small scale piece of research I conducted as part of it re-acquainted me with the literature I had largely left behind after qualifying as a social worker in 1994. Further, it introduced me to current thinking in the field. At the time of my participation on the course (1996-1997), there was a strong emphasis nationally and particularly in the U.K., on evaluating child protection systems and professional practices. This came accompanied with a distinct drive towards seeking consumer perspectives and developing partnership-based models of working. In addition, the diploma course re-kindled my long held personal and academic interest in critical and feminist thought (Ronan, 1994, unpublished).

It seemed natural then to explore in a very small-scale way parents' perspectives of the child sexual abuse assessment service offered by the unit in which I was based at the time. Of course, the study suffered from the usual limitations inherent to time-limited and small-scale research. This can be seen in the fact that only seven sets of parents from one community care area were interviewed, and interviews were by design relatively short and by necessity, limited in focus. Tentative findings suggested that parents generally were

satisfied with the child sexual abuse assessment service provided, considering it helpful and beneficial. Key factors identified within the study as contributing to positive perceptions, were the style of professional behaviour and self-referral. Aspects of the service that were considered poor, included the dilapidated state of the facilities, and for less than half of the sample, the enduring therapeutic needs families were left with after the index child's assessment.

The study was received with a degree of interest in my work setting, and attracted the attention of a senior manager with a known interest in, and commitment towards, evidenced based research. Thus it was that I began from October 1998 to consider the possibility of a much more in-depth exploration of the literature and related social texts, together with an exploration of a wider sample of service users (disaggregating parents by gender and interviewing children/young people). The study would evolve to incorporate key related professional perspectives, from child care professionals at all levels of the state child welfare system, from professionals from the medical, legal, educational and law enforcement systems, and from professionals working in non-statutory organisations.

It was not simply enlarging the *scale* of the study in the form of increased numbers of research participants that propelled my interest, as much as it was in seeking to understand at a very deep and fundamental level why and how state responses to child sexual abuse developed in the way they did in Ireland. Moreover, it was to understand what *meanings* such responses may hold for girls and boys, mothers and fathers who come to the attention of state and social systems because of concerns relating to child sexual abuse.

The Established Literature

The established national and international literature in the field of child abuse, child sexual abuse, child protection and child welfare, parental perspectives and participation is crucially important in focusing on different aspects of the phenomenon of child abuse, including child sexual abuse. Thus, vital data have been gathered on defining, categorising and classifying child sexual abuse, on its incidence and prevalence, on individual characteristics and experiences of abused children, and on their mothers/fathers/carers/siblings/abusers. Vital data too have been gathered on the short and long term effects of child sexual abuse and on the social systems in which abuse

occurred; family of origin/foster family/community/institutions. Crucial data have been gathered on the work undertaken by professionals in child care and related fields within the systems in which they operate, and on service users' experiences and evaluations of same. More broadly, the literature has begun to look at the structural features of the society in which child sexual abuse and victims/survivors/perpetrators/professionals exist, which might provide explanations to account for its presence.

However, it appeared to me that the established literature largely left unchallenged a number of generalised assumptions that exist about the state and the ideological and theoretical presuppositions, systems, practices and institutions that emerge from it in relation to child sexual abuse. Moreover in my opinion, the established literature failed to engage with why and how such assumptions, intimately associated with the state's role in relation to child sexual abuse, have come to dominate the discourse in relation to how the issue is conceptualised and responded to. This is not to suggest that much of the literature in the form of clinical and community studies, research studies and theoretical perspectives did not challenge or offer key new insights into various aspects of systems' responses to child sexual abuse, for example the family, or the legal system or indeed, the state child welfare system. Rather, that such analyses over time appear to me to be self-limiting since they seem to locate themselves firmly within the parameters of a discourse established by the state, a discourse which appears to have commonalities across the various state systems pointedly in relation to the *sexual* abuse of children. Yet it appears that the discourse itself may be problematical, as evidenced in the increased levels of disaffection both from, and on behalf of, citizens and professionals in regard to some enduring aspects of state systems responses to child sexual abuse generally. I return to this shortly. Firstly, however I outline what I consider are the general assumptions that seem to exist about the state's role in relation to child sexual abuse in the Republic of Ireland.

Assumptions

Firstly, it has been assumed that responding to child sexual abuse from within the state child welfare system is the most appropriate way to do so. However, child sexual abuse is also a criminal offence, and it has been argued; a public health issue (Nelson, 2000), yet most state resources have been invested in responding to child sexual abuse as a welfare problem. To this end, there is an assumption that state child welfare legislation,

organisations, policies, guidelines, procedures and professional practices are best equipped to facilitate sensitive, supportive, decisive and ultimately protective responses to children (and families) who come to state attention because of concerns in relation to possible child sexual abuse. It is also presumed that the state child welfare system, largely through the intervention of professionals in child care (for example; social workers, clinical psychologists, psychiatrists, paediatricians, community child care workers, family support workers), is best placed to identify, protect and treat children who may have been, or who are at risk of, sexual abuse. This, in collaboration with An Garda Siochana (the Irish police force), and medical, educational, therapeutic and legal personnel, as appropriate. It is assumed that state child welfare professionals perhaps because of a combination of personal characteristics, organisational context, education, training, work experience and clinical supervision are generally responsive, informed and sensitive to the particular needs of children and families in relation to suspected and/or confirmed child sexual abuse. Further, that such professionals fundamentally operate according to what is agreed between professionals, and where at all possible children and parents/carers, to be in the best safety and welfare interests of the child and family.

Secondly, there is an assumption that children who may be sexually abused and who come to state child welfare attention, can (and should), tell of their abuse in a manner that can enable professionals to come to a conclusion as to whether or not child sexual abuse occurred.

Thirdly, it is assumed that a professional assessment (usually, but by no means exclusively, in the form of video recorded interviews) with suspected child victims; conducted, analysed and concluded to a prescribed format, is the means by which child sexual abuse can best be determined.

Fourthly, it is assumed that a professional determination as to whether or not child sexual abuse occurred is a necessary prerequisite for the safety and well being of the child.

State responses to child sexual abuse do not begin and end with child welfare services. Child sexual abuse is a social problem and as such, I believe can best be understood through an analysis of the wider context within which it is situated. Consequently, a fifth assumption about the role of the state in relation to child sexual abuse is that it is, through its various systems (for example; legal/criminal justice, educational, cultural/media,

political, medical, family, religious, welfare and voluntary sector), predominantly condemnatory of child sexual abuse and committed to its eradication.

In the course of my professional and academic experiences, which are detailed above, I became questioning of some of such taken-for-granted assumptions. This study is concerned with exploring through the literature and my analysis of the data that were generated from in-depth interviews with service users, professionals from both within and without the state child welfare system and related social texts; whether the taken-for-granted assumptions associated with state responses to child sexual abuse are sustainable. And if the assumptions are not sustainable, this study concerns itself with what function is served in such responses in the first place. In so doing, this thesis employs feminist and critical theories, theories of power, privilege, patriarchy and hegemony, organisational, social regulation and cultural theory.

Disaffection with the Responses of State and Social Systems to Child Sexual Abuse

Parent, Children and Professional Disaffection with State Child Welfare System Responses to Child Sexual Abuse

It has been, and continues to be, recognised both nationally and internationally, that significant numbers of children and parents are dissatisfied with aspects of state welfare intervention in cases of suspected and/or confirmed child sexual abuse.

Sharland et al's (1996) large scale survey of suspected child sexual abuse cases involving 220 children from 147 families/households in one county in the U.K., replicates findings from many previously undertaken in the U.K., Australia and the U.S.A. such as those from Corby (1987), Wattam, (1992), Hooper (1992), Cleaver and Freeman (1995), Thoburn et al (1995), Gibbons et al (1995), Scott (1996), Parton et al (1997) and Lindsay (1994).

Essentially, the studies revealed the child protection system as being rigidly concerned with an organisational concept of individual instances of (child) risk/danger, as opposed to a more holistic response to child and family safety and welfare. In this way, children and families for whom child sexual abuse was a concern were met by a system which had significant difficulties in understanding, appreciating and responding to the particular features of child sexual abuse. These include, complex disclosure processes over time (which can include recantation), the feelings professional intervention in relation to

suspected and/or confirmed child sexual abuse can engender for children and non-abusing parents, particularly mothers (and professionals), together with low levels of knowledge and training on the part of social workers working in the area.

Thus, Sharland et al (1996) found that 45% of referred cases were closed within a month; in one third of these abuse was considered certainly to have occurred, and in another quarter children were considered suspected or at risk of sexual abuse. The authors found that the decision to close a case was based on the perceived current risk to the child, as opposed to their broader welfare needs. Thus, cases were more likely to be closed if the alleged perpetrator was identified as being outside the family or household; consequently, children and their parents/carers were left without any support in the aftermath of abuse/investigation. In addition, findings from Sharland et al's interview sample which incorporated interviews with 34 parents and 30 (full) interviews with children, revealed parents identifying almost two-thirds of children as being left with unresolved needs. Such needs were exhibited in behavioural, emotional and psychological problems. Some unresolved needs were considered to be due to abuse, others; to upset consequential to investigation. Additionally, almost two thirds of parents expressed residual unmet needs on behalf of themselves. Interviews with children about their initial contacts with professionals revealed between one third and one half expressing feelings of anxiety, distress and embarrassment. Finally, Sharland et al found that the majority of children (60%) referred to social services or police during their study period was given at least one investigative interview. Interestingly, children were significantly more likely to be interviewed if their abuse was certain than children who were considered suspected or at risk of sexual abuse. This notwithstanding, for 31% of the interviewed children, professionals were still uncertain as to whether they had been abused, and professionals were reported as remaining very concerned about such children.

Farmer and Owen (2000) and Scourfield and Welsh (2003) write of enduring comparable difficulties current service users (in particular, mothers) have in relation to the child protection system in the U.K., particularly as it pertains to child sexual abuse. Persistent experiences of parents incorporate those relating to the dominance of investigative over therapeutic work, the lack of focus and resources accorded to child and family support, and experiences relating to power inequities. Similarly, Dale (2004) found in his qualitative research with 18 families who had received child protection services in a local authority area in the U.K., that 50% of families reported some positive benefit, while 22% reported

that child protection practices, processes and outcomes had caused them harm through perceived mistaken diagnoses and judgements, and punitive stances.

McGee and Westcott (1996) reviewed the related literature in respect of children's reactions to professional intervention in cases of child sexual abuse. Children and young people variously described a range of feelings including uncertainty, anxiety, shock and relief. The authors observed that a majority of children have reported feeling supported by professionals, with a few feeling excluded or ignored. The authors cautioned however, that almost all studies incorporating children's views have stemmed from cases where abuse has been known, or believed to have occurred.

In relation to investigative interviews, Westcott and Davies (1996) found that the majority of their sample of 14 sexually abused children and young people experienced them as being stressful. Lack of choice as to where the interview was to be held and who was to be in attendance, difficulties in comprehending the language of the interviewers and evidential requirements for specific details, were highlighted as particularly problematic. Westcott and Davies pointed to the atypical nature of their sample since there was both a high percentage of criminal prosecutions of perpetrators in the group, as well as a high proportion of voluntary disclosures made by interviewees. They commented that such factors would be anticipated to yield more favourable responses from the children. The authors speculated

> *... if this atypical group of children can report doubts and difficulties, how much more so will the majority of children undergoing investigative interviews? (p.467)*

Again, aspects of Westcott and Davies findings replicated those of earlier studies in the U.K., for example, Wattam (1992) who argued that the disclosure of child sexual abuse is an organisationally driven process in which the needs, feelings and wishes of children are secondary to the procurement of reliable evidence for court. Similarly, Blagg (1989) cited in Westcott and Davies (1996), argued that the process of legal verification in the investigative interview context

> *... undermines the child's feelings of self-confidence, reinforcing feelings of guilt, self-blame and worthlessness. (p.452)*

Farmer and Owen (1995) found that while children reported feeling relief at telling of their abuse, they also had mixed feelings in relation to the, at times, unanticipated ramifications of their reports to the statutory system, for example, in relation to legal sanctions against the perpetrator and/or the impact this could have for the family.

Bacon and Richardson (2000) write of directly comparable difficulties associated with current social services and police responses to children, when sexual abuse is suspected in the U.K. The authors point to the problems as highlighted in the earlier literature concerning the narrowly focused, legalistic systems, processes and professional practices that dominate such responses. More fundamentally, Bacon and Richardson look at the way in which children disclose (or do not) of their abuse, and what this means for effective intervention.

In Ireland, parents have found very similar aspects of the state child protection system response to child sexual abuse as being problematic. Buckley et al (1997) (and Buckley, 2003) reveal in common with findings as cited from the literature above, that professionals concentrate their efforts on the investigation of the alleged incident(s) of child sexual abuse. Again, this is to the detriment of providing either short or long term supports to children and families, which parents, in particular mothers, felt they badly needed in order to help with the aftermath and effects of child sexual abuse.

Ronan (1999) similarly found that for less than half of her sample, parents complained of enduring therapeutic needs on behalf of themselves and the child, after the index child's assessment for suspected child sexual abuse.

Parents from Ferguson and O'Reilly's (2001) study were highly critical of the way in which child sexual abuse was dealt with by the Mid Western health board

> *… non-abusing parents feel very constrained by legalism, and with justification. Huge efforts are put into gathering evidence that is 'forensically' sound with minimal beneficial outcomes for children and families. Intervention makes matters* <u>worse</u> [original emphasis] *in some child sexual abuse cases as the children (and non-abusing) parents are left (alone) to carry the burden of cases proceeding very slowly through the criminal justice system and rarely ending in prosecutions. Parents are, rightly, perplexed at the extreme caution with which the legal system and the health board approach suspected abusers and the fact that nothing seems to be done to protect the children with whom*

the suspect abusers continue to have contact. Responses are dominated by the rigours of the criminal law and a forensic, legalistic response so that community care social workers fear being perceived to interfere by saying the wrong thing to a child and 'contaminating' evidence thereby rendering the child's statement inadmissible in court. Because of this fear the social workers may not really engage with the children or support their parents. (pp.131,132)

Buckley (2003) found that investigations of mothers' parenting, particularly as perceived in their ability to accept, understand and exhibit to the health board their willingness to protect their child(ren) to be crucial factors in social workers' determinants as to the safety of the child in suspected child sexual abuse cases. Further, mothers' belief that abuse had occurred was regarded as one mitigating factor which precluded further action on the part of the child protection system, in situations where recognised risk factors were seen to exist.

The national and international literature has correspondingly criticised professional practices in the area of child sexual abuse as being incident-centred, forensic and consequently narrowly focused, with attendant consequences for child safety and well-being (Buckley et al, 1997, Colligan and Buckley, 2004, Scott, 1996, Sharland et al, 1996). Professional practice has been criticised for its gendered nature particularly evidenced in the expectations placed on (non-abusing) mothers in cases of suspected child sexual abuse, and the lack of emotional and practical support provided to them (Buckley, 2003, Hooper, 1992, Farmer and Owen, 1995). Professionals working broadly and specifically in the area of child sexual abuse have been shown to be fearful and reticent about engaging in the work, and to have adopted work practices which could be considered negligent (Ferguson and O'Reilly, 2001, Colligan and Buckley, 2004, Sharland et al, 1996).

Solutions to Disaffection

As a result of many of the studies cited above, recommendations have urged that systems, procedures and professional practices underpinning state child welfare intervention be modified, training be enhanced and the approach of state child welfare systems be 're-focused' from one preoccupied with individual instances of risk to one that embraces wider notions of child and family welfare. Children's and parents/carers views of the state child welfare system have consistently brought to the attention of researchers aspects of

individual professional practice that make involvement in a child protection investigation easier for them (McGee and Westcott, 1996). Gray et al (1997) contended that

... statutory agencies need to listen to what service users including survivors, children and adults – are saying they require. (p.54)

However, notwithstanding the modifications and exhortations that have been made, similar criticisms of state child welfare systems' response to child sexual abuse keep recurring, as evidenced in the literature and in this thesis.

Disaffection with Other State and Social Systems Responses to Sexual Abuse

Simultaneously, other state and social systems over the past 13 years or so in the Republic of Ireland can be seen to have responded to the issue of child sexual abuse in ways that have been, at best, less than satisfactory. I refer here to the legal system in the 'X Case', the political system in relation to the Fr. Brendan Smyth affair, the educational system in relation to the industrial schools system, the cultural system in the form of sensationalist and one-dimensional media coverage of cases of abuse and the religious (and to a lesser extent) the police and child welfare systems, in the Diocese of Ferns. I briefly discuss each of these in turn.

The 'X Case' occurred in 1992, and refers to a 14 year old girl who became pregnant following child sexual abuse and who was prevented from travelling to the U.K. to secure an abortion by a court injunction that was initiated by the Attorney General. She was eventually allowed to proceed to the U.K. by order of the Supreme Court, which found that a previous amendment to the constitution allowed for abortion under much proscribed circumstances (McGrath, 1996). The 'X Case'

> *... caused huge political controversy, nationally as well as internationally, and led to the holding of three constitutional referenda* [on abortion]. *Never before had the issue of child abuse been highlighted so publicly and been of such significance. (McGrath, 1996, p.64)*

Goode et al (2003) contend however that media attention at the time of the 'X Case' was more focused on the issues in relation to unwanted pregnancy and questions over whether abortion was permissible because of the risk of suicide. They conclude

Little attention was given to the issue of child sexual abuse in this case. (p.37)

The Fr. Brendan Smyth affair has been described by Goode et al (2003) as

... the landmark case that brought child sexual abuse by clergy to widespread public attention in Ireland in 1994. (p.36)

He was also to be the first in a long line of priests to be dubbed with the moniker 'paedophile priest' by the Irish media, and I return to this shortly. Fr. Smyth pleaded guilty to 74 charges of indecent and sexual assault, and was sentenced to 12 years in prison (ibid.). The Irish state faced unprecedented controversy in relation to its failure to extradite Fr. Smyth from the Republic of Ireland to face similar charges of abuse in Northern Ireland (ibid.). The government at the time collapsed, and the then Taoiseach/Prime Minister and the President of the High Court resigned. Goode et al observe

The case focused public attention on the relationship between the Catholic Church and the State and on the protection seen to be afforded to the Church when one of its representatives was accused of serious crimes. (p.36)

The industrial schools system was originally established under British statute, and following the achievement of self-governance in the early 1920s, became funded and regulated by the Department of Education (Raftery and O'Sullivan, 1999). The Irish state, through the Department of Education funded religious orders to care for the thousands of children who were committed to industrial schools by the courts

... essentially because their parents were poor .... (p.12)

From the mid to late 1990s, personal accounts of adults who had been committed to industrial schools in the Irish Republic as children began to emerge and be aired publicly, through documentary television programmes and historical research. The accounts revealed widespread emotional, physical, sexual abuse and neglect of children in such institutions. It is estimated that several thousand children may have been so abused (Goode et al, 2003). Raftery and O'Sullivan (1999), writing of child sexual abuse within the industrial schools system contend

> *It is now clear that this abuse* [the sexual abuse of children, especially boys] *was widespread, constant and spanned a number of decades, from the earliest reports in the 1930s up to allegations from the 1980s. (p.254)*

Raftery and O'Sullivan's (1999) research into the Irish industrial schools system evidences that there was a clear awareness both on the part of the Irish state and the public at large, of some of the abuses that could be, and were, perpetrated on children within the industrial school regime. The authors found that such information was largely ignored by the state, and attempts to reform the system; both from within and without were unsuccessful up until the 1960s. The authors' work illustrates a state in thrall to a powerful religious system that of the Catholic Church, which provided the state with what was perceived as the cheapest and easiest option to manage its child protection and welfare responsibilities. This, combined with at best an attitude of indifference towards the most powerless in society, that of poor male and female children facilitated

> *... the miserable conditions and abuse suffered by the many tens of thousands of children it* [the state] *consigned to the industrial schools. (p.396)*

Irish print media has been criticised for sensationalist and one-dimensional reporting of child sexual abuse (Goode et al, 2003). Goode et al (2003) cite from McDevitt's (1998) study, which compared media trends in child abuse reporting in the U.S.A. and the Irish Republic. Using a sample of articles from *The Irish Times* and *The New York Times* in 1997, McDevitt found that both newspapers represented child abuse as 'hard news stories', i.e. describing only the most immediate and sensational details of the case

> *Both newspapers emphasised the sensationalistic aspects of child abuse while neglecting other aspects of the issue. (p.47)*

Crucially, 'other aspects of the issue' of child sexual abuse that are neglected in this way include those relating to its causality.

Goode et al's concerns about media reporting centre on what they perceive as its power to imprint on the 'general population' consisting, as they see it, of those without personal information of an issue, the image that it portrays. Writing about child sexual abuse by Catholic clergy in Ireland, the authors put forward a view that routinely linking the term 'paedophile' with the word 'priest' in the Irish print media

... misleads people into thinking that Catholic clergy are the predominant perpetrators of child sexual abuse. (p.48)

However, there is another dimension to this, as I see it. The term 'paedophile' in media reporting from my anecdotal observations over time, is usually associated with others such as 'evil', 'sick', 'monster' and 'pervert'. And it appears to me that the term and its associates have assumed common currency in the wider linguistic community in Ireland by which to refer to male child sexual abusers generally. Arguably, this serves to pathologise child sexual abuse as being the aberrant behaviour of the deviant few, yet this in no way equates with the prevalence data cited earlier here.

The Ferns Inquiry (Murphy et al, 2005) identified over 100 allegations of child sexual abuse made over the 40 year period 1962 - 2002 against 21 priests operating under the aegis of the Diocese of Ferns. The Inquiry found the nature of the response by Catholic Church authorities in the diocese to allegations of child sexual abuse by priests, to be largely inadequate and inappropriate. Fundamentally, the Inquiry found that children's needs for protection from abuse were not prioritised. Thus, priests in respect of whom allegations were made were transferred to different posts or dioceses, only to be returned after a period of time to their former positions. Additionally, priests in respect of whom allegations were made were appointed to curacies against the express advice of a psychologist who had been working with such men, and who considered them to pose a risk to young people. Further, "...clearly unsuitable men [were ordained] into the priesthood when...they had a [known] propensity to abuse children" (Executive Summary). Finally, Church authorities were found to have eschewed responsibilities to remove diocesan clergy from positions in which they had unsupervised access to children.

The Ferns Inquiry also criticised the Garda response to complaints of child sexual abuse against priests in the diocese in one of eight cases as being "...wholly inadequate" (Executive Summary) since a report in pursuant to a complaint of child sexual abuse was not forwarded to the Director of Public Prosecutions (DPP). This course of action had been recommended by investigating officers, but was stopped at senior Garda level. In addition, evidence was given to the Inquiry of some complaints that had been made to Gardai prior to 1988

... which do not appear to have being [sic] *recorded in any Garda file and which were not investigated or pursued in an appropriate manner. (Executive Summary)*

Finally, the Ferns Inquiry criticised the health board response to allegations of child sexual abuse by priests in the diocese as "...both inadequate and inappropriate" (p.253) in its failure to provide counselling and support services to some seven female children of primary school going age, who had undergone child sexual abuse assessments that had confirmed outcomes.

This study explores similarities between such systems as overviewed above and the state child welfare system, in their responses to child sexual abuse. For example, narrow incident-based legalistic type responses that do not take into account the wider needs of the child and family, or responses that have more to do with protecting adults/systems than protecting children. Or no responses at all characterised by processes which have included denial, disbelief and silencing, or responses that eschew depth analyses of pervasiveness and cause, and which consign the occurrence of child sexual abuse to the level of the individual. Related issues such as adult rape and sexual assault seem also to be prey to similar responses from the state (O'Keeffe, 2002). What appears strikingly common in the area of (child) sexual abuse is that it seems to engender and perpetuate responses that are quite unlike those in relation to other forms of child abuse, and this I feel, is urgently in need of explanation.

Similarly, solutions to the various problems that have been exposed, and which again, continue to recur have focused on particular and discrete areas for change, for example recommendations that legislation, policies, procedures and (professional) resources be put in place in order to enhance what has been determined over time to be the most appropriate way of responding to child sexual abuse.

It can be argued then that 'solutions' to the criticisms of state responses to child sexual abuse have been posited from within the established discourse, and that this could suggest an explanation for the enduring, recurring and interconnected nature of the problems that persist.

Seeking Alternative Understandings and Explanations

So it was that I began to seek alternative understandings to explain the state's role in relation to how child sexual abuse is conceptualised and responded to. The critical and in particular, the feminist literature seemed to me to offer perspectives on the phenomena of child sexual abuse and the state that could assist in deconstructing the presuppositions, institutions and practices that have evolved in relation to state responses to child sexual abuse, in order to offer explanations at the very fundamental level. Thus for instance, as to where such responses may have originated, what purposes they serve and to what effect, how they are perpetuated and the connections they might have with other social systems and with other phenomena, for example adult rape, sexual assault and violence against women.

Conclusion

This chapter has sought to introduce the rationale behind a study of this nature which attempts to explore through a comprehensive analysis of the established, critical and feminist literature, in-depth interviews with child and parent service users, professionals from within and without the state child welfare system and related social texts, how the social problem of child sexual abuse is conceptualised and responded to from within the Irish state. The study is concerned with the causes and consequences of such conceptualisations and responses in terms of the construction, conduct and ethos of state and social systems in this area. Essentially, it seeks to ascertain whether such conceptualisations and responses can protect children from sexual abuse, as well as facilitate healing and recovery for children and their families.

Format of the Thesis

Chapter 2 traces how child sexual abuse came to be regarded as a welfare problem by the Irish state through processes of appropriation and regulation, influenced to a degree by burgeoning professional interests. It provides an overview account of the legislation, organisations, social policies, professional guidelines, procedures and practices that have come to underpin Irish state child welfare system responses to child sexual abuse. Such responses are set in context, i.e. within broader developments over time and space in relation to state conceptualisations of the family, child care, child protection and child welfare generally as a means by which to illuminate both their sameness and their differences.

Chapter 3 sets out the methodological approach underpinning the conduct and interpretation of this study. Qualitative research, structured, informed and guided by a critical feminist perspective was chosen as the most appropriate approach. Chapter 4 follows by introducing an explanatory model that is grounded in the data generated in the research, a diagrammatic representation that proposes to account for why and how the social problem of child sexual abuse is conceptualised and responded to in the ways it is within the Irish state, and the Irish state child welfare system in particular. The model situates both the occurrence of child sexual abuse and the responses to it that have been constructed by the state, within a social order that is predicated upon the oppression of those with less power. I term the model, the 'power, privilege, patriarchy triptych' and its delineation forms the contents of the remaining chapters of the thesis.

Chapter 5 then situates state welfare systems generally, and phenomena pertaining to the Irish state child welfare system in particular, within the power, privilege, patriarchy triptych. It looks anew from this perspective at such state directives as the legislation, social policy, professional guidelines, procedurals and protocols as introduced in Chapter 2 and at the associated institutions, discourses and organisational rules and norms surrounding child sexual abuse, evidencing the capitalist patriarchal influences and interests underpinning their construction and maintenance.

Chapter 6 continues in this vein when it looks at the existence of what is proposed to be a 'child sexual abuse occurred/did not occur' dualistic paradigm at the core of the response of the Irish state child welfare system to child sexual abuse. 'Official' knowledge production and presentation pertaining to child sexual abuse statistics is also examined. Crucially significant child and family safety and welfare ramifications of a rigid dualistic approach to child sexual abuse are highlighted.

Chapter 7 develops upon findings from the previous chapter as they pertained to one of the most visible/public consequences of a 'child sexual abuse occurred/did not occur' dualistic approach, i.e. the persistently high rates of 'inconclusive' case outcomes associated with state child welfare professional assessments of suspected child sexual abuse.

Chapter 8 moves back a step from the eventuality of state child welfare sexual abuse assessments, and concerns itself with the experiences and meanings associated with

accessing help in the first instance when child sexual abuse is suspected. Essentially, it looks at how the Irish state child welfare system restricts the access of children who may be sexually abused to services from both within and without the system. It continues to look at organisational rules and norms, focusing here upon eligibility criteria, and it furthers a process begun in Chapters 5 and 7 (which is revisited in the subsequent chapter), of looking at the role of myth in relation to state and social systems' conceptualisations and responses to child sexual abuse. An analysis of mythology is forwarded in this thesis that sees it to be a particular ideological hegemonic tool which prioritises the interests of power, privilege and patriarchy in such a way as to render it unremarkable to do so. Chapter 8 further develops upon findings discussed in Chapter 6 in relation to the interconnectivity between state/social systems in the Republic of Ireland as to how child sexual abuse is conceptualised and responded to.

Chapter 9 continues with the theme of the interconnected nature of Irish state systems' responses to child sexual abuse when it looks closely at aspects of the educational system specifically; the Irish child abuse primary prevention schools-based programme known as *The Stay Safe Programme* (MacIntyre and Lawlor, 1991), state directives (here in the form of professional guidance to primary school personnel), and attitudes of employees.

Chapter 10 is the concluding chapter of this thesis, and it urgently recommends radical change at a number of levels. It calls for different ways of attending to, and listening to children, young people and their non-abusing parents/carers when child sexual abuse may well be a feature in their lives. Fundamentally, it advocates challenging structural inequality and oppressive social relations such that all individuals irrespective of age, gender, social class, race/ethnicity, sexual orientation and ability are freed from the abuses of inequality and injustice in all of their forms.

Chapter 2 State Legislative, Policy and Organisational Context

Introduction

This chapter seeks to provide an overview of the legislative, social policy and organisational contexts underpinning Irish state child welfare system responses to child sexual abuse. Irish state responses to child sexual abuse are considered in the context of broader developments over time and space in relation to state conceptualisations of the family (mothers, fathers and children), child care, child protection and child welfare generally, as a means by which to illuminate both their sameness and their differences.

Ferguson and McNamara (1996) contended that child protection and child care generally, have "...traditionally been given a low priority by the state and civil society in Ireland" (p.3), in both ideological and material terms, the latter continuing to be the case today (Skehill, 2005). They illustrated this with reference to the fact that child protection and welfare was governed until 1991 by the now archaic 1908 Children Act, a piece of statute originating from Britain, in pre-self governing times. It was to be a further five years after the passage of the 1991 Child Care Act before it became fully implemented, in December 1996. I return to the Child Care Act later.

For now, I look at antecedents to the statutory child protection and welfare system in the Republic of Ireland, namely the non-statutory National Society for the Prevention of Cruelty to Children/Irish Society for the Prevention of Cruelty to Children organisations and the Industrial Schools system. In association, Bunreacht na hEireann (1937) (the Irish Constitution) is considered in relation to state conceptualisations of the 'family'.

The Role of the Voluntary Sector

Ferguson (1996) demonstrated how the history of the contemporary child protection system in the Irish state originated in the 1889-1970 period in the work of the London institution of the National Society for the Prevention of Cruelty to Children (NSPCC), which in 1956 was to become the Irish Society for the Prevention of Cruelty to Children (ISPCC).

The author outlined how a casework approach to 'child cruelty' characterised this era, initially dominated by a state enforced ideology in which 'cruel' parents were to be prosecuted for failing to adhere to the norms of parenting prescribed by the state. After 1908, what Ferguson termed the "…'pre-modern' punishment-centred ideology…" (p.9) was replaced with what was in effect one that was based on professional surveillance of parent-child relations in the home and the moral reformation of 'deviant' parents through the agency of social intervention. The casework approach endured. Ferguson noted

> *From the outset, preventing cruelty to children had fallen heavily on parents, and mothers in particular…. (p.9)*

Indeed the (married, heterosexual) 'family' centred ideology enshrined in Bunreacht na hEireann (1937) (the Irish Constitution), as Ferguson pointed out underpinned much of twentieth century developments in relation to the child protection system in Ireland. Cited in Ferguson (1996) Article 41 of the Irish Constitution

> *…recognises the family as the primary and fundamental unit group of society, and as a moral institution possessing inalienable and impresciptable* [sic] *rights, antecedent and superior to all positive laws. (p.9)*

Shannon (2005) sees Article 41 as establishing "…a private realm of family life, which the State can enter only in exceptional circumstances…" (p.3) where for physical or moral reasons parents fail in their duty towards their children. Shannon (2005) sees Articles 41 and 42 of the Constitution as deeply problematic and as having a profound impact on the way in which family legislation has been enacted and family law judgements have been delivered. The author illustrates how the rights accorded to the constitutional family belong to the family unit as a whole, as opposed to the individual members within. Consequently, Shannon contends that Article 41 lacks a child focus since "It fails to recognise the child as a juristic person with individual rights" (p.3) largely attributable, according to the author, to the principle of parental autonomy created by the Article.

Indeed, 'parental' autonomy up to the 1950s in this jurisdiction largely meant the privileging of the father in determining how best to rear children

> *"The dominant rule in judicial circles was that 'father knew best.' In custody disputes, for instance, the principle of patria potestas (roughly translated as "paternal precedence")*

precluded any sustained debate about the fate of children: invariably it was the father who would be granted custody. (Shannon, 2005, p.8)

Shannon adds his voice to the need for "...reformulation and clarification of children's rights in both the Constitution and legislation" (p.2), following recommendations from the United Nations Committee on the Rights of the Child, the *Report of the Constitution Review Group* (1996) and the *Kilkenny Incest Investigation* Report (May, 1993) that a statement of identified rights of children be incorporated into the Constitution.

Skehill (2005) outlines how the NSPCC and the ISPCC were

... the largest non-denominational organisations concerned specifically with child welfare and protection in Ireland over the past century.... (p.134)

She describes however that they constituted one part of the history of child welfare from late nineteenth century to mid-twentieth century Ireland

... the most dominant form of child welfare...was institutional care in the form of industrial schools and orphanages, mostly, though not exclusively, run by Catholic religious orders. (p.134)

It is to this that I now turn.

The Industrial Schools System

A total of 105,000 children were committed to industrial schools by the courts between 1868 and 1969, essentially because of the impoverished conditions in which they and their parents lived (Raftery and O'Sullivan, 1999). The authors contend that it was young girls of the poor who were particularly targeted for incarceration because of the threat they were perceived to pose to the social order. Indeed, Raftery and O'Sullivan point to what they term the staggeringly high number of girls who were detained in Irish industrial schools over and above those detained elsewhere in the United Kingdom. Thus the authors exemplify that in 1933, 1,123 girls were within the system in the whole of Britain, compared to 3,628 girls in Ireland alone. They conclude

Part of the explanation for this lies in the nature of Irish society in the decades after independence. A strict Catholic orthodoxy prevailed and nowhere can this be seen

more clearly than in the treatment meted out to unmarried mothers and their children. (p.72)

Raftery and O'Sullivan's work demonstrates how 'fallen' girls were regarded both as the corrupters of young (middle class) men, and as likely to infect their children with 'deviance' thereby perpetuating the threat to the social order. The authors found that the children of such girls were inevitably taken from them, to satisfy the demand from middle class couples for babies, or they were fostered or were transferred to industrial schools.

As we have seen in Chapter 1, industrial schools were established originally under British statute, and upon self-governance in the early 1920s, became funded and regulated by the Department of Education (Raftery and O'Sullivan, 1999). Raftery and O'Sullivan (1999) reveal a rigid hierarchical culture based on power and control in which violence, child sexual abuse, emotional abuse, child neglect and child labour were pervasive features of the industrial school system

... the overwhelming extent of [the abuse of children] – *children were savagely beaten and treated with extraordinary levels of cruelty by their religious carers in almost every single one of the fifty-two industrial and reformatory schools which existed in Ireland for most of the twentieth century. Very large numbers of the boys in particular were sexually abused and raped by male members of religious orders into whose care they were entrusted. (p.16)*

As overviewed in Chapter 1, Raftery and O'Sullivan (1999) demonstrate that the Irish state by not intervening in how the religious orders were running the industrial schools on their behalf, facilitated the suffering of thousands of children left to languish in such institutions. The authors note with some disquiet that it was not until the groundswell of public revelations and outcry that emerged during the 1990s which "...for the first time clearly identified the State's enormous role in the industrial schools system" (p.396) that measures of redress were begun to be put in place. Thus, on the 11th of May 1999 the date of transmission of the third and final part of the television documentary 'States of Fear' which was exposing events in industrial schools, the Taoiseach/Prime Minister issued a public apology on behalf of the state to the victims of child abuse within the system (Raftery and O'Sullivan, 1999). In 2000, the health boards established on a countrywide basis the 'National Counselling Service' for adults who had experienced

childhood abuse (Curry, 2003). Additionally in 2000, the Government established 'The Commission to Inquire into Childhood Abuse' and the 'Residential Institutions Redress Board' followed in 2002 to provide a mechanism for financial compensation for victims of abuse. Former Minister for Health, Michael Noonan informed that redress has cost the state some €850 million ('Altered State' RTE documentary (2005), broadcast on 21st of September 2006).

Raftery and O'Sullivan's (1999) work presents compelling evidence that the embracing by the Irish state of the industrial school model was based on financial expediency. In short, that it was cheaper for the state to fund mostly untrained religious carers to care for children in large numbers in institutions than it was to provide resources either to poor parents to keep their children with them at home, or in the event of that not being possible, to provide good quality alternative care. In addition, Raftery and O'Sullivan contend that there were financial and ideological advantages that drove the Catholic Church to rigorously defend retaining its control of the running of an interlocking system of institutional services such as private orphanages, county homes (which replaced workhouses), Magdalen laundries, Mother and Baby homes, and state-funded reformatory and industrial schools.

> *Its* [the Catholic Church] *domination of the social welfare services essentially amounted to the exertion of universal control over the lives of Irish women and children in particular. (p.90)*

Ferguson concluded that the central concern of the [non-statutory] child protection movement in the first half of twentieth century Ireland was

> *… to grow and develop in order to cover national boundaries and become institutionalised into governmental strategies within the welfare state …. (p.14)*

However this was not to be, as the next section documents.

State Appropriation and Regulation of Child Protection and Child Welfare Work

By the 1970s the Irish state "…took over primary responsibility for child care and protection…" (Ferguson, 1996, p.13) from the ISPCC. In 1970 the Health Act established eight health boards around the country and multi-disciplinary community care teams in

which child care and protection work was situated, in this way according to Ferguson, greatly expanding the expert system.

> *The health boards – and more broadly, the Irish state's apparent professional interests to control child care policy and contain the child abuse problem* [my emphasis] *won the day. (Ferguson, 1996, p.18)*

Ferguson saw such actions on the part of the state as also reflective of influences from international developments in the scientific identification of child abuse, specifically the work of American paediatrician Kempe and colleagues, and their construction of the 'battered child syndrome' in the early 1960s. Influential too, according to Ferguson, was the highly publicised case of the child Maria Colwell's death in 1973 in the U.K. at the hands of her stepfather, whilst under a local authority supervision order. According to Ferguson, the inquiry into the role of social services in the Colwell case attributed blame to the system for what was considered to be her avoidable death. I turn now to look at the professionalisation of state child welfare services in the Irish Republic.

Professionalisation

Ferguson (1996) described how from the 1970s, state welfare services in Ireland underwent a process of professionalisation. He outlined

> *... the State having won ownership of the problem, the management of child abuse and the culture of Irish child protection became inseparable from the culture of the health boards, the Irish State and the system prinicples* [sic] *on which policy traditionally developed. (p.18)*

Throughout the 1970s and 1980s, social policy and professional guidance in child abuse intervention reflected the organisational dominance of the medical approach to child care and protection, with scant attention paid to the rights of parents (Ferguson, 1996). Ferguson regarded the 1980 *Guidelines on the Identification and Management of Non-Accidental Injury to Children* (Department of Health) as marking a turning point in policy within which 'social evidence' of child abuse as well as clinical evidence was now required by the state in order to define and hence intervene in cases of child abuse. He wrote

> *This marked a key shift from the abstract 'strict liability' position, typical of the medical profession, where all injuries to children are treated as suspicious based solely on*

clinical [original emphasis] *evidence, to a policy position which integrates child protection into the political realities of the need for social* [original emphasis] *evidence to support operational definitions of children at risk, and legitimate intervention into the family…. (p.21)*

However as Rodgers (1996) observed

> *… to enclose the debate about child abuse and neglect within the parameters of a medical discourse means that relatively cheap strategies involving professional intervention and family therapy can be employed, relieving governments of the need to address fundamental problems of the reward structure in advanced industrial economies. The advantage of this for policy makers within governmental circles is that the blame for failures in child protection can be contained to the level of negligent professional practice rather than being attributed to insufficient resources and poor social policy direction from the political centre* [my emphasis]. *(p.170)*

I return to this later. For now, I give an overview of the development of Irish state child welfare system services specifically in relation to child sexual abuse. I remind the reader that as the present study is centrally concerned with state child welfare system responses to child sexual abuse, all of the themes discussed below are returned to in depth throughout the thesis.

'Official' Recognition of Child Sexual Abuse and the Establishment of Specialist Child Sexual Abuse Assessment Units

The Irish Council for Civil Liberties (ICCL) - an independent voluntary organisation that promotes civil liberties - illuminated that in Ireland the extent of child sexual abuse only began to be recognised in the early 1980s. Contributing to this recognition and the development of knowledge and skills in responding to the issue, were the conferences and workshops held by professional associations and non-statutory organisations providing services in the area of child sexual abuse. In so doing "…highlighting the lack of appropriate services to respond to the problem… "(Irish Council for Civil Liberties, 1988, p.49). Indeed, the ICCL Working Party on Child Sexual Abuse established in October 1984 responded to a need clearly identified in one such conference, that of the Irish Association of Social Workers in January 1983 for a study on child sexual abuse in Ireland. Thus, the

important task of the Working Party was to "...gather data, to review existing policies, services and laws concerning child sexual abuse and to make specific recommendations" (p.1). Grant-aided by the Department of Health, the *Report of the Child Sexual Abuse Working Party* (ICCL, 1988) documents that it (the Department of Health) "...expressed the view that a broad look at the subject was needed before major developments were attempted" (p.1).

Ferguson (1996) observed that it was not until the 1987 revised *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse* (Department of Health) that child sexual abuse achieved prominence as a form of child abuse in its own right. He argued

> *Policy and ...intervention strategies to deal with child sexual abuse were here again at all times formed against the backdrop of major global events, such as the lessons of the 'Cleveland affair'.... (p.23)*

For an analysis of the 1987 'Cleveland affair' in the U.K. and related matters, I refer the reader to Appendix 2.

Thus Ferguson exemplified how professional recognition of child sexual abuse according to the 1987 guidelines was facilitated on the basis of it having particular features requiring especial attention, how repeat interviews and/or medical examinations of the child were to be avoided and how designated multi-disciplinary teams were recommended for the examination of children and "...the validation of alleged child sexual abuse" (p.23).

Reflective arguably of the dominance of the medical approach to child care and protection discussed earlier, *Child Abuse Guidelines* (Department of Health, 1987) did not contain a definition of child sexual abuse per se, rather checklists "...to help identification and investigation of child abuse; physical and sexual" (p.32). Such checklists were provided in appendix form and included indices under three main headings, 'suggestive features on history taking', 'suggestive features on clinical examination' and 'examination and investigation in hospital'. Specifically in relation to child sexual abuse, the focus was exclusively on its behavioural, psychological/physical, physiological sequelae, as opposed to its aetiology. It was only in the 'Introduction' to the 1987 guidelines under the heading 'What is Child Abuse?' that reference was made to who may be responsible (although not

disaggregated by gender), and very broadly, how acts of child abuse (including child sexual abuse) may occur:

> *Parents, carers (i.e. persons who while not parents have actual responsibility for a child) or others can harm children either by direct acts, or by a failure to provide proper care, or both. Such acts include physical injuries, severe neglect, and sexual or emotional abuse. (p.7)*

Ferguson (1996) concluded that one of the consequences of state policy in respect of child sexual abuse has been

> *... the development of specialist child sexual abuse assessment units around the country which constitute one of the few distinct institutional services to protect Irish children that emerged out of these policies. (p.23)*

He contended that the Irish child care system became

> *... heavily weighted in the allocation of (scarce) resources to child sexual abuse, to the neglect of preventative services...In the process, the Irish child <u>care</u>* [original emphasis] *system has essentially become a child <u>protection</u>* [original emphasis] *system, and a highly controversial one at that. (p.25)*

McGrath (1996) also viewed the emergence of child sexual abuse assessment units as

> *...one of the few tangible, institutional developments in Irish policy and practice to arise directly in response to the highlighting of child abuse (p.p. 57, 58)*

since the mid 1980s. Interestingly, he contended that there is a class dimension to child sexual abuse that ensured it could not be sidelined, unlike 'child cruelty';

> *... sexual abuse came to be seen as something that could affect <u>any</u>* [original emphasis] *child and thus became a middle class issue. It was not confined to the poor. Prior to this, 'cruelty to children' was perceived as something that was to be found exclusively among poor families. The general view was that children were abused in their families by people who were either deprived and/or depraved and so it was not something that happened to 'nice' people. By designating it as an issue of marginalised people, it was easy to sideline the issue itself, socially and politically.... (p.58)*

McGrath (1996) wrote of the socio-political background to the establishment of specialist child sexual abuse assessment units in Ireland and he began by observing that child sexual abuse

> *... certainly looms large as something that must be treated with care,* [by professionals] *if only because of its potential for controversy and/or negligence claims. (p.57)*

He wrote that pursuant to the establishment of a sexual assault treatment unit in Dublin in the mid 1980s which began to encounter ever more children in need of its services

> *An increasing number of these cases resulted in criminal prosecutions and subsequent convictions, which — unlike civil cases — can be reported to the press. This, in turn, focused increased attention on sexual crime. (p.60)*

McGrath (1996) viewed the increased media focus on child sexual abuse together with emerging professional awareness of it, as having significantly influenced policy in Ireland, with the resultant establishment of child sexual abuse assessment units in the late 1980s in Dublin (and subsequently around the country). McGrath viewed the Dublin units as providing a qualitatively different service to those latterly established around the Republic

> *... with the focus not just on whether abuse may or may not have occurred but also on the overall psychosocial needs of the child and his/her family (p.61)*

an observation re-iterated by Colligan and Buckley, (2004). McGrath observed that subsequent resources in relation to child sexual abuse have primarily been directed at investigation and assessment to the detriment of a more comprehensive response, and to this extent he postulated that

> *... political pressure is much more likely to be for the provision of services to clients at the crisis (i.e. disclosure) stage, rather than the later, long-term stage. (p.63)*

McGrath (1996) wrote that part of the thinking in the design of child sexual abuse assessment units was to give credibility to professionals' testimony in court:

> *The fact that this was part of the planning and design of the units is in itself an indication of how the law, both civil and criminal was and, in spite of some reform, continues to be anti-child. Professionals in the child care field were by this time*

experiencing a far more hostile legal climate than previously when they gave testimony in court…. (p.61)

McGrath concluded with his contention that amongst professionals and the general public child sexual abuse has progressed

… from an issue that was beyond prevention, to one that is now actively pursued as a condition that can be treated-if not totally prevented (p.69)

and that this has resulted in the politicisation of child abuse, and consequently greater allocation of resources to the work. He reiterated however, that while professional faith in their ability to effectively intervene in cases of child sexual abuse has improved

… another part of this equation is the realisation that the legal climate in which it operates is more actively hostile, demanding more of a professional witness. (p.70)

The regional branch of the state child welfare system in which the present study was located established a specialist child sexual abuse assessment unit in 'County X' in 1989. It was initially designed as a regional service; however with the establishment of similar units in 'County Y' and 'County Z' in the early 1990s, the original unit now services 'County X' solely. The 'official' definition of child sexual abuse informing current professional practice in the Irish Republic emanates from the successor to the Department of Health, the Department of Health and Children. Entitled *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999) (Appendix 3), the guidelines provide a comprehensive list of physical, behavioural and emotional indices suggestive of child sexual abuse as well as a comprehensive definition encompassing both contact and non-contact forms of child sexual abuse. It is clear that there is an evolving awareness on the part of the state of the multifarious forms of sexual abuses that can be perpetrated upon children. Indeed, the inclusion in the *Children First* definition of the nefarious use of modern technology with which to sexually abuse children, exemplifies how this particular form of child abuse is distinct in its boundless mutability and opportunism. I return to the *Children First* guidelines later. For now, I return to a more general overview of the Irish child protection system, noting the contemporary influences upon its development with an especial focus on the significance of the concept of 'risk' for state child welfare systems. I begin with an examination of the principal legislation underpinning statutory child protection and welfare work today.

The 1991 Child Care Act

The 1991 Child Care Act differs fundamentally from its predecessor, the 1908 Children Act not only in modernising the child protection measures available, but in its imposition of a positive duty on health boards to promote the welfare of children not receiving adequate care and protection, and to establish mechanisms for the identification of such children (Shannon, 2005). Whilst the Act recognises the rights and duties of parents, and considers that it is generally in children's best interests to be reared in their own families, it acknowledges the paramountcy of the child's welfare (ibid.). Ferguson (1996) wrote

> *For the first time since its foundation, the Irish state – through the health boards – has been given powers and responsibilities to be proactive in promoting the welfare of children at risk, and not just reactive in terms of possible criminal offences. (p.27)*

Skehill (2005) contends "...few extra resources were forthcoming on foot of the new legislation" (p.128). She is doubtful as to whether had it not been for a series of high profile child abuse inquiries that emerged during the period after its placement on the statute books that "...the [1991 Child Care] Act would have resulted in as massive an expansion of child welfare and protection social work teams..." (p.128). Skehill outlines the child abuse inquiries to have taken place in this period including the Kilkenny Incest Inquiry in 1993, the inquiry into the death of Kelly Fitzgerald in 1995 and the Madonna House (child sexual abuse in a residential child care facility) inquiry in 1996. She notes that the focus of such inquiries was on the way in which professionals handled the cases, and that a central outcome from the inquiries was the criticism of such professionals for failing to share information and coordinate interventions with children and families. Skehill is of the view that the heightened public and political awareness of child abuse as a consequence of the inquiries has led

> *... to a major shift in how the government has responded to its responsibility for the care and protection of children and how the issue of 'family privacy', something traditionally protected and revered within Irish society, has been revised in the context of child protection and paramountcy of child welfare over recent decades.... (p.128)*

Murphy (1996) viewed the 1991 Child Care Act however, as reflecting the state's traditional reluctance to intervene in family care of children (as exemplified by the Constitution) by

... confining its remit largely to those children assessed to be not currently 'receiving adequate care and protection' and by firmly locating services within a family context. (p.77)

In this way, she argued the Act is reflective of adult-centred and family-centred ideologies, which at policy level leads to "...minimalism and residualisation in the state's approach to children's welfare..." (p.78). At the level of professional practice, Murphy contended that the effects are to over emphasise work with adults, in particular mothers, to the cost of

... the development of services and skills to facilitate listening and responding directly to children. This has repercussions for approaches to prevention. (p.78)

Murphy critiqued the way in which the prevention of child abuse is framed within the Child Care Act. Whilst acknowledging that for the first time, prevention is enshrined in Irish child law, she lamented its "...limited form..." (p.73). Thus, she cited from Section 3 (1) of the Child Care Act, 1991 "...'it shall be a function of every Health Board to promote the welfare of children in its area who are not receiving adequate care and protection'" and from Section 3 (3) "More specifically, under Section 3 (3), for this purpose, health boards may 'provide child care and family support services'" (p.73).

Murphy (1996) pointed to the need to consider prevention in a wider context than that of the family support model espoused in the 1991 Act. She argued

Research demonstrates that a range of factors interact with poverty to produce conditions where children are at risk of neglect and abuse...it is necessary to broaden the framework of prevention from one that almost exclusively emphasises family support to one that permeates our work and welfare policies, as well as targeting services directly to children. (p.87)

Largely focusing on child neglect and parental inability to cope, Murphy called for a range of universal, long-term policy measures in order to develop shared responsibility for caring for children, which she saw as having the potential to prevent child disadvantage and abuse

[shared responsibility] *between parents and state, parents and other carers, between professional, para-professional and non-professional people, between the generations, and between women and men.... (p.95)*

Further, she advocated policies that improve levels of low parental incomes, that extend day care and pre-school educational provision and that support

> *... future-oriented, life-skill educational programmes aimed at children, women, but most particularly men,* [which] *hold out modern society's best hope of not just preventing harm to children, but of positively promoting their, and all of our, welfare. (p.95)*

The Ascendancy of the Procedural

Ferguson (1996) observed that during the 1980s, state suppression of child deaths and what he termed 'other organisational 'failures'' remained quite high; a pattern the author observed to have its origins in the late 1930s and its function to do with the ability of welfare agencies to be publicly seen to manage risk. The author argued that the 1980s system reflected "...traditional...principles and preferences" (p.25) in which public accountability and transparency were low, in keeping with "...more generally, the relatively unregulated form of public administration in Ireland" (p.25).

The author contended however, that this has substantially altered since the late 1980s to date. He illustrated that state intervention in child abuse has become much more prescriptive and procedurally driven (embodied in the legislation, social policy and professional guidelines), in which professional practice is characterised by limited discretion and heightened accountability. As we have seen in Chapter 1, research on statutory child protection and welfare organisations in Ireland continues to evidence that this is the case (Buckley, 1996, Buckley et al, 1997, Ferguson and O'Reilly, 2001, Buckley, 2003, Colligan and Buckley, 2004) and I return to this shortly.

Ferguson (1996) appeared to view the increasingly procedural and prescriptive nature of the child care system and professional practice as being reflective of the less desirable consequences of a global ideological shift, characterised by "...de-traditionalisation...[and] 'reflexive modernity'..." (p.26).

In the Irish context, he employed a reflexive modernisation thesis (Beck, 1992, Giddens, 1994). In so doing, Ferguson exemplified what he saw as the changing nature of knowledge, trust and risk relations between citizens and the state, as evidenced in high profile inquiries of church and state abuses and mismanagements, and the political

responses (as reflected in the legislation, social policy and professional procedurals/guidance) as a consequence.

Ferguson (1996) contended that the "...opening out of the science of the expert system to lay people..." (p.29) has occurred as a consequence of citizens' demands for increased transparency and accountability from state welfare systems. Its organisational weaknesses thus exposed (for example through such public child abuse scandals as the Father Brendan Smyth affair in 1995, and the large scale abuses of children in institutional care which began to emerge from the mid 1990s, together with such child abuse inquiries as the Kilkenny Incest Investigation in 1993, the Kelly Fitzgerald case in 1996 and the Madonna House investigation in 1996), the system becomes fearful. It adopts what Ferguson seems to regard as regrettable defensive measures within what he otherwise described as a high-standard, skilled, equipped and effective expert system, in order to "...avoid the possible risk of blame should intervention turn out to fail..." (p.28).

However limited discretion and heightened accountability within the context of procedurally driven systems can also be viewed as compatible with managerialist agendas concerned with reduced state spending on social welfare generally, and social work specifically (Harris, 2003). Harris (2003) locates the origins of what he sees as the emergence of "...'the social work *business*' [my emphasis]" (p.1) within the global economy and the pressure on nation states to become more business like and competitive generally. He traces the consequent political strategies of the Thatcher and Major (Conservative) governments and later the Blair (New Labour) governments in the U.K. (as well as the Clinton administrations in the U.S.A.) to reform and position social welfare in relation to the global economy.

Thus, the author argues a 'quasi-capitalist' ideology since the 1980s (following the coming to power of the Thatcher government in 1979) has come to replace the social democratic ideology of the previous era, and a new 'quasi-business' discourse has come to dominate social work. In this ideology, according to Harris, entrepreneurship is celebrated and a new concept of citizenship is actively promoted in which dependence (on the state) is to be avoided and self help and support by informal carers is reinforced, indeed reconstructed as a moral obligation. Key capitalist mechanisms, namely marketisation and managerialism would fundamentally alter the operation of Social Services Departments and the practice of social work since the system was now primarily focused upon

economic efficiency. Thus, according to Harris (2003) social workers in the social work business have increasingly begun to be managed as if they were employees in capitalist enterprises "...with the pressure exerted on managers to extract the maximum amount of work from them for the overhead costs they represented..." (p.69). He exemplifies how the control of social work is expressed in manuals, directives and guidelines functioning to

> *... limit professional discretion and set up standardised and repetitive systems: tightly defined criteria for eligibility for services; standardised assessment tools; interventions which are often determined in advance from a limited list; minimisation of contact time; micro-case management and pressure for throughput. (p.75)*

Simultaneously, regulation, inspections, audit and information technology have become centrally significant in order to control and scrutinise social work, within the context of a management concern to maintain throughput. This, by necessity according to Harris, raises questions about the quality of the work that is possible within the strictures of the social work business. I return to this later.

Viewed then within a wider context of global capitalist imperatives, the Irish state can be seen to have taken steps to respond to public outcry as to its perceived failings. This is evident perhaps in the formalisation of procedures, whilst simultaneously retaining commitment to a position in which state spending in this area is relatively small, justified through discourses associated with strengthening the family and the community in the fight against child abuse.

For example, the introduction in 1999 of the *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children) can be viewed as a consequence of public exposure of the system's failings and an attempt on the part of the state to avoid such scenarios in the future through formalising procedures for the identification, investigation and management of child abuse within and between statutory and non-statutory agencies.

The guidelines appear to consolidate child protection (as opposed to a broader focus on child need/child welfare) as the dominant focus for (social work) intervention. This is exemplified not least in the foreword from the Minister of State with Special Responsibility for Children, Frank Fahey who refers to the document as "...the national child protection guidelines..." (p.9). In asserting the state's position that "...everyone has a duty to *protect*

[my emphasis] children..." (p.9) through the extension of the guidelines to all citizens and agencies in contact with and providing services to children, arguably the Government sidelines *its* responsibility towards the prevention of child abuse. In a *coup de maitre* of rhetoric, Fahey has re-worked the call of Justice Catherine McGuinness in her *Report of the Kilkenny Incest Investigation* (1993) that "The *prevention* [my emphasis] of child abuse is the shared responsibility of the entire community" (p.112). This envisaged *inter alia*, significant primary funding implications for the Government in the establishment and strengthening of a range of initiatives including for example, family support services.

Arguably, the financial and ideological implications for the state of the detailed management of discrete incidences of child abuse as per *Children First,* are such that the problem of child abuse is contained at the level of the individual child and family, and the wider implications of the structural dimensions to child abuse and neglect are obscured. As this thesis will proceed to evidence, the treatment of the social problem of child sexual abuse in this way by the Irish state child welfare system actively contributes to containing recognition of the pervasive nature of the problem. Simultaneously, it contributes to obscuring from view the radical changes at all levels of Irish society that are required to stop child sexual abuse from happening.

The 'Risk'/'Need' Dualism

Scourfield and Welsh (2003) present the literature that views risk to be of central significance not alone to child protection practice, but more broadly, across the personal social services. Citing Kemshall et al (1997), the authors observe "...a categorization process of risk has...emerged as a central organizing principle across the personal social services" (p.400). Scourfield and Welsh cite from Douglas' (1986, 1992) work wherein she proffered a risk/blame connection to account for the key significance of the current emphasis on risk. Douglas contended that such an emphasis on risk lies in its forensic functions, which she saw as being of particular importance in the development of blaming systems.

Contemporary research on statutory child protection and welfare professional systems in Ireland (Buckley et al, 1997, Ferguson and O'Reilly, 2001, Buckley, 2003) has consistently demonstrated that most referrals include a range of child care concerns. These have been broadly grouped into (a) both protection and welfare concerns, (b) protection concerns without reference to welfare and (c) welfare referrals with no child protection concerns

(Ferguson and O'Reilly, 2001). An equally consistent finding from across the contemporary Irish literature is the enduring dominance of an approach to children and families that is based on 'risk' as opposed to 'need'. In this way, the significant proportion of welfare concerns that come to the attention of the state, many of which feature child and family vulnerability, need and adversity receive at best, a limited response (Buckley, 1996, Buckley et al, 1997, Buckley, 2003, Colligan and Buckley, 2004).

Chapter 1 discussed contemporary research on child protection professional responses as they pertain to child sexual abuse in Ireland (Buckley et al, 1997, Ferguson and O'Reilly, 2001, Buckley, 2003, Colligan and Buckley, 2004). It noted how the child protection system is overly concerned with an organisational concept of individual instances of risk/danger seen in procedurally driven legalistic type interventions, to the detriment of more holistic responses to child and family safety and welfare.

Findings from the literature cited above pointing to a narrow focus on child protection as being characteristic of Irish social work, have resonance with those from the U.K. (for example, Farmer and Owen, 1995, Gibbons et al, 1995), the U.S. (for example, Lindsay, 1994) and Australia (for example, Parton et al, 1997). Research findings have influenced contemporary governmental strategies to focus upon the merits of 'family support', ostensibly as part of a more holistic service response to children and families in need. I return shortly to discuss 'family support', for now I contextualise it within the frame of the 're-focusing' agenda.

The 'Re-focusing' Agenda

Buckley (2003) writes how in the U.K. context, the government issued *Messages from Research* (Department of Health, 1995). This was an overview of a programme of research into aspects of the child protection system in which was recommended a re-focusing of the current system from a narrow investigative approach towards possible child abuse, to a broader assessment approach, responsive to need. Parton (1997) cited in Buckley (2003) critiqued this proposed change of approach in a climate of restrained public expenditure and enduring anxieties about risk on the part of state child welfare services, as being both ethically dubious and materially unsupportable. Citing Parton, Buckley writes

> *... the research overview made no link between 'need' and such factors as patriarchy, social class and social fragmentation, but appeared to assume that all that was required*

was a 'change in front-line professionals' attitudes, re-labelling procedures and minor modifications to operational perspectives and practices. (pp 13, 14)

Buckley (2003) concludes

Parton et al [1997] *contended that a transfer of resources from child protection to family support would require some radical re-construction of the discourse towards a greater tolerance of uncertainty and a consideration of the structural causes of child maltreatment. (p.14)*

Scourfield and Welsh (2003) cite Spratt's (2000) study from Northern Ireland on decision-making by senior social workers at point of first referral. Spratt observed the *potential* for child protection cases to be reconstructed as 'child care problems', but there was "...the continuing tendency for child care problems to receive quasi-child protection responses in a climate of preoccupation of risk" (p.402).

Scourfield and Welsh (2003) observe that recent child welfare policy in the U.K. (*Framework for the Assessment of Children in Need and Their Families*, Department of Health, 2000, to which I return shortly) is "...beginning to reflect the 'refocusing agenda', emphasizing the importance of seeing all child clients as 'in need'..." (p.408). However, the authors point to anecdotal evidence from social workers in South Wales during 2001 which they argue suggests

... their time is more than ever targeted at the most urgent of child protection cases, and the president of the British Association of Directors of Social Services has recently described child protection services as on the brink of collapse under a 'bombardment' of new referrals.... (p.408)

Research evaluating the implementation of the *Framework for the Assessment of Children in Need and their Families* (Department of Health [U.K.], 2000) in 24 English councils (Cleaver and Walker, 2004), too reveals an enduring organisational response to children and families that is based on the risk of significant harm to the child. This is at the expense of approaches that are responsive to the child's developmental needs, as well as the impact of such environmental factors as housing and financial problems on health and welfare. Additionally, referrals concerning children over the age of 15 and police referrals for domestic violence constituted cases least likely to receive an initial social work

assessment, as per the *Framework*. The latter in particular has acute significance in relation to child sexual abuse since as this thesis will confirm, the co-occurrence of domestic violence and child sexual abuse is very significant (Itzin, 2000d). Additionally, Cleaver and Walker (2004) point to the fact that at implementation of the assessment framework, councils were continuing to experience as Parton (1997) had predicted, a number of existing challenges "...most councils were facing major problems in recruitment and retention of staff, organizational change, and poor information technology" (p.88).

Scourfield and Welsh (2003) question the assumptions underpinning the 'refocusing agenda' since their research indicates that social workers operate to

> *... a clear and open organizational ethic that helping parents for its own sake is not part of the job, and, in child protection cases, children's interests are quite often thought to clash with those of parents. (p.415)*

Thus while the authors contend that social workers believe that parents should be supported in order to improve children's quality of life, they conclude that the lack of adequate support services in existence and their focus directly or indirectly (via parents) on children, means that parents (usually mothers, often themselves in acute need) will experience investigation rather than help.

In the Irish context, the *Framework for the Assessment of Vulnerable Children and Their Families* (Buckley et al, 2006) has been developed, designed to

> *... provide practitioners with a child-centred approach to assessment of children and families where concerns exist that the children's needs are not being met. (Buckley, 2005, p.3)*

It is anticipated that the national adoption of such an assessment framework should

> *... benefit and complement the operation of child protection and welfare guidelines and incorporate the processes of risk assessment and safeguarding, as well as assessing welfare concerns. (Buckley, 2005, p.3)*

To date, there have been no comprehensive evaluations of the impact such 're-focusing' has had on the Irish child welfare system. Skehill (2005), in her historical overview of child protection and welfare social work in Ireland, concludes however

> *... within child protection and welfare social work, the focus of social work with children at risk and their families continues; a 'comprehensive child care service' continues to be an ideal rather than reality; pressure of demand on the services has increased significantly and because of scarce resources; child protection continues to predominate over family support. (p.127)*

It is to the latter that I now turn.

'Family Support Services' for Children and Families Affected by Child Sexual Abuse

Irish state welfare 'family support services' specifically supportive of children and families where child sexual abuse is a concern, are difficult to locate, although their necessity is keenly recognised (Colligan and Buckley, 2004). *Working for Children and Families Exploring Good Practice* (Department of Health and Children, 2003) profiled 26 child and family health board support services in existence throughout Ireland nominated by health boards as models of good practice. The report divided the 26 profiles into eight categories serving to emphasise the key focus of the interventions. Categories incorporated early childhood development, parent support, community based family support, strategies for working with 'at-risk' children and adolescents, therapeutic approaches, promoting partnership, working with children in care and aftercare and policy and service development. Not one of the services profiled related to child sexual abuse.

It would appear that there is only one national service that can be regarded as specifically supportive to family members (indeed the wider community) in relation to child sexual abuse; the Children at Risk in Ireland (CARI) Foundation, a registered charity established in 1989, and it is to this that I now turn.

The Children at Risk in Ireland (CARI) Foundation

CARI provides a range of therapeutic and allied support services to children, young people, families and groups affected by child sexual abuse. In addition, CARI provides training, supervision and consultation services to other agencies and professionals working in the field of child sexual abuse. CARI has two centres, in Dublin and Limerick and provides locally based services elsewhere. The foundation also runs a national low-cost telephone help line, operating weekdays and within 'office' hours, as well as a crisis

management/advice service for parents/concerned adults (*The CARI Foundation CARI Policy Document*, January, 2005, unpublished).

All suspected or known cases of child sexual abuse are required by CARI to be reported to the appropriate statutory authorities, prior to any therapeutic intervention. This is in keeping with *Children First* requirements generally, and is applicable to all agencies providing services to children, particularly those that seek state funding (*The CARI Foundation*, [information booklet] undated, unpublished). I return to the CARI Foundation in Chapters 3, 6, 7 and 8.

Current State Focus on 'Family Support' in Ireland

In keeping with the 'refocusing agenda' vis a vis child protection and child welfare, the issue of family support has come to the forefront of political attention currently in the Republic of Ireland.

The ten year (2001-2011) *Quality and Fairness A Health System for You Health Strategy* (Department of Health and Children, 2001), advocates 'better health for everyone' (p.60) as its 'national goal number one'. 'Objective 4' of this goal "specific quality of life issues are targeted"(p.70), documents a commitment by government towards the expansion of family support services. This is portrayed as representing a shift from what government sees as the dominance of a focus on the protection and care of children at risk, in child care services since the early 1990s. The Strategy notes

> *... the policy focus has shifted to a more preventive approach to child welfare...aimed at avoiding the need for further more serious interventions later on. An evaluation of the Springboard Pilot Projects for Children at Risk indicates that the projects have been very successful in keeping vulnerable and at-risk children out of care. (p.71)*

In this regard, the Strategy commits "Child welfare budgets will be refocused over the next seven years to provide a more even balance between safeguarding activities and supportive programmes" (p.71). Various family support initiatives and projects are promised to be introduced, developed further and expanded.

However, McKeown and Haase (2004) found from their 2002 census of health board funded family support services in Ireland

... most resources spent by health boards on family support services are allocated to late intervention rather than prevention and early intervention. This is despite the widespread perception that family support is a form of prevention. (p.23)

Buckley (2005) writes that the Department of Health and Children is currently developing guidelines on the delivery of family support and a family support strategy "...in response to a general aspiration to provide a clearer structure for delivery" (p.2). In this way, it is anticipated that such a strategy will represent a further shift from categorising child concerns according to parental intentionality/culpability towards one based on children's needs (Buckley, 2005). I turn now to overview Irish state responses in relation to the prevention of child sexual abuse, before finally considering current regional and national developments in the state child welfare system.

The Prevention of Child Sexual Abuse

In the area of child sexual abuse, Irish policy and professional practice sees prevention as revolving around primary prevention programmes for children, and treatment programmes for convicted adult sex offenders and adolescent perpetrators of child sexual abuse (Murphy, 1996). In tandem with the latter one such service is the Northside Inter-Agency Project in Dublin, in existence since 1991, which provides support services to parents whose children have sexually abused others. The service describes itself as offering "NIAP works with people and their families to help understand what led to the sexual abuse and to help prevent re-offence" (*Information for Parents of Young People who have Sexually Abused,* Northside Inter-Agency Project, 2002, unpublished information leaflet). I now proceed to overview primary prevention programmes for children and responses to adult sex offenders, beginning with the former.

Child Abuse Prevention Programmes

School based child abuse prevention programmes emerged in the late 1970s and became widespread in the 1980s throughout the world. In the USA, the majority of sexual abuse prevention training programmes are federally funded and are mandatory (MacIntyre, 1997, unpublished). While most western European countries now have school based prevention programmes, few are state funded. The Irish child abuse prevention programme known as *The Stay Safe Programme* (MacIntyre and Lawlor, 1991) is, however, state funded through the Departments of Health and Education, and I return to the Irish programme shortly.

Generally, child abuse prevention programmes are directed towards children from pre-school through to second level and aim to teach children personal safety skills in order "...to recognise, resist and report any inappropriate sexual encounters in the hope of decreasing the incidence of sexual victimisation..."(MacIntyre, 1997, unpublished, p.98). At the level of secondary prevention, such programmes hope to facilitate earlier disclosures of child sexual abuse.

The Stay Safe Programme has its origins in what was formerly known as the Eastern Health Board in Dublin, as concern grew amongst health professionals there about the significant rise in the numbers of official reports of child abuse between 1981 and 1987 (Department of Education, 1995). [It was] "...felt that a positive preventative approach was necessary to deal with the problem" (p. 5) accordingly, *The Stay Safe Programme* was designed in 1987. The *Programme* "...aimed at the prevention of child sexual abuse..." (p.5), was introduced into primary schools initially in the Eastern Health Board area in 1991, and is now conducted in the vast majority of schools in the Irish Republic (McGee et al, 2002).

MacIntyre (1997, unpublished) wrote that the child abuse prevention movement has been the subject of some controversy both because of the form of intervention it advocates (i.e. school based child abuse prevention programmes), and the focus of this intervention (i.e. school children). In addition, child abuse prevention programmes have been critiqued as to their efficacy in achieving their stated objective of preventing child sexual abuse. I return to these themes in Chapter 9.

Responses to Sex Offenders

Eldridge (2000) reviewed the available conviction data, clinical data and community-based prevalence data and illustrates that pathological profiles are not a consistent feature of men who sexually abuse children. She cites Salter's (1995) overview of a number of key studies which confirms the heterogeneity of offenders. In this way, Eldridge argues that since most sexual offenders are not diagnosed as mentally ill, assessment and intervention work with them is best placed within a criminal framework. She demonstrates therefore how the language of 'treatment' is less appropriate than that of 'intervention' and 'control'.

Eldridge concludes that there is no single 'type' of man who sexually abuses children, and contends "Some have a clear sexual preference for children, but many do not and hence cannot be described as paedophiles" (p.314).

Eldridge (2000) contends that recognition of individual offending patterns is crucial in appropriate assessment, intervention and prevention work with sex offenders. She writes that 'distorted' thinking, which legitimises offending together with the development of cyclical patterns of behaviour are however, characteristic features of most abusers and it is these that are "...key targets for change in effective offender intervention programmes" (p.313). In acknowledging the heterogeneity of sex offenders (Itzin, 2000a), Eldridge notes the importance of tailoring intervention and relapse prevention to the needs of the individual, in order for it to be effective

> *It is important...for programmes to be developed tailored to the treatment needs and risk levels of different types of offenders...there are some common areas which should be addressed in most programmes and there are approaches which are known to be effective. (p.323)*

The author points out however

> *Whilst recognising that sex offenders cannot be cured of sex offending, there needs to be a belief* [on the part of the offender] *that control and change are possible. (p.326)*

Eldridge argues that whilst individual work with offenders can be very effective, a structured group therapy programme can facilitate significant change. She believes, however, that both must be accompanied with a focus throughout on relapse prevention. The author observes the central need for sufficient time to produce change at the levels of feeling and belief, as well as word and thought change within individuals. Eldridge reviewed the related literature and concludes that multi-component therapies are currently evaluated as being the most effective in sex offender treatment. These include for example, behavioural work in combination with cognitive restructuring and affective techniques, supplemented by opportunities to practice new interpersonal skills.

Eldridge (2000) describes how within the criminal justice system in England and Wales, assessment, intervention and relapse prevention programmes for adult male offenders are available within (25) prisons, a specialist residential clinic as well as through large

numbers of community probation programmes. She observes that although more resources are required to provide consistent service delivery across the country, the situation is far less bleak than it is outside of the criminal justice system. Eldridge considers the poor availability of treatment facilities for unconvicted abusers as being

> *... a major problem given that the vast majority of allegations of child sexual abuse do not reach the criminal courts, resulting in risk assessments for civil court proceedings and little chance of follow up treatment once risk has been established. (p.324)*

In Ireland, only one of the four prisons that detain some 250 convicted adult sex offenders has the resources to provide offender intervention programmes, and even then at an intake rate of just 10 places (Travers, 2001). Travers further observes that treatment within prisons will remain inadequate without the availability of sufficient follow-up community based programmes, and she laments the fact that to date in the Republic there are just two such programmes. The author notes the commitment by the Department of Justice, Equality and Law Reform in 1998 to establish a community-based programme for sex offenders under the aegis of the Probation and Welfare Service. This programme is to cater for sex offenders processed through the criminal justice system, and who are placed on statutory supervision under the Probation and Welfare Service. Travers observes that there are approximately 100 such offenders. However, the author points out that because of a lack of resources, to date this programme is not in existence. In a similar way to the U.K. situation, Travers highlights what she terms as the "...gross inadequacy..." (p.125) of treatment programmes for sex offenders in the community. She explains that even if there were sufficient programmes in existence, child sex abusers are not mandated to receive treatment in the absence of criminal charges brought against them. Travers observes the seriousness of such a situation, given the vast numbers of child sexual abuse cases in Ireland that never reach the criminal justice system

> *In 1998 only 18 cases of incest were dealt with by the criminal justice system, a tiny fraction of the 598 cases of incest known to the health boards and gardai. (p.126)*

Eldridge (2000) sees the combined role of a range of effective intervention programmes with sex abusers and responsible public education as having significant potential to "...create a safer more aware society and reduce the risk of children being sexually

abused" (p.333). The author points to the need to involve the community in offender monitoring in a way that

> *... empowers rather than panics people. Community notification without consciousness raising about the heterogeneity of offenders and the relationship-based nature of much sex offending, simply perpetuates the monster image portrayed in the media. Most perpetrators are someone's relative, friend, neighbour, church minister or youth leader, and no one, least of all the perpetrator, recognises him in the media imagery. (pp 332, 333)*

However as Itzin (2000c) writes, the dominant discourse of policing and public policy is largely constructed on an assumption that 'paedophile' abusers and incest abusers are mutually exclusive categories, involving mutually exclusive perpetrators. She evidences that this assumption is flawed. The author cites Weinrott and Saylor's (1991) research with 99 convicted sex offenders whereby by their own account, one third of those convicted for extra familial abuse were also incest offenders, and half of those convicted for incest had also abused children who were not their own. Itzin observes that in common with the findings of other similar studies, one third of Weinrott and Saylor's sample had also committed rape. She further cites Becker and Coleman's 1988 study that found 44% of the men in their sample who had molested female children in the home, had also molested female children outside the home. In addition, 11% had also molested male children outside the home, and 18% had committed rape. Further, Itzin cites from national and international data and from survivor accounts of their sexual abuse as children, which clearly establish the link between adult and child pornography and child sexual abuse (Cleaver and Freeman, 1996, Seng, 1986).

Kelly et al (2000) observe that the use of the term 'paedophile' has become ubiquitous in the child protection field. In line with Itzin (2000c), the authors have concerns about the adoption of 'paedophile' as a concept since it maintains the myth of 'deviance' and pathology. In so doing, solutions are posited at the individual level and framed in the language of medicine and treatment. The effect of this is to divert attention from what Kelly et al (2000) view as unequivocally a social issue rooted in power and control, and the construction of masculinity and male sexuality. Kitzinger (2004) citing McCollum (1998) observes

> *The term* [paedophile] *helps to obscure important aspects of sexual violence and shifts attention 'away from political solutions addressing male power and the construction of masculinity toward a range of "problem management" solutions' such as long-term incarceration…risk assessment tribunals for dangerous men…and individual therapy…. (p.157)*

Policing policy in the Republic of Ireland too upholds the notion of the separateness of 'paedophilia' from other forms of child sexual abuse, through the establishment of a distinct policing unit located within the 'domestic violence and sexual assault' investigation unit in Dublin. In October 2002, the Paedophile Investigation Unit (PIU) within An Garda Siochana was established with specific terms of reference, namely the enforcement of the provisions of the Child Trafficking and Pornography Act, 1998, the investigation and co-ordination of cases of child pornography and the "…investigation of intelligence concerning paedophiles and their use of technology" (Madden, 2005, p.1, unpublished).

Madden (2005) illustrates how, from his professional experience in the investigation of child pornography crime as a Detective Sergeant within the PIU, that the men who possess and access child pornography are in fact, not 'paedophiles' in the main "…[they] are heterogeneous in nature and …have a sexual interest in children" (p.11).

The Ferns Report (Murphy et al, 2005), as discussed in Chapter 1, concerns a non-statutory inquiry into clerical child sexual abuse in the diocese of Ferns in the Irish Republic. It concludes with some 20 recommendations for change at legislative, regulatory and general level. Encouragingly, the first recommendation urges the Department of Health and Children to, "…launch and repeat from time to time a nationwide publicity campaign in relation to child sexual abuse" (p.262). Five matters are highlighted for inclusion in any such campaign; that children must never regard themselves as responsible for their sexual abuse, "That abuse is perpetrated by persons in every walk of life including respected men and women in distinguished professions and vocations" (p.262). Additionally, that abuse may cause serious and lasting psychological damage, that child sexual abuse is a criminal offence which should be reported to the police and that children "…should be informed of and assured of support and care by State authorities when they make a complaint" (p.263). The second recommendation of the inquiry team is closely allied to the first, and strongly advocates the creation, through the

legislation and publicity "...of an open and informed environment that will encourage a willingness to report promptly inappropriate sexual behaviour towards children" (p.263).

Current Health Services Reforms in Ireland and the Establishment of the Health Service Executive (HSE)

Health services reforms in the Republic of Ireland culminated in the establishment of the Health Services Executive (HSE) on January 1st, 2005 as the legal body (replacing the health boards and the Eastern Regional Health Authority) with responsibility for the delivery of personal health and social services in Ireland. The legislation underpinning the establishment of the HSE is the Health Act, 2004.

"...the importation of quasi-capitalist rationality and the implementation of managerialism, as part of the incorporation of a quasi-business discourse in the public sector" (Harris, 2003, p.80) appears to be the case in the Irish Republic just as it is in the U.K. Thus, the HSE organisation is self referred to as a 'corporate structure' within which are located a 'central corporate executive', a 'corporate management structure' and 'corporate staff'. The interim Chief Executive of the HSE, Kevin Kelly outlined how the changes associated with the health reform programme are necessary to "...deliver a health service which provides better care for patients; an improved working environment for staff; and better value for money to the Government and taxpayers" (*Internal Memo*, June 15th 2005, p. 3).

The newly established national directorates are referred to as "...the new units of management for the delivery system" (p.4) with full operational responsibility for all aspects of service delivery. The areas of responsibility designated to the national directorates incorporate key new areas, compatible with "...bringing the public sector into line with the modern practices of capitalist enterprises" (Harris, 2003, p.80). Thus, Directorates of 'Corporate Affairs', 'Change Management and Organisational Development', 'Information and Communications Technology' and 'Strategic Planning and Development' have been established with various emphases on 'Service Governance (Risk, Quality, Accreditation)', 'Consumer Affairs and Complaints', 'Internal Audit', 'Leadership Development', 'Streamlining of Agencies' and 'Service Planning and Performance Monitoring'. A 'Value for Money' (VFM) unit reports directly to the Chief Executive Officer (CEO), "The role of VFM is to provide strategic leadership and a co-ordinated approach in delivering the VFM agenda for the HSE. VFM is an integral part of the work in each Directorate" (*Internal Memo*, June 15th 2005, p.20).

The 'Primary, Community and Continuing Care Directorate' (PCCCD) as the title suggests is responsible *inter alia,* for community based personal social services (the area of concern to the current study), with an overt strategic commitment to the implementation of national policy and planning in such areas. The national director for the PCCCD oversees the work of assistant directorates in specified areas such as 'service management', 'planning, [service] monitoring and evaluation' and 'contracts', as well as the work of national care group managers with responsibility for specific services, for example 'children, adolescent and family services'.

At local level service provision, Health Centres have now been replaced by Local Health Offices (LHO), a change in title that reflects a more robust, business-like orientation. Accountability and performance management requirements of LHO managers have been made explicit. Described as being "...the principal unit of service delivery within the PCCC..." (p.13) its manager

> *... will have the authority and responsibility for management of all services in their area and designated regional services, within the governance, accountability and performance management frameworks of PCCC. (p.13)*

Finally, in keeping with the gendered nature of managerialism (Lupton, 1992), HSE filled posts to date reflect a male dominated organisational culture. At HSE Board level, the Chairperson is male, and there are six men and three women board members. The CEO is male, as was the interim CEO, and a female at director level leads the VFM unit. Of the 10 National Directors and Acting National Directors, eight are male and two, female. At Assistant National Director/Network Manager/National Care Group level, of the posts that are filled, 16 are filled by men and eight by women. There are four administrative regions of the HSE, each served by a Regional Health Office (RHO). All four RHO Directors are male. 31 managers lead the LHOs', 23 are male, eight are female (*Internal Memo*, June 15th 2005).

Recent Developments in Regional State Child Welfare System Responses to Child Sexual Abuse

In 2004, the regional branch of the state child welfare system in which the present study was located began to introduce an additional procedure for responding to child sexual abuse cases coming to its attention (*Procedures For Undertaking Child Protection Needs Assessment (CSA)*, [Research Site], undated). Officially aimed at providing a more timely

and comprehensive response to children who may have been sexually abused and their families, and perhaps reflective of current national 're-focusing' aspirations, it involves the division of child sexual abuse cases into two categories, requiring somewhat different responses.

Following an initial assessment of all child sexual abuse referrals, it is now proposed that depending on the particular circumstances of the case, either a child protection strategy meeting or an emergency child protection conference will make a recommendation as to the type of child sexual abuse assessment warranted. Two options are possible; either a 'local child protection needs assessment incorporating a child sexual abuse assessment', or a 'specialist child sexual abuse assessment'.

So called 'complex' child sexual abuse cases are proposed to receive the specialist child sexual abuse assessment, whilst other cases of suspected child sexual abuse are proposed to receive the 'local child protection needs assessment (c.s.a.)'.

The importation of such managerialist mechanisms as eligibility criteria into state child welfare work is seen to govern the provision of specialist child sexual abuse assessments (see Appendix 1). There are now additional criteria laid down to determine what constitutes 'complex' child sexual abuse cases and their eligibility for assessment, and these are as follows:

Age of Child (younger 4-7 yrs.)
Multiple perpetrators
Intra-familial alleged abuse
Previous history of C.S.A. for child
Intellectual/sensory impairment/special needs
Serial abuse/institutional abuse
Psychiatric illness/self-harm/suicidal ideation
Custody/access dispute
Child in care/foster care abuse/residential care abuse
Multiple child victims, same community peer group

(*Procedures For Undertaking Child Protection Needs Assessment (CSA)*, [Research Site], undated, p.1).

Specialist assessment team composition and their liaison roles with community based social workers remain the same as heretofore, as overviewed in Chapter 1. Similarly, the child's sexual abuse assessment interviews are subject to the same credibility analysis process and conclusion format as previously, conforming to the policy and protocols as outlined in *Child Sexual Abuse Assessment Policy Protocols Forms*, ([Research Site], November 2003).

The 'local child protection needs assessment (child sexual abuse)' is described as being informed by the *Framework for the Assessment of Children in Need and their Families* (Department of Health [U.K.], 2000), together with *Child Sexual Abuse Assessment Policy Protocols Forms*, ([Research Site], November 2003).

There are no criteria outlined for what kinds of child sexual abuse referrals constitute a 'local child protection needs assessment (csa)'. One must assume therefore that such cases lack all of the features of 'complex' cases, but this may be problematic given the way in which child sexual abuse presents itself (or does not) to state and social systems.

From the *Procedures For Undertaking Child Protection Needs Assessment (CSA)* ([Research Site], undated), it appears that (a team of two) professionals are being guided towards undertaking a general assessment of child need/risk within their family in the context of also undertaking a sexual abuse assessment with them. Such need assessments are to inform either a 'child protection plan' or a 'welfare plan' in respect of the index child and their family.

Specifically in regard to the 'local' child sexual abuse assessment, the apparent differences between the 'local' and the specialist assessment centre on the location of interviews with the child, and the manner in which they are recorded. The 'local' assessment can take place in nearby (to the family) HSE premises. Interviews are not video-recorded as is usually the case with specialist assessments; rather a co-worker observes and takes notes. The child's assessment interviews are subject to the same credibility analysis process and conclusion format as the specialist child sexual abuse assessments are, as per *Child Sexual Abuse Assessment Policy Protocols Forms*, ([Research Site], November 2003).

The new procedures envisage a significantly more involved role with children and families than heretofore on the part of community based state child welfare system professionals,

such as social workers. This is a development in child sexual abuse work that the literature supports (Colligan and Buckley, 2004). Chapters 6, 7 and 8 return to all of the themes overviewed above.

Conclusion

This chapter overviewed the legislative, social policy and organisational contexts that underpin Irish state child welfare system responses to child sexual abuse. It traced how child sexual abuse came to be regarded as a welfare problem by the Irish state through processes of appropriation and regulation, influenced to a degree by burgeoning professional interests. Responses to child sexual abuse were considered in the context of broader developments over time and space in relation to state conceptualisations of the family (mothers, fathers and children), child care, child protection and child welfare generally as a means by which to illuminate both their sameness and their differences. Key events and developments were discussed against a wider backdrop of international influences in the field of child protection and welfare work. In so doing, the distinct discursive parameters and institutional arrangements that characterise the state's response to child sexual abuse were rendered explicit.

Events over time and space illustrate a number of recurring commonalities on the part of the (Irish) state in its responses to children, families and child abuse. At an ideological level is the entrenchment of responsibility for the care and protection of children upon women as mothers. Secondly, that child welfare and protection has not loomed large on the state's agenda as being worthy of adequate resourcing. Thirdly, a state response to child abuse is seen to be one that emphasises its deviant and idiosyncratic nature, and thereby its amenability to expert professional 'treatment', 'cure' and individual-focused prevention and treatment programmes. Fourthly, child abuse focused responses are favoured over broader, more costly, and more radical measures by which *all* children and families' lives can be enhanced. Fifthly, self-awareness on the part of the state of the ramifications attendant to public revelations of child abuse and/or state systems' inadequacies is seen, as are the measurements that have been put in place ostensibly to minimise such scenarios in the future, as well as to restore public faith.

Simultaneously, state responses to child *sexual* abuse specifically are seen as particular and heightened. Child sexual abuse is singled out as a form of child abuse through the

establishment of distinct institutional structures and discourses revolving around the professional 'validation' of what children 'allege' about their abusive experiences. Yet specific family support services provided by the state for children and families who are affected by child sexual abuse, are demonstrably lacking. This gap in service provision appears to be filled by a non-statutory organisation from the voluntary sector.

I return throughout this thesis to interrogate and deconstruct the taken-for-granted assumptions (as introduced in Chapter 1) that exist about the state, and the ideological and theoretical presuppositions, systems, institutions and professional practices that have emerged from it in relation to child sexual abuse, as overviewed here.

The following chapter outlines the methodological approach I adopted in the present study in order to address the fundamental research question as to how the social problem of child sexual abuse is conceptualised and responded to from within the Irish state, and the Irish state child welfare system in particular, and the meanings these have for female and male children, young people, parents/carers and related professionals both from within and without the Irish state child welfare system.

Chapter 3 Methodology

Introduction

This chapter lays out the approach, paradigm, perspective, design, methods, limitations and ethics involved in conducting and interpreting the present study. Aiming to provide the reader with a transparent, reflexive account of the research process, I begin by discussing the approach I chose to adopt.

Qualitative Research

Broadly speaking qualitative research represents an "...implicit critique of the traditional worldview of science and quantitative methods..." (Denzin and Lincoln, 1994, p.ix), since it involves

> *... an interpretive, naturalistic approach to its subject matter...qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (p.ix)*

Methods of data generation are "...flexible and sensitive to the social context in which data are produced..." (Mason, 1996, p.4), and incorporate "...the studied use and collection of a variety of empirical materials...that describe routine and problematic moments and meanings in individuals' lives" (Denzin and Lincoln, 1994, p.2). In this way, the qualitative approach to research differs significantly to that of the quantitative since the latter emphasises "...the measurement and analysis of causal relationships between variables, not processes" (Denzin and Lincoln, 1994, p.4), or more broadly are based on methods of data generation which are "...rigidly standardized or structured, or removed from 'real life' or 'natural' social context, as in some forms of experimental method" (Mason, 1996, p.4).

Mason (1996) observed that qualitative research as an approach has in common a commitment to methods of analysis and explanation building

> *... which involve understandings of complexity, detail and context. Qualitative research aims to produce rounded understandings on the basis of rich, contextual, and detailed data. There is more emphasis on 'holistic' forms of analysis and explanation.... (p.4)*

Quantitative research on the other hand is concerned with "...charting surface patterns, trends and correlations" (p.4).

Moreover, the qualitative research approach is one that explicitly reveals itself to be characterised not alone by the interactivity between the researcher and the other people in the study setting, but by its inherent critical stance to the notion of supposedly 'value free' science. This is a position which assumes that " "truth" can transcend opinion and personal bias..." (Denzin and Lincoln, 1994, p.4).

Before proceeding to specify in detail the research questions underpinning this study, its core concerns to do with child sexual abuse and individuals' experiences of state and other social systems' interventions in this regard seemed to me to best benefit from a qualitative approach. This is so for a number of reasons. Child sexual abuse is a complex, sensitive and deeply emotive topic. This is all the more so if one is interested in seeking to understand the individual experiences, meanings and beliefs attached to it from the perspectives of people closely affected by it, namely children, young people and parents/carers who came to state/social systems' attention because of concerns in relation to possible child sexual abuse and the professionals who work on behalf of the state/other social systems in response. Such a field of inquiry in my opinion of necessity precludes an approach characterised by hypothesis testing, numerical measurement and statistical analysis. Further, as an approach to the subject matter qualitative researching has, over quantitative researching, the potential to capture depth and subjectivity in a way that is at the same time aware and responsive towards the emotionality involved in participating in research of this nature.

Secondly, the qualitative approach can accommodate a range of different perspectives to the issues under inquiry whilst still retaining commitment to depth and individuality. In this study it was integral to seek the diverse views and experiences of children, young people, mothers, fathers, male carers, female carers, professionals from within the state child welfare system and professionals from state and social systems outside that of child welfare. Arguably, it would be difficult to capture and understand such variety of experiences, meanings and beliefs using pre-set, standardised instruments and measures as those favoured by quantitative researchers.

A crucial merit to qualitative researching which I deemed of particular benefit to a study of this nature is in relation to its ability to attend to contexts. Thus, attempting to understand how child sexual abuse is conceptualised and responded to within the Irish state required attention beyond the local context in order to incorporate analyses of "...how societal and institutional forces mesh with human activity"" (Maines, 1982, p.10).

In this way then, the receptiveness of qualitative research towards a multi-method approach to data generation is beneficial to the study. This is so since in seeking to explore how the Irish state conceptualises and responds to child sexual abuse, in-depth face-to-face interviews can be conducted alongside interpretive practices in respect of social structures and social texts (for example; policy documents, professional procedurals, official reports, print media and other archives) in an attempt to facilitate rounded, holistic understandings which fully take into account the contexts from which they emerge.

Finally, another attraction for me in the choice of the qualitative approach in relation to this study lies in its potential to "...produce social explanations which are generalizable *in some way* [my emphasis], or which have a wider resonance" (Mason, 1996, p.6). In this way, the study perhaps has the potential to create change, in order to improve aspects of people's lives. This is not to suggest that quantitative research cannot, or does not do so. It is rather that qualitative research, grounded as it can be in the voices of people who have been marginalised and oppressed, as opposed to the voice of the researcher as 'expert', may have a unique opportunity to highlight and challenge elements of structural inequality which directly and/or indirectly bear on all of our, and all of our children's lives. This position of course, along with every choice the researcher makes throughout the research process, is inextricably linked with the researcher's "...way of seeing the social world, and on a particular form of explanatory logic" (Mason, 1996, p.6). It is to these issues that I now turn.

The Researcher's Interpretive Paradigm and Perspective

Denzin and Lincoln (1994) argued that three interconnected activities define the qualitative research process; theory/ontology, method/epistemology and analysis/methodology. The authors agree that behind the terminology

> *... stands the personal biography of the gendered researcher, who speaks from a particular class, racial, cultural and ethnic community perspective*...[and who] *approaches the world with a set of ideas, a framework (theory, ontology) that specifies a set of questions (epistemology) that are then examined (methodology, analysis) in specific ways (p.11)*

The biography of the researcher in the present study is such that I am a white middle class Irish woman and mother, in my mid thirties. I have a professional background in social work and a little experience of teaching and related activities in the field of social studies at undergraduate and postgraduate levels in different academic settings in the Irish Republic. A significant proportion of my social work profession (seven years), as outlined in Chapter 1 was spent in the area of child sexual abuse assessment from within the Irish state child welfare system. I have held for many years a personal and academic interest in critical and feminist thought and as discussed in Chapter 1, my biography contributed to a large extent to my interest in participating in the present study. Indeed, it has proven to be the site for continual self awareness and critical reflexivity as to its influence, at every stage of the research process. This will be clearly explicated throughout the chapter.

Denzin and Lincoln (1994b) likened the researcher's epistemological, ontological and methodological premises or paradigm to a net. Accordingly, as Mason (1996) argued, it is pivotal to link "...research questions to one's philosophical or methodological position on the one hand, and to appropriate data generation methods on the other" (p.7). This section is concerned with demonstrating how I sought to do so.

Denzin and Lincoln (1994d) treated in depth of the major paradigms and perspectives that structure, inform and guide inquiry, especially qualitative research; namely positivism, postpositivism, constructivism, and critical theory and related perspectives, for example feminism. I chose to employ a combined critical and feminist framework to this study. In justifying why I did so, I dialogue now with the other available qualitative paradigms in relation to what I believed to be their merits and demerits to the particular study at hand.

A critical feminist perspective works from within a materialist-realist ontology or theoretical framework; i.e. one that asserts that the real world makes a material difference in terms of class, gender and race (Denzin and Lincoln, 1994d). Reality is

> *... shaped by a congeries of social, political, cultural, economic, ethnic, and gender factors, and then crystallized (reified) into a series of structures that are now (inappropriately) taken as "real",* [my emphasis] *that is, natural and immutable. (Guba and Lincoln, 1994, p.110)*

This ontology differs fundamentally from that of positivist and postpositivist paradigms that work from within realist and critical realist ontologies respectively, which view the world as an objective reality "...driven by immutable natural laws and mechanisms" (Guba and Lincoln, 1994, p.109). In this way, such ontologies assume that a singular (universal) objective reality exists that is outside of, and beyond such considerations as gender, race and class. Accordingly, such ontologies cannot in my opinion adequately account for why it is child sexual abuse, a predominantly male act (Itzin, 2000a) occurs within social orders founded upon male power and privilege. Alternatively, the constructivist paradigm operates from within a relativist ontology, seeing realities as "...intangible mental constructions...dependent for their form and content on the individual persons or groups holding the constructions" ((Guba and Lincoln, 1994, pp 110,111). In this way, it actively recognises that experiences and meanings are subjective and particular, and so is very much in keeping with elements of feminist thought. However, I align myself with those elements of feminist thought in collaboration with critical thinking, which are of the view that there are identifiable "...historically situated structures..." (Guba and Lincoln, 1994, p.111) that impinge on individuals' lives differentially according to one's gender/class/race/ethnicity/age/sexuality/ability. Thus I found it difficult to reconcile the fluidity of relativist ontology to the study at hand, which I believed was better suited to an ontological position in which oppressive structures are believed to, and are overtly declared, to 'really' exist.

A combined critical feminist epistemology is one that is subjectivist and transactional, i.e. it views the researcher and research participants as interactively linked. The values of the researcher and of the research participants are seen as inevitably influencing the inquiry.

> *Findings are therefore value mediated* [original emphasis]*...what can be known is inextricably intertwined with the interaction between a particular* [original emphasis] *investigator and a particular* [original emphasis] *object or group. (Guba and Lincoln, 1994, p.110)*

Constructivist epistemology in a similar way is transactional and subjectivist but it is broader and sees knowledge as *created* in the interaction between the researcher and research participants. This has particular methodological implications that I felt were inappropriate to the study and I return to this shortly. Positivist and postpositivist epistemologies on the other hand are dualist and objectivist and modified dualist/objectivist, respectively (Guba and Lincoln, 1994). In this way, the researcher (cast in the role of 'expert') and the 'object' of study are assumed (or aspired) to be independent entities, and the researcher strives for objectivity, detachment and value-neutrality in order to produce 'truth' (ibid). Such epistemologies I contend are antithetical to this study since *inter alia*, it is conducted by a state child welfare employee who has worked previously in the study site in the area of child sexual abuse assessment. This is not to suggest that "...disciplined inquiry..." (Denzin and Lincoln, 1994, p.99) cannot be conducted from 'the inside', rather it is to say that to deny the interactivity between the researcher and the research participants in this context would be spurious.

A critical feminist framework articulates a methodology that is dialogic and dialectical, engaging of both the researcher and research participants in generating insights and transformations in the social order through dialogue and action (Denzin and Lincoln, 1994d). Methodological procedures that are employed are naturalistic (i.e. in the natural world), and can include for example in-depth interviewing and critical feminist analyses of social texts. Research adopting a critical feminist perspective aims to critique and transform "...the social, political, cultural, economic, ethnic, and gender structures that constrain and exploit humankind..." (Guba and Lincoln, 1994, p.113). Positivist and postpositivist methodologies on the other hand, are experimental and manipulative and modified experimental/manipulative respectively (Guba and Lincoln, 1994). The former are concerned with the empirical verification of hypotheses, principally employing quantitative testing so as to produce accepted facts or laws. The latter are more concerned with the falsification of hypotheses in order to produce probable facts or laws, and increasingly include rigorous qualitative methods (ibid.). Such methodologies I contend are inherently unsuitable to the nature of a research study such as the present one which seeks to explore the subjective experiences, attitudes and beliefs of individuals in as sensitive and emotive an area as child sexual abuse. Thus, the study was not concerned with gathering data that could test hypotheses (or indeed falsify them), or to seek relationships between variables in order to establish, for example cause and effect laws.

Fundamentally, positivist methodologies that seek to ascertain, following Guba and Lincoln (1994), 'how things really are' and 'how things really work' are self restricting since questions are posited in relation to that which is visible or evident (Trinder, 1996). Less visible, but crucial processes in response to more probing type questions, such as 'what is going on here?' are precluded (Trinder, 1996). Trinder (1996) noted Parton's (1996a) critiques of Department of Health (U.K.) research in child protection of the mid 1990s which she (Trinder), regarded as having undeclared positivist epistemologies. Trinder (1996) observed

> *... what Parton seems to be arguing for is a different kind of research, attempting to explore and get under the surface of what is going on and how things come to be, rather than a more descriptive account of processes. (p.237)*

It was this type of approach I believed most befitted this study; interested as it was in seeking to explore at a very fundamental level how the Irish state conceptualises and responds to child sexual abuse. In short, it aimed to be research that, following O'Brien (1993), combined dimensions of historical, experiential and critical understandings in relation to the topic under inquiry.

The constructivist paradigm articulates a methodology that is hermeneutical and dialectical (Guba and Lincoln, 1994). Accordingly, the capture and refinement of individual constructions of phenomena in order to create knowledge based on relative consensus is, it is believed, best accomplished through the interaction between and among the researcher and the research participants (ibid.). Methodological procedures that are employed are naturalistic, and usually include case studies and ethnographies. Constructivist epistemology favours an approach to knowledge generation which requires of the researcher to be both participant and facilitator in a process of consensus building around the constructions that people hold in relation to phenomena. One immediate difficulty I foresaw in relation to the study at hand in this context, included the especially sensitive and potentially expository nature of the topics under inquiry, leading me to have concerns for the confidentiality and anonymity of research participants. In addition, issues to do with my insider status precluded such an approach. This related to the time-limited nature of the inquiry, contingent as it was on my sponsors 'releasing' me from office duties on a week on/week off basis. It appeared to me that such an epistemological approach

necessitated the kind of depth of exposure to the study site and research participants, that my circumstances did not permit.

Having discussed the merits and demerits of alternative paradigms, I now specify why I felt a combined critical feminist framework was best suited to the present study.

Feminist approaches historically and contemporaneously have been centrally concerned with groups and individuals who are oppressed and marginalised. Traditionally in this regard, the focus has been on women, and as feminist theories have evolved, the focus of analysis has widened to account for differences within and between women, whether they are based *inter alia* on class, race, sexuality and/or age (Beasley, 1999). Additionally, more recent feminist perspectives in their analyses of power attend to the differential position of men in society (ibid.). Accordingly, I believe that feminist approaches have much of relevance to offer an exploration of arguably one of the most powerless groups in society, that of children, especially in the context of their oppression by means of sexual abuse.

Kincheloe and McLaren (1994) noted that whilst "...totalities such as patriarchy and capitalism, must not be forsaken... [and] clearly exert a profound impact on society at large..." evolving feminisms have taught critical theorists that "...their impact on individuals and localities is ambiguous and idiosyncratic" (p.146).

Hence a study such as the present that seeks to explore subjective experiences of state interventions, particularly those of the state child welfare system when child sexual abuse is suspected, can only benefit from an ontology that actively recognises and renders explicit gender, class and race differentiations. This is so for four core reasons. Firstly, national and international child sexual abuse prevalence data conclude that females are sexually abused in greater proportions to males (Finkelhor, 1984, Hooper, 1992, Hicks and Tite, 1998, Kelly et al, 2000, Bolen et al, 2000, McGee et al, 2002). Secondly, the sexual abuse of children and related acts such as the rape of adult women and other forms of sexual and physical violence against women and female and male children, are predominantly male acts (Finkelhor, 1979, 1984, Bagley and King, 1990, Sharland et al, 1996, Itzin, 2000a, McGee et al, 2002, Kitzinger, 2004). Thirdly, statutory child welfare systems historically and contemporaneously target the poor and poor women as mothers, specifically (Day, 1992, Farmer and Owen, 1995, Parton, 1997, Farmer and Owen, 2000,

Ferguson and O'Reilly, 2001, Buckley, 2003, Scourfield and Welsh, 2003, Ferguson, 2004, Skehill, 2005). Fourthly, in the Republic of Ireland heads of state and social systems, legislators, policy makers and those in management positions in the private as well as the public professions are predominantly white middle-class privileged men (O'Connor, 1998). Thus, gender, class and race differentiations have implications not alone for those who experience state intervention directly either as 'consumers' of services or 'providers', but more generally for the kinds of discourses that have been constructed around the issue of child sexual abuse.

A critical feminist epistemology that views the researcher and research participants as co-creators of understandings is one I contend, that best fits a study of this nature. This is so, since my biography as outlined earlier is such that to deny my experiences and understandings of aspects of the state child welfare system and child sexual abuse would be disingenuous. However such an epistemology also recognises that there are different forms and levels of experiences and understandings; in the case of this study both within and between individual service users, service providers, related professionals from other state and social systems and the researcher. Such understandings, when explored further and pieced together by the researcher have the potential to generate additional/new understandings and explanations for phenomena, heretofore unanticipated.

The dialogic and dialectical nature of the critical feminist methodology grounded in the voices, ideas and opinions of research participants represents a commitment to the interactive and transformative potential of the project. Citing Giroux (1988, p.213) Guba and Lincoln (1994) saw what they termed as the investigator and the subjects of the inquiry

> *...as transformative intellectuals,...to uncover and excavate those forms of historical and subjugated knowledges that point to experiences of suffering, conflict, and collective struggle;...to link the notion of historical understanding to elements of critique and hope.... (p.110)*

The role then for example, of in-depth interviews and critical feminist theoretical analyses of social structures and social texts may serve to

... transform ignorance and misapprehensions (accepting historically mediated structures as immutable) into more informed consciousness (seeing how the structures might be changed and comprehending the actions required to effect change)…. (p.110)

I turn now to outline the research design.

The Research Design

Denzin and Lincoln (1994) noted that a research design "...connects theoretical paradigms to strategies of inquiry and methods for collecting empirical material" (p.14). I begin by detailing the purpose of the study and the specific research questions that guided it, before turning to discuss the strategies of inquiry, the methods of data generation and analysis, and the ethics of the inquiry.

The Purpose of the Study

The purpose of this study is to examine how the social problem of child sexual abuse is conceptualised and responded to within the Irish state and the Irish state child welfare system in particular, and the meanings these have for female and male children, young people, parents/carers and related professionals both from within and without the Irish state child welfare system.

The Research Questions

What are the subjective experiences of children, young people and parents/carers of both genders of Irish state child welfare professional intervention and that of other state and social systems when there were concerns relating to possible child sexual abuse in respect of one or more of the children?

What are the attitudes, norms and beliefs held by key Irish state child welfare professionals in relation to child sexual abuse that feature in their interventions with children, young people and parents/carers in this context?

What are the views of key Irish state child welfare professionals of the responses of related professionals from other Irish state and social systems (outside that of state child welfare) to child sexual abuse?

What are the views of key professionals from related Irish state and social systems of Irish state child welfare professional responses to child sexual abuse?

What are the attitudes, norms and beliefs held by key professionals from Irish state and social systems (outside that of the Irish state child welfare system) in relation to child sexual abuse that feature in their interventions with children, young people and parents/carers in this context?

What functions do social texts; - documents and cultural records assume in relation to how the social problem of child sexual abuse is conceptualised and responded to within the Irish state?

The Strategies of Inquiry

Denzin and Lincoln (1994) wrote of qualitative researchers as seeking strategies of inquiry that would

> *... allow them to make connections among lived experience, larger social and cultural structures, and the here and now. These connections are forged out* [of] *the empirical materials that are gathered in any given investigation. (p.199)*

So it was for such a study as the present, that I turned towards elements of phenomenology and a broad hermeneutical approach to the interpretation of social texts. It is to these that I now turn.

Phenomenology

Phenomenology has its origins in philosophy, and comes in many forms for example, realist, existential, hermeneutical and transcendental. At its core is a concern to describe concrete experiences of persons (Larrabee, 2000).

The Phenomenological Approach

According to Hancock (1998), phenomenology as the study of phenomena is a way of

> *... describing something that exists as part of the world in which we live. Phenomena may be events, situations, experiences or concepts...Our lack of understanding of* [certain] *phenomena may exist because the phenomenon has not been overtly described and explained or our understanding of the impact it makes may be unclear. (p.4)*

More specifically, O'Leary (2004) defines phenomenology as the "...study of phenomena as they present themselves in direct experience" (p.122). In this way, Miller (2004) notes that it "...allows researchers to examine the lived experience of the participant from their own unique viewpoint" (p.47) using methods that attempt to understand the participant from his/her perspective. Further, phenomenology attempts to understand the participant's "...link with the environment" (Miller, 2004, p.42). Hancock (1998) observes that phenomenological research "...will not necessarily provide definitive explanations but it does raise awareness and increases insight" (p.4). Feminist and critical researchers have developed upon (and are evolving) forms of phenomenology such as existential and transcendental in order to add

> *...reality claims to descriptive efforts*...[and to] *go beyond description to provide critical elements that feminists are improving upon as they write their own bodies of phenomenological work. (Larrabee, 2000, p.384)*

In this spirit then, I considered a phenomenological approach to this study to be beneficial; facilitating the lived experiences of state/social systems' interventions and their impacts, effects and meanings in the area of child sexual abuse to be critically explored in relation to the Irish state for the first time.

Hermeneutics

Hermeneutics is

> *... a theory of interpretion* [sic] *of texts or events. Hermeneutics...was originally developed around biblical disciplines, but has come to mean historical and cultural rather than strictly theological inquiry. (Ferguson, 2000, p.243)*

Hermeneutics is an approach to the analysis of texts that moves beyond description towards interpretation in order to understand underlying meaning. The hermeneutical exercise stresses context, or the situatedness in history, time and space of both the inquirer and the inquired (Koch, 1994), and the dialectic exchange that takes place between them (Hodder, 2000).

In this way, analysis (of social texts) centres upon the "...simultaneous hermeneutical procedures of context definition, the construction of patterned similarities and differences, and the use of relevant social...theory" (p.714), in order to interpret social experience.

Hodder (2000) writes of the hermeneutical whole that must be realised by those interpreting material culture (including written texts):

> *Analysts of material culture may not have much spoken commentary to work with, but they do have patterned evidence that has to be evaluated in relation to the full range of available information. They too have to fit different aspects of the evidence into a hermeneutical whole…They ask, How does what is done fit into more general understanding ?* [my emphasis] *(p.710)*

Critical and feminist theories then are used within a broad hermeneutical approach to the interpretation of social texts in the present study. By 'critical' I adhere to Dean's (1994) view as to its capacity generally as a practice "…to engage in the tireless interrogation of what is held to be given, necessary, natural, or neutral" (p.20). More specifically, Marxism concerns itself with interpreting ideology in material culture "…the ideological component of symbols is identified within relations of power and domination…power and systems of value and prestige are seen as multiple and dialectical…" (Hodder, 2000, p.706). Feminist theory in hermeneutic inquiry employs "…a hermeneutics of suspicion…" (Ferguson, 2000, p.243) that seeks to "…penetrate misleading surfaces to the underlying reality behind them, to articulate a unified theory that can comprehend the totality of its subject matter" (p.274).

So it was from broadly within the above approaches that this study sought rich descriptions of children's, young people's, parents'/carers' and professionals of both genders' experiences of Irish state/social systems' responses to child sexual abuse. Together with critical feminist interpretations of discourse, social structures and social texts, it situates the details of the specific or local alongside those of the broader social structural contexts within which child sexual abuse is conceptualised and responded to. I now turn to discuss sampling together with other issues relating to methods of data generation.

Sampling

The State and Child Sexual Abuse

To recap, the purpose of this study is to examine how the social problem of child sexual abuse is conceptualised and responded to within the Irish state and the Irish state child welfare system in particular, and the meanings these have for female and male children,

young people, parents/carers and related professionals both from within and without the Irish state child welfare system. The especial focus on the state child welfare system is justified since the sexual abuse of children is recognised by the state as a form of child abuse, and the state child welfare system is the arm of the state with specific responsibilities for child protection and welfare matters (Department of Health and Children, 1999).

Children, young people and parents/carers may come to the attention of other state and social systems when there are concerns about possible child sexual abuse, and such systems come under examination in the study as well. National child protection guidelines advise that when concerns of a child abuse nature come to the attention of individuals in the community or the professions, that they be reported to the relevant statutory authorities for investigation and assessment (Department of Health and Children, 1999). The named authorities consist of An Garda Siochana, i.e. the Irish police and the Health Service Executive, which incorporates the Irish state child welfare system, and such state systems have reporting and (to a much smaller degree) working relationships with each other when child abuse is suspected. Thus, the state recognises that the sexual abuse of children is a criminal offence; hence the police and the criminal justice system have tightly prescribed investigative and prosecutorial roles solely when a crime is suspected to have been committed.

The medical system may have a role in relation to the health issues for the child and/or family that may arise as a consequence of child sexual abuse, and individuals may come to the attention of the non-statutory sector in relation to their therapeutic needs as a consequence of child sexual abuse. The educational system too, by virtue of the fact that many children and young people spend much of the day within it as school pupils suggests that this is another site through which child sexual abuse may come to the attention of the state. Indeed, the educational system has a specific role in this area since it has introduced and conducts a child abuse prevention programme through the majority of schools in the country (*The Stay Safe Programme* (MacIntyre and Lawlor, 1991)).

In deciding then to examine how child sexual abuse is conceptualised and responded to within the Irish state and the Irish state child welfare system in particular, I considered that one of the best ways to do so would be to directly capture the lived experiences of state child welfare intervention and that of other state and social systems where applicable, from

the voices of the children, young people and parents/carers who experienced such interventions. Additionally, I considered that the perspectives of a range of key state child welfare professionals working in the area of child protection and welfare with responsibilities for the delivery of child sexual abuse-related interventions, together with the perspectives of professionals from a range of relevant state and social systems outside that of child welfare would be central in coming to understand how child sexual abuse is viewed and responded to within the state.

Supplementary to the experiences, views, attitudes, norms and beliefs of the individuals directly concerned both from within and without the state child welfare system, I considered that a further useful means to ascertain the ways in which child sexual abuse is conceptualised and responded to within the state was through an overview historical analysis of social structures (for example, the state child welfare system) and social texts in particular (for example, policy documents, professional procedurals, official reports, print media and other archives). In choosing to adopt a critical feminist interpretive approach, I wanted to look behind the established accounts and discourses in order to interrogate and deconstruct the taken-for granted assumptions associated with the state and child sexual abuse, as introduced in Chapter 1.

Individuals who Experience State Intervention in Relation to Child Sexual Abuse

Cases of child sexual abuse presenting to state and social systems nationally and internationally, statistically represent a minority of the cases of child sexual abuse that exist within the wider community (Ferguson, 2004, O'Riordan et al, 2003, Mc Gee et al, 2002, Bacon and Richardson, 2000, Itzin, 2000b, Hooper, 1992, Finkelhor, 1984, Summit, 1983). Indeed, national and international studies reveal that disclosure of child sexual abuse to *anybody* either to those located within formal state and social systems or within the family system is not the norm (McGee et al, 2002, Bolen et al, 2000, Travers, 1999, Gallagher, 1996, Hooper, 1992, Finkelhor, 1984, Summit, 1983, Sgroi, 1982).

Accordingly, in attempting to capture the lived experiences of individuals who came to state child welfare attention because of concerns relating to possible child sexual abuse, I was not seeking to make any representative claims in respect of the experiences of the wider population of children/young people and parents/carers for whom child sexual abuse is/was an aspect of their lives.

It was however my intention that the sampling strategy I employed (which I discuss shortly) would afford some degree of generalisation to be made about how the Irish state child welfare system conceptualises and responds to child sexual abuse. This is so for three reasons. Firstly, as discussed in Chapters 1 and 2, the site in which this study is located does not differ significantly from that of other branches of the state child welfare system either in organisational structure and composition or in its procedures in relation to child sexual abuse work. Secondly, branches of the state child welfare system in the Republic of Ireland, irrespective of their geographical location, are subject to the same requirements for example in terms of the legislation, social policy, official knowledge production and national guidelines in the conduct of child abuse and child sexual abuse work, specifically. Thirdly, and directly linked with both of the above, I had no reason to suppose that a sample of individuals who directly experienced state child welfare sexual abuse professional intervention in the study site (which comprises three counties in the Republic of Ireland, counties 'X', 'Y' and 'Z') would differ markedly from a similar sample elsewhere.

Attempting to make representation claims as to how child sexual abuse is conceptualised and responded to from within the wider Irish state is more problematic, and this is where a multi-method approach to data generation can be helpful. I return to this later.

Sampling and Selecting Individuals who Experienced State Intervention in Relation to Child Sexual Abuse

Thus, I was interested in accessing a sample of children, young people and parents/carers of both genders who were involved with one branch of the state child welfare system that of the study site, because of concerns to do with child sexual abuse.

In this way, I employed a weak version of theoretical or purposive sampling (Mason, 1996). Theoretical or purposive sampling means selecting

> *... groups or categories to study on the basis of their relevance to your research questions, your theoretical position and analytic framework, your analytic practice, and most importantly the explanation or account which you are developing. (p.94)*

I use the term 'weak' to designate the difference between strong or pure theoretical sampling, which is usually associated with the grounded theory approach to theory development (Strauss and Corbin, 1994).

I devised six criteria in relation to selecting a sample of individuals who had experienced state child welfare intervention in relation to possible child sexual abuse; (1) that the child/children and /or young person(s) had undergone a formal child sexual abuse assessment, since this was one of the key processes under inquiry, (2) that the child sexual abuse assessment interviews with the children had been video-recorded, (3) that the investigation and assessment for possible child sexual abuse in each individual case was complete i.e. that the state child welfare system had reached an outcome in respect of the concerns, in an attempt by me to facilitate a 'settling period' on behalf of the relevant individuals as well as to demarcate the distinctive nature of the research process, (4) that I had not known or worked in any direct capacity with the individual or their family prior to the research, in an attempt to minimise bias, (5) that there were no known current mental health issues on the part of potential research participants that could preclude them from participating in a fully informed capacity, and (6) that there were no known criminal legal proceedings pending in relation to any of the experiences under inquiry, in the event that the research encounter could adversely affect same. Returning to criterion (2), the region in which the present study is located introduced the use of video-recorded interviews as part of the child sexual abuse assessment process at different times in the mid to late 1990s across the three counties. This is now standard procedure. Thus in making this decision around the sample, I was attempting to impose a degree of order/standardisation to the research process, with a view to its possible implications for future state child welfare interventions in the area of child sexual abuse.

County X is where I had worked as a social worker mainly undertaking child sexual abuse assessments. For the purposes of sample selection, I decided to undertake a manual search through the administrative records of the child sexual abuse assessment unit in which I had been employed. Complying with the above criteria, 10 potential research 'cases' presented themselves. I wrote to 10 parent(s) informing them of the nature of the research, and related matters to do with anonymity and confidentiality and inviting their voluntary participation (Appendix 4). I enclosed a letter establishing my authenticity and very broadly the likely implications of participation (Appendix 5). I followed up with telephone calls/letters and/or home visits in order to discuss the study and what participation might entail in much greater depth, as appropriate. In all, the actual sample size came to five 'cases', out of which nine individuals with informed consent participated in the research.

In relation to accessing samples from counties Y and Z, I had meetings with the managers and professionals who worked in the respective counties' child sexual abuse assessment units. I asked such professionals, as per the above selection criteria, to submit the names and addresses of 'cases'/potential research participants to me. Adopting a similar approach to the county X sample, I did not advise professionals whom I consulted as to who the individuals were who eventually agreed to participate in the study, (nor those who declined). However this position changed in relation to some situations (as it had done in respect of the county X sample), and I return to this later.

I wrote directly to parent(s) and followed-up as appropriate, in the same way as I had done in relation to the county X sample. Out of a total of 12 potential research 'cases' in county Y, the actual sample size came to four, out of which nine individuals with informed consent participated in the research. Out of a total of six potential research 'cases' in county Z, the actual sample size came to five, out of which six individuals with informed consent participated.

In sum then, out of a possible regional sample size of 28 research 'cases', the actual sample size amounted to 14, from which a total of 24 individuals participated in the study over the period July 2001-July 2003. The sample comprised 13 mothers and one female relative foster carer, four fathers and two male carers, all ranging in age from early 20s' to mid 50s', one female child (aged 10 years) and three young women (aged 19 years, 21 years and 18 years respectively) who had experienced state intervention in relation to child sexual abuse whilst in their teens. The term 'carer' is used here to differentiate between the biological relationships to children usually implied by usage of the terms, 'mother' and 'father', and represents what Faller (1988) described as "...living together partners [who] are members of the family and often psychological parents..." (p.16). The vast majority of research participants were white and of Irish origin. In the interests of anonymity and owing to the small sample size, I cannot be more specific here. I did not ask research participants about their socio-economic status. However, a very crude means by which social class membership could be suggested is in relation to the dwellings people occupy (Mc Cafferty, 2005). Thus out of the 14 research 'cases' in the study, eight were those in which participants rented or owned local authority housing, and six were those in which research participants owned or rented private housing.

The Participation of Children and Young People in Research

In the original letter I sent to parent(s), I wrote that the study was equally interested in seeking the experiences and perspectives of children. I chose not to write directly to the children concerned in the first instance, and I waited until I met parent(s) before asking their permission to allow their child/children to participate in the study.

In deciding not to communicate directly with children in the first instance, I was adhering to state child welfare organisational norms in this respect that a worker does not seek to make contact with or talk to children about potentially sensitive issues without parental consent, unless there are compelling child protection reasons to do so. In the context of research, this stance is more problematic since it may (also) resonate of adocentrism. Adocentrism has at its root "...the power of adult society..." (Robinson and Kellett, 2004, p.90). Research has reflected and perpetuated this power imbalance by largely excluding children "...from offering their own perspectives in the research process" (Hogan, 1998, p.1).

In this study, out of a total of 14 research 'cases', there was the potential for 18 children and young people comprising five males and 13 females to participate. However, 10 'cases' were those in which parents denied their children's potential participation, because of their (parents) fears as described by them, that participation could re-traumatise the children by bringing back painful memories. I do not know if parents directly consulted with their children about their participating in the research, or if they simply spoke to me on their children's (or their own) behalf. This raises an ethical dilemma about children's and young people's rights to have their views sought and accorded due weight on matters that concern them, and the role of the researcher in this context (Hill, 1998, Goodenough et al, 2003). It occurs to me now that I should have anticipated this, and perhaps made more concerted efforts to understand parent(s)' specific concerns vis a vis individual children's participation. One of the tools I could have used in order to assist with this process might have been a specially prepared child/young person friendly leaflet outlining the research and implications of participation in clear, respectful and non-persuasive terms, the latter to facilitate children's and young people's equal right to dissent.

One of the implications for the study then is that most children's and young people's views come filtered through the accounts of their parent(s), with all of the limitations attendant to this.

Research in the area of child sexual abuse is by necessity highly sensitive, complex and indeed can be deeply emotive, and I note that my experience as a researcher attempting to capture the lived experiences of children and young people broadly in this respect is not singular. For instance, the work of Prior et al (1994) and McGee and Westcott (1996) exemplified similar difficulties in related studies. Equally of course, a factor specific to the present study that I must take into account is the possible influence my role as a statutory social worker with declared experience in child sexual abuse assessment work, had in relation to parents' decisions to deny their children's participation. Whilst I endeavoured with parents to clearly distinguish between research participation and that of child sexual abuse assessment, it is possible that some parents may have had lingering (and entirely reasonable) concerns that the processes might be similar. I return to this later.

Of the remaining four research 'cases', two (comprising an individual female and two female siblings) were those in which the children were no longer children. By this is meant that they met adult status in the Irish state by virtue of the fact that they were aged over 18 years. These three young women had experienced state child welfare intervention and that of other state and social systems in relation to child sexual abuse, whilst in their teens. I sought both parental and the (three) young women's informed consents in respect of their participation, and such consents were granted.

There were just two 'cases' in which children's (under the age of 18 years) participation was permitted by parents. One concerned a 10 year old female child who had experienced state child welfare intervention in relation to child sexual abuse when she was approximately seven. I secured this child's voluntary verbal assent to participate when we met, and re-established it when appropriate during the research encounter. The other 'case' concerned male and female siblings (Vincent and Una, not their real names), of aged eight and nine respectively when they experienced state child welfare intervention. However, I decided not to proceed with their participation in the research upon meeting Una whose non-verbal communications suggested to me that she was extremely fearful about engaging in the research process. This, combined with knowledge I accrued from research participation with Una and Vincent's mother, their female relative foster carer and their mother's male partner (who was the alleged perpetrator of child sexual abuse in this case) led me to decide against Vincent's participation in the research as well, in what I adjudged to be his best interests also.

It is then a further limitation of the study that male children, male young people and young men's participation did not turn out to be possible.

Robinson and Kellett (2004) cite Christensen and Prout (2002) who outline the ways that children and childhood have been identified in research. The research approach whereby children are perceived as social actors in their own right "...rather than 'parts' of an 'other' such as part of a family, part of a school, etc." (p.86) was the one that this study endorsed. Accordingly,

> *This research approach does not necessarily make a distinction between adults and children and there is no automatic assumption that methodologies will need to be adapted according to age or that different ethical standards will apply. (p.86)*

I discuss methods of data generation and ethics later.

Sampling and Selecting Professionals from Within the Irish State Child Welfare System

In combination with a sample of individuals who directly experienced state child welfare intervention in relation to possible child sexual abuse, I was interested in accessing a sample of professionals employed within the study site who have direct responsibilities for the delivery of child sexual abuse-related interventions. In so doing and in a similar way to the approach I adopted in relation to the 'lived experience' sample, I employed a weak version of theoretical or purposive sampling (Mason, 1996).

I devised four criteria in relation to selecting a sample of state child welfare professionals; (1) that such individuals were professionally employed within the branch of the state child welfare system in which the study was located, in keeping with the permission granted me to seek their participation during office hours, (2) that such professionals had direct responsibilities for the delivery of child sexual abuse-related interventions, and in this way were the actors most likely to have worked on behalf of individuals generally coming to state attention because of concerns relating to possible child sexual abuse, (3) that such professionals worked at different grades of the system, in an attempt to capture a potential range of experiences and perspectives in relation to the work, and (4) that I had not worked directly with any of the individual participating professionals prior to the research in cases of possible child sexual abuse, in an attempt to minimise bias.

The sample selection criteria I employed narrowed the range of potential research participants largely to those from within social work and closely allied professions, for example, family support and community child care. However, the criteria also afforded the potential participation of professionals such as child care managers, child psychiatrists and clinical psychologists. I do not think that this in itself is a limitation of the study, rather a reflection of a wider picture in which social work has become the central profession involved on the part of the Irish state in such child protection and welfare work as that to do with child sexual abuse (Skehill, 2005).

This notwithstanding, the professional sample had two distinct limitations. Firstly, the centrality of the social work profession in child protection and welfare work in the study site (as elsewhere) meant that there were not comparable numbers of potential research participants to access from other professions, such as family support, community child care, clinical psychology and child psychiatry for example. The second limitation and related to that of the first, concerned my insider status. It was very difficult for me having worked in the study site (and local social services) for some 14 years, to identify reasonable numbers of potential participants across the professions and grades that I sought, with whom I had not worked. In this regard, I decided against possibly skewing a sample towards say, community based child protection social workers, many of whom across the region I have not worked with before. In this way, I decided upon an approach that sought a more rounded picture from the perspectives of the range of professionals most likely to have worked on behalf of individuals generally coming to state child welfare attention because of concerns relating to possible child sexual abuse.

I directly contacted 10 individual professionals from across the three counties, seeking to facilitate a (very small) degree of representation from each county, within the confines of the limitations I have set out above. I spoke in detail about the nature of the research and issues to do with confidentiality and anonymity. I sought voluntary participations at the point I initially made contact, and when I met with individual professionals in a similar way as before, I showed a letter establishing my authenticity and very broadly the likely implications of participation (Appendix 5). I sought to ensure that professionals were freely giving their informed consents to participate. Seven individual professionals consented to participate.

The professional sample then comprised two regional posts (that pertaining to the field of child psychiatry and what I will term here, in the interests of preserving this person's anonymity, 'senior practice management'), two posts from within county X (that of community based social work team leader and what I will term here, 'professional member of a social work team'), two posts from within county Y (that of community based child protection social work and what I will term here as 'professional who works with children and families in the community') and one post from within county Z (what I will term here as 'senior strategic management'). Five women and two men participated in the research over the period November 2004-March 2005. Participants were white and were of Irish origin in the main. For reasons associated with anonymity I will not specify further here.

Sampling and Selecting Professionals from Irish State and Social Systems Outside that of State Child Welfare

In an attempt to further enrich understandings as to how child sexual abuse is conceptualised and responded to within Irish state and social systems, I considered it beneficial to sample professionals from a range of relevant systems outside that of state child welfare (and across the three counties of the study region). The potential benefits to the study of such participants lay in both their specific roles, and in their general responsibilities on behalf of the state in relation to individuals coming to their attention because of concerns relating to possible child sexual abuse. In respect of the latter, I am referring here to the responsibilities laid down in *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999), as discussed earlier.

Thus, I considered it beneficial to seek the perspectives of professionals from such key state and social systems as An Garda Siochana (the Irish police), the medical system, the educational system, the legal system, and the non-statutory sector; including child therapy organisations, Rape Crisis Centres and Women's Refuges. Accordingly, and in keeping with the approach to sampling and selecting the populations I described earlier, I employed a weak version of theoretical or purposive sampling (Mason, 1996).

I devised two criteria in relation to selecting a sample of professionals from outside of the state child welfare system; (1) that the systems in which they worked by virtue either of their specific remit or their general responsibilities rendered it feasible that some children and families would come to their attention because of concerns in relation to possible child

sexual abuse, and (2) that I had not worked in any capacity prior to the research with the professionals from such state and social systems whose participation I was seeking to procure, in an attempt to minimise bias.

I addressed letters to four agencies from within the non-statutory sector, and three individual professions working within respectively, An Garda Siochana, the educational system and the medical system. I made direct telephone contact with a professional from the legal system with whom I was acquainted. The letters and telephone call sought to inform of the nature of the research and related matters to do with anonymity and confidentiality, and invited voluntary participation (Appendix 6). As before, I forwarded a letter establishing my authenticity and very broadly the likely implications of participation (Appendix 5).

I followed up with telephone calls/letters/emails and/or office visits in order to discuss the study and what participation might entail in much greater depth, as appropriate. In all, seven professionals comprising four women and three men from Irish state and social systems outside that of child welfare, participated with informed consent in the study. They did so over the period October 2004-March 2005. All save one participant were white and all save one were of Irish origin. For reasons associated with anonymity, I will not specify further here. Such professionals constituted as follows; a senior member of An Garda Siochana (who requested that their rank not be revealed, and from which county I cannot specify in the interests of preserving their anonymity), a Senior Counsel (from the legal system), a school principal of a co-educational primary school (working in county X), a General Practitioner (working in county Y), a child care worker from a 'voluntary organisation from within the [Research Site geographical region] that works with women survivors of domestic abuse and their children' (from which county I cannot specify in the interests of preserving their anonymity), a counsellor from the Rape Crisis Centre (a regional service) and a therapist from The CARI Foundation (a regional service). Such professionals worked in their present posts for periods of three years to 18 years, most had prior experience in related positions and some had worked in separate jurisdictions as well.

Documentary Data

As a supplementary method by which to generate data in relation to how child sexual abuse is conceptualised and responded to within the Irish state, I considered it beneficial to select a sample of social texts; - documents and cultural records to interpret.

People in general and professionals in particular operate in neither cultural nor organisational vacuums. Professional responses to child sexual abuse for instance, are formally underpinned by the obligations, requirements and recommendations associated with *inter alia*, the law, social policy, professional guidelines/procedurals/protocols, programmes and official knowledge, handed down to most professionals in (most usually) text-based formats. Simultaneously, such textual materials themselves refer "...however tangentially or at one remove – to other realities and domains" (Atkinson and Coffey, 1997, p.55). As Prior (1997) noted "Textually ordered knowledge packages and stabilizes the order of things as they appear within a wider realm of discourse" (p.67).

By the time such obligations, requirements and recommendations reach the professional, their production processes are often oblique as to who (in terms of gender/race/class/occupation) created such documents and on what basis did they do so (who commissioned them, who funded them). Additionally, it is often oblique as to what functions were attendant to the production of documents at particular points in time, and whether they could they have been produced differently, and if so, why was one way of doing so privileged over another. Furthermore, other areas of interest are to do with the meanings that are being produced both within and between documents (and systems), whether they are consistent or contradictory, or whether there are elements of both and why. Additionally, of interest is how documents relate to the historical antecedents of the systems from which they now emerge, and whether there is a broader world view(s) to which they are complementary or antagonistic.

So it was that I saw the merits to such a study as the present of interpreting text-based documents, and in so doing perhaps coming closer to another understanding (alongside those of the people directly involved, both 'consumers' and 'service providers') of the state's role in relation to how child sexual abuse is conceptualised and responded to. I realised that it was unlikely that interpreting a sample of text-based documents would provide all the answers to the questions I posed above, nor did I expect it to. It was rather, my expectation that by conceptualising and 'reading' texts in another way to that of the

literal; alternative meanings and understandings would be generated from those officially sanctioned by Irish state and social systems.

The interpretation of a range of social texts is also an important means by which one can approach issues to do for instance, with state power and the construction and maintenance of dominant ideologies, discourses and structures in relation to matters such as child sexual abuse. As Hodder (2000) contends

> *The writing down of words often allows language and meanings to be controlled more effectively, and to be linked to strategies of centralization and codification. The word, concretized or "made flesh" in the artifact, can transcend context and gather through time extended symbolic connotations. The word made enduring in artifacts has an important role to play in both secular and religious processes of the legitimation of power. (p.704)*

I devised one criterion in relation to selecting a sample of existing social texts namely; by virtue of their (actual or implied) authorship, their (actual or implied) readership (Atkinson and Coffey, 1997) and their subject matter that they would individually and collectively have meanings in relation to the ways in which child sexual abuse is conceptualised and responded to within the Irish state. Consequently as outlined earlier, since child sexual abuse is predominantly treated as a welfare problem by the Irish state, textual materials come in the main, from the Department of Health and Children, and its predecessor the Department of Health. Whilst the majority of materials that I selected are text-based documents, the Irish child abuse prevention programme, *The Stay Safe Programme* (MacIntyre and Lawlor/Department of Health, 1991) contains such non-text based elements as audio and video representations.

Whilst every process of selection is a form of analysis in its own right (and I discuss how I analysed all of the data generated from within this study below), I begin by detailing here the individual documents I selected for interpretation.

National Child Protection Guidelines
Children First National Guidelines for the Protection and Welfare of Children (Department of Health and Children, 1999).

Our Duty to Care The principles of good practice for the protection of children and young people (Department of Health and Children, undated).

Child Abuse Guidelines: Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse (Department of Health, 1987).

Child Protection Guidelines and Procedures (Department of Education and Science, 2001).

Regional Child Protection Professional Procedurals and Protocols
Procedures For Undertaking Child Protection Needs Assessment (CSA) ([Research Site], undated).

Child Sexual Abuse Assessment Policy Protocols Forms ([Research Site], November 2003).

CARI Policy Document (The CARI Foundation, January 2005).

National Foster Care Guidelines
Report of the Working Group on Foster Care: Foster Care A Child Centred Partnership (Department of Health and Children, 2001).

Regional Foster Care Guidelines
Safe Care in Foster Care ([Research Site] and Irish Foster Care Association, undated).

Official Reports
Review of Childcare and Family Support Services, ([Research Site], 2004).

Review of Childcare and Family Support Services, ([Research Site], 2003).

Review of Child Care and Family Support Services, ([Research Site], 2002).

Review of Child Care and Family Support Services, ([Research Site], 2001).

Review of Child Care and Family Support Services, ([Research Site], 2000).

Review of Child Care and Family Support Services, ([Research Site], 1999).

Review of Child Care and Family Support Services, ([Research Site], 1998).

Annual Report 2004, The CARI Foundation.

Annual Report 2003, The CARI Foundation.

National Child Abuse Prevention Programme
The Stay Safe Programme, (MacIntyre, D. and M. Lawlor, Department of Health, 1991).

Education or Manipulation: What's Going on in Irish Schools Today? Part II How Safe is Stay Safe? Booklet published by Irish Educational Research, 1995.

Stay Safe Child Abuse Prevention Programme A Second Opinion Report written by Rev. Brian Gogan CSSp published by The Education Bureau, Dublin (undated).

Irish print media; randomly chosen national, regional, local newspaper coverage and coverage by religious publications surrounding the introduction and implementation of *The Stay Safe Programme* in Irish primary schools, 1992-1995 (inclusive).

Local Archives
Child sexual abuse assessment reports, 1989-2005 (inclusive) from one assessment unit from within the study site.

I selected to interpret the above under three distinct categories thus; (a) child sexual abuse assessment report titles, (b) child sexual abuse assessment team compositions, and (c) the language of child sexual abuse assessment report conclusions.

Corporate Newsletters
Developing the Health Service Executive Transition Planning – Phase 2 Handover of the delivery system to the National Directors June 15th 2005 (Health Service Executive, 2005).

The Methods of Data Generation

The previous section has been concerned with issues of sampling and selection. For now, I turn to discuss the method of data generation I chose in relation to the people who participated in this study. I return to discuss the social texts I selected under the forthcoming section concerned with methods of data analysis. Whilst I acknowledge Dingwall's (1997) critique of interviews as a method of data generation (he saw research interviews as little more than the production of 'accounts' in which people are cast in the role of 'respondents' and must be seen to perform adequately as such), his favoured method that of observation, did not appear to me to be suitable to the study. This was so for two reasons. Firstly, a study such as the present concerned as it was with a topic fraught with ethical dilemmas such as harm, privacy, exposure and confidentiality precluded a method that as I saw it, avoids grappling with the ethics of people at immediately vulnerable points in their lives revealing aspects of themselves to (another) form of surveillance in ways that they might later regret. Secondly, my insider status as a social worker who had worked for many years in the assessment of child sexual abuse within the study site was such that I was of course familiar with the organisational setting, the interactions, the behaviours, the sense-making activities (Buckley, 2003), the processes and procedures that constitute the "...everyday life being brought into being" (Dingwall, 1997, p.61) of child sexual abuse interventions. The purpose of this study was to look *behind* such productions in order to understand the attitudes, views, norms and

beliefs held by key professionals towards the issue of child sexual abuse and which feature in their interventions; constructs arguably not straightforwardly accessible through observation. So it was for this study that I considered the merits of the interview method of data generation.

The Interview

The choice of interview type for the researcher includes structured, semi-structured or unstructured, formal or informal, face to face, one to one or in groups (O'Leary, 2004, Hancock, 1998). For the purposes of this study, I considered in-depth, loosely structured, informal and employing open-ended questions, face-to-face interviews with individuals to be the most appropriate method of data generation.

Choice of method was inextricably linked to the research questions that guided the study and the sensitive, emotive and often intensely personal nature of the topics under inquiry. Accordingly, this precluded a formal approach to interviews characterised by standardisation of questions and format since I was interested in understanding a range of experiences, meanings, attitudes, norms and beliefs from interacting with a variety of gendered individuals who had perspectives on different aspects of how Irish state and social systems conceptualise and respond to child sexual abuse. This is in keeping with a feminist approach to research generally and the interview paradigm specifically, such that participants' voices are freed from patriarchal concerns such as those to do with coding answers "...and therefore presenting limited, dichotomous choices" (Fontana and Frey, 1994, p.369).

In-depth, loosely structured, face-to-face forms of interviewing were favoured in order to facilitate flexibility and sensitivity to "...the specific dynamics of each interaction..." (Mason, 1996, p.40). I considered such an approach to be eminently suitable to the study since it can accommodate the interviewer's interests in particular themes whilst simultaneously being responsive to research participants' verbal and non-verbal cues as to what is relevant to them, and in this way open up unanticipated avenues of rich exploration (ibid.). This is entirely consistent with a phenomenological commitment to "...maintaining the integrity of the phenomena and preserving the viewpoint of the subjects as expressed in their everyday language..." (Fontana and Frey, 1994, p.370).

Moreover, such a method has crucial merit in a study such as the present since it also genuinely affords participants control over what is discussed (and not discussed). Equally,

it affords participants control in relation to the breadth and depth of their engagement in the research process, ethical prerequisites, as I saw it in a study about a topic like child sexual abuse in which relations of power and control are central.

The particular sensitivity and emotionality of the topics under inquiry necessitated then an approach to data generation such as depth interviewing that could facilitate trust and open communication between the interviewer and interviewees, and in this way go beyond one-sided data elicitation. This too is consistent with feminist research and it has moral, ethical and methodological significance for the study. As Fontana and Frey (1994) wrote:

> *... the emphasis is shifting to allow the development of a closer relation between interviewer and respondent, attempting to minimize status differences and doing away with the traditional hierarchical situation in interviewing. Interviewers can show their human side and answer questions and express feelings. Methodologically, this new approach provides a greater spectrum of responses and a greater insight into respondents...because it encourages them to control the sequencing and the language of the interview and also allows them the freedom of open-ended responses.... (p.370)*

Simultaneously, there is an explicit recognition that "...the character of the research relationship..." (Clandinin and Connelly, 1994, p.419) i.e. that established between the researcher and individual participant will affect the degree to which interviews vary in focus in ways which include "...the particular events narrated and in the emotional quality that appears [in data]" (p.419).

In-depth interviewing as an approach to constructing explanations about social meaning emphasises "...depth, complexity and roundedness in data, rather than the kind of broad surveys of surface patterns which, for example, questionnaires might provide" (Mason, 1996, p.41). Accordingly, how child sexual abuse is conceptualised and responded to within state and social systems and the meanings these represent for individual children, young people, parents, carers and professionals of both genders, requires that people's accounts and experiences are understood holistically, as opposed to a more "...superficial analysis of surface comparability between accounts of large numbers of people" (p.41).

For very specific ethical concerns in relation to privacy and confidentiality due to the nature of the topics under inquiry, I decided not to pursue the option of a group interview method. 38 people participated then in interviews in the present research. All save one interview

were individual face-to-face encounters, the exception being a face-to- face interview with a male and female couple who elected to participate together.

Interviews took place in venues chosen by interviewees. The only criterion I had in this regard centred on ensuring that no interviews took place in state child welfare premises in which child sexual abuse assessments occurred. I considered this criterion as significant in the distinction it potentially afforded research participants (specifically individuals who directly experienced state child welfare intervention) between the research encounter and that of child sexual abuse assessment. Thus interviews took place variously at people's homes, at other health board rooms, at my office and in people's offices/places of work.

Six interviews lasted between 1 hour 25 minutes and 1 hour 40 minutes in duration. Twelve lasted between 1 hour 2 minutes and 1 hour 19 minutes, 10 between 47 minutes and 1 hour, six between 39 minutes and 44 minutes and three interviews lasted between 26 minutes and 30 minutes in duration. Interviews were audio-recorded on mini-disc by consent.

As a tool to assist with the interviews I devised topic guides, which acted as aide memoirs for me. The topic guide in respect of the 'lived experience' sample encompassed themes I was interested in exploring during interviews such as experiences and meanings associated with the discovery or disclosure of child sexual abuse, those associated with 'help-seeking', those associated with state child welfare professional intervention and those experiences and meanings associated with the interventions of professionals from other state and social systems outside that of child welfare (Appendix 7).

The topic guide in respect of the 'professionals sample' encompassed themes I was interested in exploring during interviews such as experiences and meanings associated with own professional intervention in cases of possible child sexual abuse, and experiences and meanings associated with other state and social system's professional interventions in cases of possible child sexual abuse (Appendix 7). In effect, such explorations very often occurred during interviews with individuals from the 'professionals' sample through their accounts of specific cases in which they were involved. Due regard to confidentiality was observed at all times. It is important to note here that at no point did discussions ever occur in relation to any of the 14 state child welfare cases that comprised the 'lived experience' sample.

I conducted one pilot interview before the fieldwork proper began. This was with a woman with whom I had worked previously in relation to a child sexual abuse assessment in respect of her daughter. The pilot study with a woman I knew in this context proved valuable in demonstrating the necessity of an in-depth interview approach to data generation. This was so because by its very lack of structure it tended to minimise the influence any assumptions I had by virtue of being familiar with the 'case', from overly interfering with the research process. In addition, the pilot interview was helpful in alerting me to some of the technological difficulties associated with audio recording interviews.

The Ethics of the Inquiry

I have made reference to ethical issues throughout this chapter since every decision that is made in relation to the research process (and indeed the research products, which I discuss below) has ethical implications.

Denzin and Lincoln (1994c) wrote of the ethical positions or stances that have been historically and contemporaneously followed by researchers, one of which is termed the consequentialist model. The consequentialist model, according to Denzin and Lincoln is one that is built upon (and influenced by feminist) principles including mutual respect, non-coercion and non-manipulation, the support of democratic values and institutions "...and the belief that every research act implies moral and ethical decisions that are contextual" (p. 21). The consequentialist model, according to Denzin and Lincoln

> *... presumes that investigators are committed to an ethic that stresses personal accountability, caring, the value of individual expressiveness, the capacity for empathy, and the sharing of emotionality.... (p.22)*

This was the ethical stance that I followed in relation to the study. Punch (1994) observed that ethical issues essentially revolve around "...issues of harm, consent, deception, privacy, and confidentiality of data" (p.89). I have discussed all of the above issues throughout this chapter in varying degrees of depth. It seems timely to return to some before I proceed to outline how individual research interactions were analysed, interpreted and presented by the researcher in order to produce social explanations about the Irish state and child sexual abuse.

Harm

Harm in the research context is a broad concept encompassing the physical, psychological and emotional damages that can be perpetrated on or otherwise occur to participants in the course of a study. O'Leary (2004) contends "...any type of harm, including damage to self-esteem or self-respect, should be ethically and/or morally unacceptable" (p.54).

The issue of harm has acute relevance to a study such as the present where the central topic of inquiry relates to child sexual abuse, a very distinct form of damage with varying degrees over time of physical, psychological and emotional harms for all who are exposed to it. By exposure to child sexual abuse, I am referring here to people who have directly themselves and/or indirectly (through their children) experienced child sexual abuse, as well as people who work in the field and who may or may not have direct or indirect personal experiences of child sexual abuse.

This study actively attempted to avoid harm of any kind to befall participants. Indeed, this was at the core of every decision I took, and I have documented this above.

The issue of harm continued to surface for me throughout the fieldwork and the interviews in particular, where the potential parallels between research interviews and child sexual abuse assessments for instance, were a source of anxiety for me. This is not to suggest here that child sexual abuse assessments are necessarily harmful. Rather, I was anxious not to replicate a dynamic in which difficult, if not traumatic events were once again detailed to a state child welfare employee who was perceived, or experienced to be, in a position of power to adjudicate upon their veracity. Fundamentally, this required as I saw it, six processes. Firstly, my active separation of the two both temporally and geographically (as outlined earlier). Secondly, satisfying myself that participants were clear about the differences between research participation and child sexual abuse assessment through explicit and frequent communications to this effect. Thirdly, establishing and re-establishing voluntary assents in relation to participation. Fourthly, facilitating interactive, empowering modes of communication. Fifthly, establishing and re-establishing participants' rights to refuse to answer any questions that I posed, and being sensitive to non-verbal cues that could indicate unease. Finally, revealing my care, concern and empathy towards participants. Whilst the earlier part of this paragraph pertains to the 'lived experience' sample in the main, it is important to stress that I adhered to the same principles of engagement in my interactions with the 'professionals' sample.

The nature of the present research concerned as it was with experiences, meanings and understandings attached to child sexual abuse and state/social systems responses was bound almost by necessity, to invoke powerful emotions. It was certainly the case that participants both from the 'lived experience' sample and from the 'professionals' sample shared verbally and non-verbally a range of emotions including deep sadness, anger, uncertainty, love, bewilderment, frustration, ambivalence, rejection, fear, anxiety, relief, joy, regret and disgust. Participants also assumed emotionally charged stances in relation to the topics under inquiry including positions of care, empathy, social justice, outrage, denial, detachment, defense, critical reflexivity and judgement. I have chosen to mention the emotionality that was inherent to this study under the subheading 'harm' not because I believe that emotional displays are necessarily harmful, rather that they have the potential to become so if not treated responsibly and respectfully. Thus, in the mutually created environment of respect, dignity and affirmation that characterised every individual research encounter, I am satisfied that nobody was harmed through displaying aspects of their emotional selves. In addition, not one of the 38 research participants either verbalised, or otherwise indicated to me that they regretted participating, and I believe that the character of the research relationships established between myself and participants was such that people could and did communicate in open and empowering ways. This included, for example, challenging me as to understandings/interpretations I was reaching. In this way then, whilst I am respectful of the fact that a handful of adults established from the start, clear parameters around the extent of their participation for reasons that were not always clear to me, I am satisfied that people were not harmed by the research encounter.

The concept of harm in research in the area of child abuse also extends as I see it to the responsibilities on the researcher to act in relation to any suggestion that children and/or their parent(s)/carer(s) may be currently vulnerable or previously harmed through the actions of others. I explicitly advised research participants in the first instance that should information of this nature come to my attention that I would feel obliged to act upon it. This did occur in a small number of situations in a spirit of openness and respect. It was the case that no child or young person disclosed during research participation that they were currently being sexually abused. I had considered the potential for this to occur, however and I decided that should a disclosure be made to me that I would cease the research process by verbalising same and by turning off the recording device. I would attend to and listen to the child/young person, and advise they tell a significant adult in their lives. I

would offer to assist with that process, as appropriate. In addition, I would advise the child/young person making a disclosure of child sexual abuse to me that because of my ethical responsibilities to respond appropriately to a disclosure (as per *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999)), that I would similarly have to speak to another adult, either an HSE social worker or a Garda, as appropriate. If it was in the participant's best safety and welfare interests, and informed consents were assured, I may then seek to reschedule the research interview at a later date.

Privacy and Confidentiality of Data

The purpose of this research, concerned as it was with exploring the issue of child sexual abuse and the responses of Irish state and social systems necessitated an examination of issues perhaps of the most personal and confidential kind. This notwithstanding, there were limits I felt that required to be observed in relation to the kinds of private information that I deemed it appropriate to ask of participants. For example, I never asked parents/carers/professionals whether they had been sexually abused themselves in childhood, nor did I ask them about the personal dimensions of their lives with their partners. However, many participants chose to share such details with me and their relevance to the study at hand was undeniable, therefore they were included in the study.

As evidenced throughout this chapter, I employed various safeguards by which to protect the privacy and identity of research participants. Further, in keeping with convention on confidentiality and identity (Punch, 1994), all individual participants are anonymised in the research report. Participants from the 'lived experience' sample were allocated fictitious names according to letters of the alphabet and individual participants from the 'professionals' sample had key identifiable elements removed in relation to their posts.

The Methods of Analysis

I now discuss the methods of analysis I employed in relation to the data generated both from the interview sample and from the sample of documents I selected. I begin with the former.

Issues Pertaining to the Analysis and Interpretation of Qualitative Interview Data

Critical feminist research at the point of analysis, interpretation and presentation of the findings generated through the research process centres on the task of

> *... bringing particular experience into focus, but in a way that grounds it contextually through a consideration of the larger political, economic, social and linguistic forces that shape it. (Kincheloe and McLaren, 1994, p.149)*

Crucially, according to Kincheloe and McLaren "Particular experiences, critical researchers maintain, must be respected but always made theoretically problematic" (p.149).

This position not alone has analytical ramifications, but potential social justice implications as well for a study such as the present, concerned as it was with child sexual abuse and the responses of Irish state/social systems since it assumes that

> *... merely taking experience into account does not reflect on how that experience came to be...oppressive systems are replicated rather than criticized in the unquestioning reliance on experience. (Olesen, 1994, p.167)*

Thus, it was my aim in the study to provide a faithful version of the individual, diverse local stories of research participants whilst being attentive to the contextual specificities of their production. Simultaneously, to take into consideration "...the overdetermining characteristics of larger institutional and social structures"(Kincheloe and McLaren, 1994, p.146) that frame such experiences.

So it is I turn now to address issues of voice. This research reported throughout its text, the multiple voices of participants as well as the multiple subject positions they occupied in relation to child sexual abuse and the responses of Irish state and social systems. This was opposed to collapsing participants' perspectives, subject positions and positionalities and reporting them as one through the interpretation of the researcher (Trinder, 1996, Fontana and Frey, 1994). The importance of so doing was to render explicit the diverse views individuals held in regard to such phenomena, and individuals' different perspectives according to *inter alia* whether they had directly or indirectly experienced professional intervention in relation to possible child sexual abuse as 'consumers' of services or 'providers' of services. This included perspectives from participants' positions for example

as mothers/fathers/daughters/partners/siblings/confidants/advocates, as well as the distinct ways in which participants' experiences were mediated through for example, age, gender, class. In addition, by not privileging unity over diversity (Kincheloe and McLaren, 1994), the researcher's influence was minimised in one way, in relation to the findings "...the multiple perspectives of the various subjects are reported and difficulties and problems encountered are discussed, rather than glossed over" (Fontana and Frey, 1994, p.369). Simultaneously, I have sought to critically examine my own positionality and biography and its influence on the research process. Together, such considerations clearly implicated me in the data that were generated. At various points throughout the research report, I have captured and expressed my role in the process of data generation, when for instance I use my own voice in tandem with individual participants, as reflected in extracts of their narratives. I return to discuss all of the above in relation to data analysis, interpretation and presentation shortly.

I have above addressed the dangers of appropriating individual voices to reflect group perspective, experience or behaviour. I turn now to briefly discuss the researcher's use of voices in the research report through the pieces or extracts of narratives selected by her. Reflecting and presenting voice is a problematic endeavour for critical feminist researchers, since inherent to such selection processes are issues of power and control (Olesen, 1994). Ways that go some distance towards the ethical use of voices have been identified as follows by feminist researchers to include, verbatim dialogic accounts of both researcher and (individual) participant's voices, the construction of an extended multi-voiced text and the narrator's selection of materials for the research account in ways in which various participants voices are heard on various issues (ibid.). I chose the latter means, for pragmatic reasons associated with the time-limited nature of the circumstances by which I could engage in the research process. Additionally, I took into consideration the audience in respect of whom this report has been prepared and the attendant strictures in this regard, for example to do with word-count.

Thus throughout the report, individual participants voices are reflected and presented in relation to a range of issues. The form this took varied from direct verbatim accounts transcribed from their original narratives, to summaries I prepared of extracts from the original narratives. In both cases, I endeavoured to faithfully represent the meanings associated with participants' accounts by not decontextualising accounts and by staying close to the (full) data in order to avoid distortion.

The authority/function by which voices of participants were used by me in the research account varied according to whether such usage served to represent or illustrate in a literal way, or signify in an interpretive sense, the understandings and explanations that I was reaching in relation to the research questions.

The Process of Analysis

We have seen earlier that 37 face-to-face in-depth interviews were conducted for the purposes of this study, and all were audio-recorded on mini-disc. The mini-disc device is a small, unobtrusive means by which to secure exceptionally high-quality audio records. Hancock (1998) observes that audio-recording "...ensures that the whole interview is captured and provides complete data for analysis so cues that were missed the first time can be recognised when listening to the recording" (p.14). Audio recordings were supplemented by hand written notes as to the observations I made during individual research encounters, concerning the full range of verbal and non-verbal modes of communication that featured in the interaction.

I used a technique known as 'tape analysis', which essentially means taking notes from a play back of the recorded interview (Hancock, 1998). All audio recordings were listened to in their entirety on four occasions, and elements of all were listened to again on several more occasions. Detailed notes were taken throughout, and verbatim accounts were selected and fully transcribed in all cases. In addition, five full transcripts of interview data were produced, read through and annotated on many occasions. Notes and transcriptions incorporated transferring not simply the words that were used from disc to page, but also attending to and recording many aspects of vocal expression including details of intonation, prosody and pause (Peräkylä, 1997).

Coding and Analysis

'Readings' of the data were undertaken on three levels, that of the literal, the interpretive and the reflexive (Mason, 1996). I adopted a cross-sectional and categorical indexing approach to data organisation (Mason, 1996), whereby I manually searched for patterns and themes which occurred within the whole of both of the data sets (the 'lived experience' sample and the 'professionals' sample), constructing categories and themes according to the three levels of 'readings' I undertook. As discussed in depth earlier, my general interpretive perspective towards qualitative interview data was informed by critical feminist

principles, in combination with elements of phenomenology to assist in the analytic endeavour.

Literal classificatory categories in respect of the 'lived experience' sample documented themes relating to *inter alia*, gender, family composition, nature of the alleged child sexual abuse, nature of professional services sought and/or received and outcomes of state child welfare child sexual abuse assessments.

Interpretive classificatory categories in respect of the 'lived experience' sample related to *inter alia*, child sexual abuse narratives (used to convey normative understandings), 'family' narratives and 'help-seeking' /'help-receiving' experiences.

Themes from interviewees' interpretations and understandings incorporated those pertaining to *inter alia*, mothers and fathers roles when child sexual abuse is suspected, availability of professional help, professional conduct around actual/possible child sexual abuse, legacy of actual/possible child sexual abuse and legacy of state/social systems' interventions.

Themes from my interpretive readings of the data incorporated those pertaining to *inter alia*, prevailing discourses associated with child sexual abuse and with motherhood, the emotionality attached to actual/possible child sexual abuse and that attached to state/social systems' responses to the issue and the mismatch between what people who have lived experiences of actual/possible child sexual abuse want and what they receive from state/social systems.

Reflexive classificatory categories aimed at exploring my role in the process of generating data, here in respect of the 'lived experience' sample documented themes relating to empathy, affirmation and dialogue.

'Readings' of the qualitative interview data in respect of the 'professionals' sample pertaining to the literal, categorised such themes as *inter alia*, gender and nature/extent of professional exposure to child sexual abuse.

Interpretive classificatory categories in respect of the 'professionals' sample related to *inter alia*, child sexual abuse discourses, working relations between own and other Irish state/ social systems and the role of statutory professional guidelines.

Themes from interviewees' interpretations and understandings incorporated *inter alia*, those pertaining to the distinctive nature of child sexual abuse as a form of child abuse, the emotionality attached to the issue and professional ownership.

Themes from my interpretive readings of the data incorporated *inter alia*, those pertaining to dominant discourses associated with child sexual abuse and with motherhood, Irish state child welfare system 'gate keeping' activities and the mismatch between what people who have lived experiences of actual/possible child sexual abuse want and what they receive from state/social systems.

Reflexive classificatory categories aimed at exploring my role in the process of generating data, here in respect of the 'professionals' sample documented themes relating to empathy, affirmation and insider status.

In addition to cross-sectional categorical indexing, I undertook non-cross-sectional data organisation which involved

> *... looking at discrete parts, bits or units within* [the] *data set, and documenting something about those parts specifically. In that sense, it is a practice guided by a search both for the* <u>*particular*</u> [original emphasis] *rather than the common or consistent, and the* <u>*holistic*</u> [original emphasis] *rather than the cross-sectional. (Mason, 1996, p.128)*

My reason for choosing to employ this method in addition to cross-sectional indexing was aligned with the wish to understand the distinctiveness of different parts of my data sets, in all their complexity.

Non-cross-sectional data organisation as an approach, requires the selection of data organizing principles and data 'units' meaningful to the study at hand (Mason, 1996). The case study is one example of a non-cross-sectional organising principle, whilst examples of data 'units' include people, documents, laws and policies (ibid.). Mason (1996) usefully pointed out that one does not have to be conducting 'case study research' (Stake, 1994) in order to identify case studies within data sets for analytical purposes, enabling 'real life events' and other sequences to be investigated holistically.

I manually searched within both data sets for themes and processes, issues and topics that did not appear cross-sectionally in my data sets. 'Readings' of the data for the

purposes of non-cross-sectional data organisation were, as before, undertaken at literal, interpretive and reflexive levels.

Data from the 'lived experience' sample that did not appear cross-sectionally across the data set incorporated 'real life events' concerning the actual/possible sexual abuse of younger children, the actual/possible sexual abuse of children in custody and access disputes and the experiences of providing foster care to children who have possibly been sexually abused.

Data from the 'professionals' sample that did not appear cross-sectionally across the data set incorporated 'holistic sequences' concerning the prevention of child sexual abuse, processes concerning the new state child welfare (regional) procedures that have been put in place to respond to child sexual abuse, and processes concerning 'official' (state child welfare) knowledge production. By 'holistic sequences', I am referring here to the principle within non-cross-sectional data organisation of identifying sequences that do not map directly onto 'real life events' (Mason, 1996).

The Interpretation of Social Texts: Documents and Cultural Records

I detailed earlier the social texts that were produced over time (1987-2005) in the Irish state that I selected for analytic purposes.

As before, 'readings' of the data were undertaken on three levels, that of the literal, the interpretive and the reflexive (Mason, 1996). For analytic purposes, I organised and categorised such materials according to their (literal) types, forms and functions. This stage of the analytic process was influenced by semiotics, a perspective concerned with "...how documents can be examined as systems of conventional signs and modes of representation..." (Atkinson and Coffey, 1997, p.48).

'Types' of social texts categorised text-based documents as well as documents that were text-based but incorporated non text-based elements, such as audio and video representations. For the purposes of the present research, there was only one example of the latter, that of *The Stay Safe Programme*.

'Forms' of social texts categorised 'institutional documents' (Atkinson and Coffey, 1997) such as 'official' documents, 'official' reports and 'official' records, and 'cultural records' such as print media and special interest publications.

'Functions' of social texts categorised included *inter alia*, directives emanating from such state systems as child welfare and education in respect of issues such as professional and lay practices in child protection and welfare work. 'Functions' of social texts also categorised state child welfare system products and non-statutory system products concerned with self-presentation (for example, annual reports, some policy documents), state child welfare system products concerned with professional-client interactions and products from the cultural system concerned with the representation of partisan views.

Literal readings of the data were also concerned with issues of layout/format and language, "...the textual organisation of documentary sources" (Atkinson and Coffey, 1997, p.49). In this way, I looked at the stylistic conventions used for example, lists, 'bullet-points', 'bolding', the use of headings and headlines, vocabulary and the use of linguistic representations of gender.

Another valuable concept that I borrowed from semiotics in order to assist with my initial analytic endeavours, concerned that of the intertextuality of texts, i.e. the relationships between documents (Atkinson and Coffey, 1997). Thus I noted if and when the documents I selected referred to each other as well as to other documents, and the contexts in which such references were made. I also looked at the points at which new terms and concepts entered the texts (Prior, 1997).

Finally, I noted issues of authorship and readership, actual and implied i.e. whether documents had identifiable or anonymous authors and whether they were addressed to specific individuals or to "...an impersonal world at large" (Atkinson and Coffey, 1997, p.58).

As discussed in depth earlier, my general interpretive perspective towards documentary data is informed by critical feminist principles, in combination with analytic approaches derived from hermeneutics and (as we have seen above, to a lesser extent) semiotics.

We have also seen earlier that a hermeneutical approach to the interpretation of social texts is one that is crucially concerned with contexts, and it is therefore very much a reflexive exercise for the researcher. As Hodder (2000) citing Derrida (1978)) notes:

> *... meaning does not reside in a text but in the writing and reading of it. As the text is reread in different contexts it is given new meanings, often contradictory and always*

socially embedded…there is no "original" or "true" meaning of a text outside specific historical contexts. (p.704)

Thus it was within this spirit that I sought to contextualise the documents I selected for interpretation in history, time and space throughout the study by paying close attention to the historical and social circumstances from which they emerged, and by rendering explicit my own 'reading'/interpretive influences, and indeed, my sample selection choices. Context 'definition' then was endeavoured via references to existing sources of data in the form of documents from both primary and secondary sources, as well as descriptions of the conditions under which different social texts were produced and consumed.

I recognised 'patterned similarities and differences' (Hodder, 2000) within and between the social texts I selected for interpretation. 'Patterned similarities' within state child welfare system products concerned with directives relating to professional and lay work practices served to establish 'authoritative', distinctive state discourses in relation to child sexual abuse, in two ways (adapting Hodder, 2000). Firstly, through rules of representation for example, through the use of characteristic language, stylistic conventions and rhetorical devices and secondly, through implication i.e. the practical meanings associated with the discourse for the professional response to child sexual abuse. Patterned differences between state child welfare system products (in the form of 'official' reports) and those from an organisation from the non-statutory sector were observed.

The intertextuality, or relationships between documents further served as a means by which distinctive state discourses in relation to child sexual abuse were established. The hierarchical status accorded to *Children First National Guidelines for the Protection and Welfare of Children* (a state child welfare system document) was evident between state child welfare texts and between state and social systems' products such as those from the educational system and the non-voluntary sector, explicitly legitimating its implications for professional responses to child sexual abuse.

Atkinson and Coffey (1997) contended that a "…dense network of cross-referencing, and shared textual formats, creates a powerful version of social reality" (p.61). I related such 'patterned evidence' (Hodder, 2000) accumulated above to the full range of information available to this study in relation to child sexual abuse and the Irish state (i.e. to the data generated from qualitative interviews and the knowledge gleaned from my extensive

reading of the work of others), and I turn to this shortly. For now I turn to issues relating to the means by which research is conventionally judged as to its merits.

Reliability, Validity and Generalisability

Reliability

I have, throughout the chapter, demonstrated the appropriateness of the data that were generated and the analysis that was conducted as they pertained to the research questions guiding the study, in this way supporting claims as to the study's reliability (Mason, 1996). Reliability was thus achieved through thorough and careful consideration of the full data sets within the contexts of their production and interpretation, as well as explicit reflexive engagement with my role in the processes of data generation and interpretation.

Validity

Conventional notions of research validity were assured through the success by which the research strategy that I employed permitted me to explore the research questions in ways that were deep, meaningful and coherent. Thus for example, the diverse range of relevant experiences and perspectives that were accessed through the sampling principles and procedures adopted and through the in-depth interviews, together with the array of relevant data accrued from related social texts enabled a full, rounded, multi-faceted picture of Irish state responses to child sexual abuse to emerge.

Validity of interpretation concerned with how valid my data analyses were and the interpretations on which they were based (Mason, 1996), was addressed through an overt commitment towards seeking the most appropriate means possible by which to reach understandings of the data, and by being open to influences from a wide range of disciplines for instance, philosophy, sociology, semiotics, literary theory, cultural theory and organisational theory. The value associated with critical feminist interpretive strategies as I saw it lay *inter alia*, in a certain research humility (Kincheloe and McLaren, 1994) in which all accounts are always understood as being partial. This is not for a moment to diminish either their integrity or indeed their coherence and correspondence (Hodder, 2000), rather it is to render it clear that there are no ultimate objective truths that a researcher can unearth or present. This notwithstanding, it is important to stress that a critical feminist analysis such as was conducted here did not overlook "...life's real

problems… [rather demonstrated] rationally "deficiencies of alternative explanations"…" (Hawkesworth, 1989, p.351 cited in Olesen, 1994, p.164) in relation to how child sexual abuse is conceptualised and responded to within the Irish state.

Further, whilst my insider status was also the site for overt reflexive engagement, I considered the merits of Collins' contention (1990, p.232) "…that in order to make legitimate knowledge claims, researchers should have 'lived or experienced their material in some fashion'" (p.105).

Pohlman (2005) argues that the best criterion for evaluating interpretive work is "…the degree to which it opens up new ways of thinking about a problem…" (p.212). In this way he echoes critical postmodern research which requires researchers to "…construct their perception of the world anew, not just in random ways but in a manner that undermines what appears natural, that opens to question what appears obvious…" (Kincheloe and McLaren, 1994, p.154).

Evaluation of research in this context requires a fundamental shift away from seeking 'the truth' towards

> *… researching how truths are produced; how things come to be seen as true…how discourses ('texts, languages, behaviours, a multitude of policies and practices') construct subjects and what we know and how we come to be known. (Everitt and Hardiker, 1996, p. 106 cited in Trinder, 1996, p.240)*

Trinder (1996) observed that a critical approach to the evaluation of truth claims in research must incorporate the structural context

> *The meanings actors give are embedded in structures and situations. The question to ask therefore is not just 'what are people saying', but 'why is everyone saying the things they say…the 'everyone'…* [also includes] *the researcher. (Howe, 1990, p.75 cited in Trinder, 1996, p.240)*

The study achieved this by interrogating the taken-for-granted assumptions associated with child sexual abuse, and the responses of Irish state and social systems. In so doing, it uncovered aspects of Irish state/social systems responses to child sexual abuse that have been obscured by the 'official' rhetoric. Furthermore, it demonstrated how the 'truths' about child sexual abuse and state responses have been produced and sustained over time (as

well as how specific discourses have been resisted), through close attention to the contexts from which they emerged. In this way, 'new ways of thinking' about the social problem of child sexual abuse and the state response were opened up.

Critical researchers approach the question of validity from a position of scepticism towards "...a concern for acceptance within a positivist concept of research rigor" (Kincheloe and McLaren, 1994, p.151). Such researchers favour instead the concept of 'trustworthiness' "...because it signifies a different set of assumptions about research purposes than does *validity* [original emphasis]" (p.151). One of the criteria for critical trustworthiness, and an express critique of the traditionalist concept of external validity is that of 'anticipatory accommodation' (ibid) whereby simplistic generalisations from one research study to another are eschewed in favour of applying findings in contexts that are similar, if indeed generalisations are to be made at all (ibid). As I have demonstrated earlier, this criterion relating to understandings reached from the similarities and differences from knowledges generated from a variety of comparable contexts, was one that I employed in relation to the study at hand.

Generalisability

The concept of 'theoretical generalisation' (Mason, 1996) was the method of choice in relation to this study. In this way the samples and analyses were considered, as demonstrated earlier, to resonate with a wider population of people for whom child sexual abuse and the responses of Irish state/social systems is an issue in their personal and professional lives.

The potential generalisability of my analyses and explanations was further increased by strategically comparing and by looking for negative instances (Mason, 1996) via the research practice and analysis. This enabled me to test and develop theoretical and explanatory propositions (ibid). My sampling strategy and my analytic practices enabled me to access, compare and test key elements in relation to the research questions, in a quest to advance my explanatory thinking (ibid.). Thus for example, the research participants who comprised the 'professional' sample from outside the state child welfare system represented a wide range of state/social systems thereby presenting interesting possibilities for comparison and for testing out the explanations I was developing about the responses of Irish state/social systems from the data generated from the 'lived experience' sample and the state child welfare 'professional' sample. This was similarly the case in

relation to the themes and processes from the 'case studies' and 'holistic sequences' that emerged from the interview data, as well as the documents I selected and the particular interpretive practices I employed in their respect.

The Process of Constructing Social Explanations

To briefly recap, this research aimed to reach deep understandings in relation to how the social problem of child sexual abuse is conceptualised and responded to within the Irish state and the Irish state child welfare system in particular, and the meanings these have for children, young people, parents/carers and related professionals both from within and without the Irish state child welfare system.

For the purposes of the study, I considered that "...interpretations of meanings, experiences, accounts, actions, events, can be developed into explanations and understandings..." (Mason, 1996, p.139). At this stage, I broadly adhered to what Mason (1996) saw as consistent with Blumer's (1956) interpretivist view that

> *... the role of the researcher is to understand everyday or lay interpretations,* [original emphasis] *as well as supplying social science interpretations,* [original emphasis] *and to move from these towards an explanation. (p.140)*

In keeping with a philosophical position that theory, data generation and data analysis develop simultaneously in a dialectical process, I devised a method for moving back and forth between data analysis and the process of explanation construction (Mason, 1996). This began with my construction of simple diagrams as analytical tools to help in my analytical thinking. These enabled me to see connections/relationships from the variety of data generated separately both from interview and documentary sources. In this way as Mason (1996) put it, I was able to "...spot potential connections between [data] which might not have been visible from the perspective of any one of the sources" (p.132). The diagrams I constructed culminated in the development of one explanatory model. The model is a diagrammatic representation organised around interpretive readings of the data that adapts and contextualises concepts influenced by critical and feminist literature to frame the explanations reached from the data.

The model I developed, here termed the 'power, privilege, patriarchy triptych' represented the essential, recurring features of the phenomenon being studied (Janesick, 1994), i.e.

how and why the social problem of child sexual abuse is conceptualised and responded to within the Irish state and the Irish state child welfare system in particular, in the ways that it is. It is to this explanatory model that I turn in the next chapter, describing it in full and its delineation forms the contents of the remaining chapters of the thesis.

Conclusion

This chapter has set out the approach, paradigm, perspective, design, methods, limitations and ethics involved in conducting and interpreting the present study in a spirit of transparency and reflexivity that mirrored the research process.

The following chapter presents the explanatory model I developed from the data (termed the 'power, privilege, patriarchy triptych') in order to represent how and why the social problem of child sexual abuse is conceptualised and responded to by Irish state and social systems and the Irish state child welfare system in particular, in the ways that it is.

Chapter 4 The Power, Privilege, Patriarchy Triptych

Introduction

This chapter presents the explanatory model I developed that was organised around interpretive readings of the data generated in respect of the research questions from qualitative interviews and from documentary materials. I termed the model 'the power, privilege, patriarchy triptych'. It represented the essential, recurring features of the phenomenon being studied (Janesick, 1994), i.e. how and why the social problem of child sexual abuse is conceptualised and responded to within Irish state and social systems and the Irish state child welfare system in particular, in the ways that it is. I adapted and contextualised concepts influenced by critical and feminist literature to frame the explanations reached from the data, and the delineation of the 'power, privilege, patriarchy triptych' forms the contents of the rest of my thesis.

The Power, Privilege, Patriarchy Triptych

Utilising a concept of mutually reinforcing and interconnected spheres of influence in relation to how child sexual abuse is conceptualised and responded to (see Figure 1), the model locates the state child welfare system at its core, since this was the central system of inquiry to the study. Three interlinked phenomena are contained within this sphere, and together they are seen to encapsulate the Irish state child welfare system response to child sexual abuse, (1) state directives (legislation, policy, professional guidelines, procedurals and protocols), (2) organisational rules and norms ('gate keeping', eligibility criteria, professional conduct around child sexual abuse (the latter incorporating (a) fear-based responses, (b) disclosure-reliant child sexual abuse assessments, (c) credibility assessments and (d) dualistic paradigms) and (3) 'official' knowledge production and presentation.

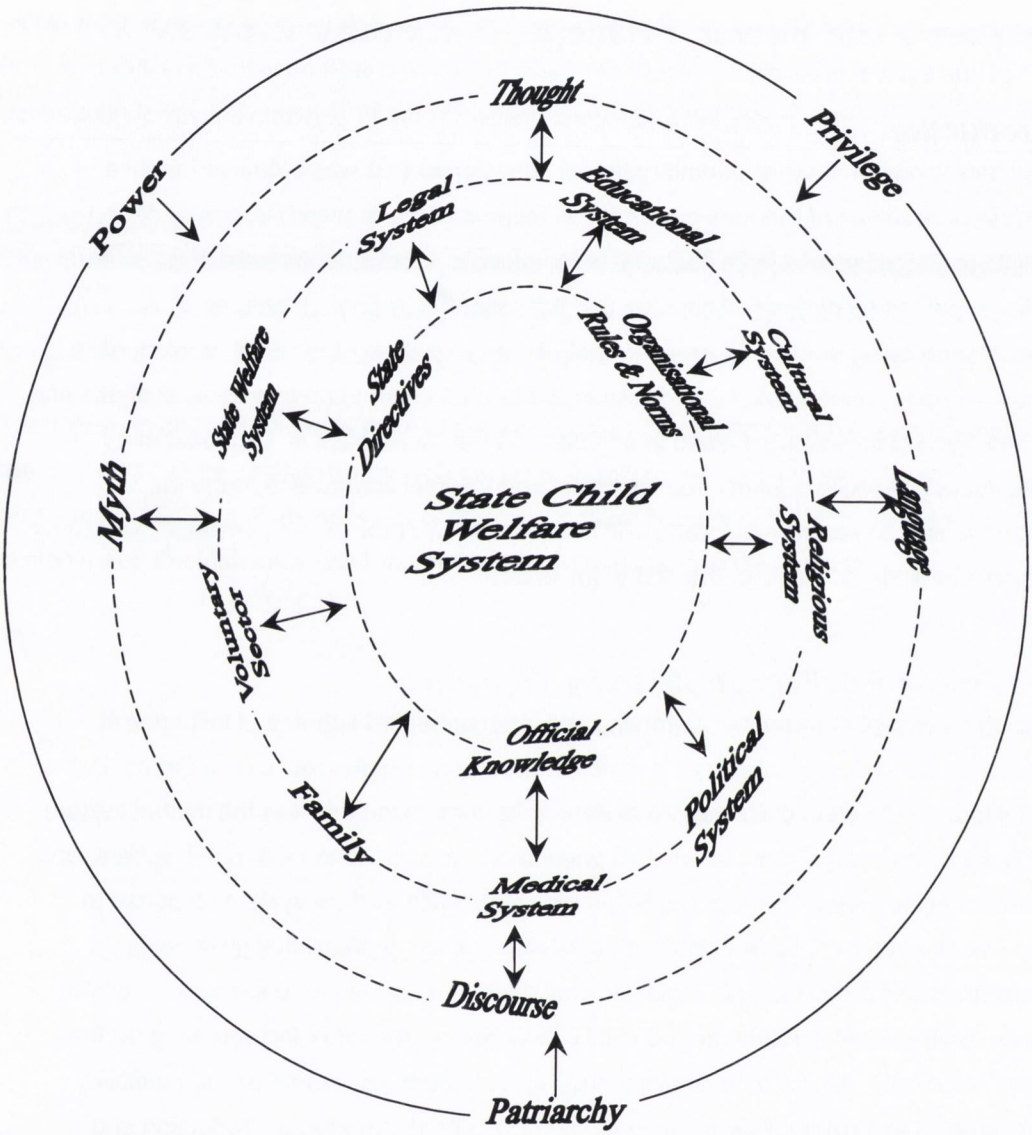

Figure 1: The Power, Privilege, Patriarchy Triptych

Chapters 5 - 8 inclusive of this thesis discuss each of the three state child welfare system phenomena outlined above in depth, and their mutually reinforcing and interconnected nature in relation to how child sexual abuse is conceptualised and responded to is explicated throughout. In so doing, key elements from Chapter 2 are revisited in an attempt to look beneath state responses to child sexual abuse.

In utilising a framework of reciprocal spheres of influence, the state child welfare system is situated in relation to other state and social systems (for example; the political system, the legal system, the family, the educational system, the voluntary sector, the religious system, the cultural system, the medical system and the social welfare system), and the thesis in its entirety draws out their interconnectivity in relation to how child sexual abuse is conceptualised and responded to.

Ultimately the state child welfare system and the state and social systems that surround it are seen as being overarched by the combined impact of a mutually reinforcing and interconnected triptych of influences, those pertaining to power, privilege and patriarchy. I used the term triptych to capture a set of three interactive, self – and mutually – perpetuating phenomena, intended to be appreciated together in terms of the combined impact of their all-encompassing influence. The influence of this sphere is seen as all pervasive and as mediated through a sphere of influence concerned at the interrelated levels of thought, language, discourse and myth. Utilising this framework, the thesis overall illuminates why the systems, institutions, procedures and practices that comprise the state response to child sexual abuse in the Republic of Ireland have assumed their particular shape. It leads on to an in-depth exploration of the way in which child sexual abuse is conceptualised and responded to in this context, as well as the way in which such responses are justified and sustained.

I now proceed to present the power, privilege, patriarchy triptych, treating in depth of its individual elements as a foundation to an exploration of its influence on thought, language, discourse and myth, and fundamentally upon the responses of Irish state and social systems to child sexual abuse. Elements from contemporary western feminist theory are utilised in the main here to engage with and apply concepts such as power, privilege, patriarchy, thought, language, discourse and myth since mainstream/traditional social and political theory is I believe, inadequate to the task. The especial merits of feminist theories in the context of a study such as the present concerned with the (Irish) state and child

sexual abuse have been discussed in depth in the previous chapter. I present the concepts of power, privilege and patriarchy as discrete entities for the purposes of clarity. This notwithstanding, I believe that their interconnectedness becomes apparent.

Power

Second-wave feminist theories have long been concerned with the question of power. 'Second-wave' feminism refers to the mass movement from the 1960s on all continents concerned with women's social, economic and political rights. Second-wave feminism in a similar way to 'first-wave' feminism (approximately 1880-1920) was characterised by its diversity of aims and political perspectives (McPherson, 2000, Thornham, 2001). Generally, feminist theories have viewed power as coercive, although different theories over time have emphasised particular forms of power as being central to their analysis of oppressive social relations.

Thus, liberal feminism (the dominant form of feminism in the 'first-wave' and perhaps the most 'mainstream' version of feminist thought today) sees power as located within custom or prejudice. Such are seen to deny individuals in this case women, opportunities on the basis of their sex, to enjoy equal rights in the public (beyond the family and household) arena (Beasley, 1999). According to Beasley "...this feminist tradition does not challenge the organisation of modern Western societies but rather suggests some redistribution of benefits and opportunities" (p.52). In this way, public citizenship, formal legal rights and equality with men in the public sphere is central to liberal feminist inquiry (Beasley, 1999, Thornham, 2001).

Radical feminist theory, on the other hand views sexual oppression, i.e. women's oppression as women as

> ... *the* [original emphasis] *or at the very least a* [original emphasis] *fundamental form of oppression (usually the former) and the primary oppression for women. Men as a group are considered to be the beneficiaries of this systematic and systemic form of power. (Beasley, 1999, p.55)*

A social system of male domination or patriarchy is central to radical feminist analysis. Kate Millett's book *Sexual Politics* (1970) is widely regarded within feminist thought as a very significant theoretical work to emerge from the radical feminist movement, and which broadened the term patriarchy far beyond its original definition (Thornham, 2001). I return

to this in the next section. As Beasley (1999) outlined, differences within radical feminism concede that not all men oppress all women all of the time, and indeed recognise that some men may actively attempt to overcome this system of domination. However, "...radical feminists perceive all men without exception as *sharing in the benefits* [my emphasis] of a social system of male supremacy (patriarchy)" (p.56). This is a view shared by some Marxist feminists, and I return to this shortly. While more recent radical feminist writings acknowledge differences between women, "...there is a strategic focus on women's similarities..." (Beasley, 1999, p.54). Radical feminism has been critiqued though, for "...over-simplistic and transhistorical accounts of 'patriarchy'..." (Thornham, 2001, p.38), points I return to shortly.

Unlike liberal feminism, radical feminist theory tends to focus on the politics of the 'private' sphere, specifically sexuality, sexual violence, motherhood and bodies (Beasley, 1999). Itzin (2000a) views the sexual abuse of children from a radical feminist perspective. Consistent with a radical feminist concern with male power and men's sexual and physical violence, she situates the sexual abuse of children alongside men's physical and sexual abuse of women as an issue of men's violence. Itzin argues for the absolute necessity for this to be made explicit

> *... the fact that it is predominantly men who are the perpetrators of domestic violence and sexual violence; that it is largely males who are the child sexual abusers; that it is a 'men-thing' and needs to be dealt with as what men do, and what men therefore have to stop doing*. [my emphasis] *(p.4)*

Literal readings of the interview data from this study unequivocally evidenced the maleness of child sexual abuse, adult rape and 'domestic' violence (as well as their frequent co-occurrence) in terms of the gendered identities of both victims/survivors and perpetrators. Thus of the 18 children around whom concerns of a child sexual abuse nature focused in the present study, 13 were female and five were male. In 13 of the 14 research 'cases', the alleged perpetrators of child sexual abuse were male. In just one case, the identity or gender of the alleged perpetrator remained unspecified.

Out of the 14 research 'cases' where there were concerns of a child sexual abuse nature in respect of their children (both 'intra' and 'extra' familial in origin), women spontaneously spoke of male physical violence against themselves in five cases, in two cases at the

hands of two separate partners. Women spoke about combined male physical and sexual violence in three cases. Four of these partners were alleged perpetrators of child sexual abuse as well.

Women spoke of previously having been sexually abused themselves as children by males in four cases, one of whom spoke of having been sexually abused as a child by two separate male perpetrators. One woman spoke of her husband having disclosed to her that his father sexually abused him as a child. One man spoke of his sister's childhood sexual abuse by her uncle, who also was alleged to have sexually abused other children. One young woman spoke of her boyfriend alleging child sexual abuse at the hands of his grandfather to her. One man spoke of having been sexually abused himself as a child by "...an adult", of which gender he did not specify. One woman spoke of her mother being sexually abused as a child; she did not specify the gender of the abuser. Two women spoke of their sisters having been raped by men.

One young woman (Brenda) described men who abused her vulnerability at a time in which she was using alcohol and drugs excessively

> *I have put myself in some very bad situations...abusive situations...anybody could do what they wanted with me...all my life, since I was very young, since around the time that this* [childhood sexual abuse at the hands of her uncle] *all came out...And always older...older men...When I was 13 like, I could be going off with 28 year olds like, I'd lie* [about age] *by about three years, but...you'd know* [young age] *by looking at me....*

The professional based in the voluntary organisation that works with women survivors of domestic abuse and their children observed, "...quite [their emphasis] an amount of women..." who access their services has been sexually abused in childhood. The counsellor who works in the Rape Crisis Centre spoke of what they saw as a very definite link between women who have been sexually abused as children and their heightened vulnerability to adult rape; a connection not present in their professional experience with male survivors of childhood sexual abuse. The counsellor observed that the men who access their services (who comprise some 15 to 20 per cent of their caseload) are, in the main, male survivors of childhood sexual abuse, as opposed to adult rape.

Such findings significantly support the connections feminists have long made between woman abuse, child abuse, sexual exploitation and sexual abuse (Kelly et al, 2000),

locating such abuses within what Kelly (1988) has termed the 'continuum of violence against women and children'. Itzin (2000d) cites from an increasing body of national and international research, which corroborates the co-occurrence of domestic violence and child sexual abuse. She cites Hester and Pearson (1998) and Hester (2000) who found in a sample of all children accepted for services by the National Society for the Prevention of Cruelty to Children (NSPCC) within a specified two and a half year time frame, that three quarters of the cases involved child sexual abuse, over half of which involved domestic violence against the mother by her male partner. In over half of the child sexual abuse cases, the perpetrators were the children's fathers or father figures, and this rose to over two thirds in cases where domestic violence was also identified.

> *In other words, fathers or father figures were even more likely than other men to be sexually abusive to their children where these same men were also violent and abusive to the mothers. (Itzin, 2000, p.433)*

A further dimension emerging from the contemporary research literature according to Skuse, Bentovim et al (1998, 2000) and Itzin (2000d), is the link between domestic violence and sexually abused boys subsequently becoming sexual abusers. Itzin argues that in the context of the literature on men's domestic violence and their physical and sexual abuse of their children

> *... the risk factor most likely to impact on boys' development of sexually abusive behaviour would be having been physically and/or sexually abused by their fathers or father figures/substitutes and 'witnessing' those men's (domestic) violence against their mothers. (p.432)*

Literal readings of the documentary data from the state child welfare system, specifically those pertaining to 'official' knowledge produced in relation to child sexual abuse renders the maleness of sexual violence invisible. This is so because child sexual abuse statistics are undifferentiated by gender and 'official' data on the gender of perpetrators are neither collated nor presented. Chapter 6 of this thesis looks at this again, and argues that the customs and prejudices inherent to decisions about what constitutes 'institutional' knowledge in relation to child sexual abuse are those that are intrinsically concerned with male power.

According to Beasley (1999), Marxist/Socialist feminist analyses view hierarchical class relations built on the unequal distribution or ownership of wealth either as the ultimate source of coercive power and oppression, indeed of all inequalities (Marxist feminism) or as closely associated with women's oppression (Socialist feminism). Marxist theory is attributed as creating two key concepts which were to underpin subsequent feminist analysis, namely the twin roles of production and reproduction in the social division of labour and power and the creation of an unequal society, and the role of ideology "...which helps to maintain the relations of expropriation and exploitation in people's thinking about their existence" (Thom, 2000, p.319). According to the political philosopher and economist Karl Marx, under capitalism the bourgeoisie or ruling class, who own the means of production dominate the mode of production of the proletariat or working class, but further

> ... *it* [the ruling class] *also controls the development and circulation of knowledge and values, generating perceptions of human nature and social reality shaped by its own standpoint. This ideology represents the status quo as the 'natural' order of things. Yet because the capitalist social order serves the interests of the ruling class, members of the proletariat who accept it as 'natural' are living in 'false consciousness', which prevents their seeing the world from the standpoint of their own class interests.... (Code, 2000, p.379)*

Deriving from the work of the political theorist, Antonio Gramsci, a concept of hegemony (Gramsci, 1971) may have some general applicability in this context. For Gramsci, hegemony as a form of dominance of the ruling class is not achieved necessarily through overtly physical means, but ideologically, and through 'consent'. Thus, apparatuses such as the state, economy, religion, education, industry, the law, culture and family serve to reflect and reinforce dominant interests, generating a social consciousness imbued with a sense of the naturalness and fairness of such interests. Effectively, is obscured "...the extent to which the structures they [those who have power] control further their own interests" (O'Connor, 1998, p.9). Further, that such a hegemonic social consciousness is discernible "...as much in everyday beliefs about the 'naturalness' of an asymmetrical social order as in dominant philosophies and religions..." (Code, 2000, p.264).

Findings from the research upon which this thesis is based pointed to the 'social realities' in respect of child sexual abuse (and motherhood) that have been constructed by powerful elites and supported by organisational hierarchies. This is re-visited below and throughout

the thesis. The interests of a powerful capitalist elite that are served in these ways are intrinsically bound up with privilege and patriarchy, and I return to discuss both concepts shortly here.

Marxist feminist theories highlight how in contemporary capitalist societies across the world "...it is men who own and/or control resources such as land and other kinds of wealth and who are more likely to be in well paid jobs and in positions of legal, economic or political power" (O'Connor, 1998, p.8). This is as true of Ireland, according to O'Connor where "...men make up approximately 95 per cent of those in senior positions in the civil service, the local authorities, the health boards, etc..." (p.8). I return to discuss in detail social structures, as well as issues associated with women employed in the professional services sector in the Republic of Ireland together with their under-representation at senior management level below, and in Chapter 5. I concur however, with Thom (2000) who concludes that it is in the areas of ideology and attitude that power is at its most effective. She exemplifies this by referring to Marxist advocates Engels and Lenin, who argued that women's full entry into the sphere of production

> *... would remove sexual difference as a cause of women's exclusion from the benefits of revolutionary change*...[but] *the experience of late capitalism has demonstrated that workplace participation is not enough to challenge male power. (p.320)*

I return to the area of ideology as it pertains to dominant constructions relating to child sexual abuse later when I look at mythology.

Marxist feminism views the class system, or more contemporaneously capitalism, as creating divisions/inequalities between men and women, and between men. Accordingly, men's involvement in power or the benefits they accrue as a consequence, is not seen as fundamentally associated with their gender, "Power is not primarily associated with sex but with the imperatives of class, private wealth, property and profit" (Beasley, 1999, p.61).

Hartmann (1981) cited in O'Connor (1998) noted the material base of women's (and men's) oppression under capitalism, and in so doing recognised that men *are* in dissimilar positions of power relative to each other. However, she utilised a concept of solidarity between men to account for men's domination over women and which enables *all* men to benefit to some degree from gendered or patriarchal social relations.

O'Connor (1998) following Hartmann, noted "...men are encouraged to feel loyalty to each other, as individual men, and as part of an institutional elite which is predominantly composed of men at its higher levels" (p.8). O'Connor suggested the processes involved in perpetuating this male privilege may occur at different levels:

> *At an informal level, such ties might be associated with an unwillingness to challenge certain kinds of behaviour towards women and children; at a legal level they might be reflected in a lack of enthusiasm for passing or enforcing laws which seem to punish what could be seen as 'trivial' sorts of behaviour that 'only' affect women or children. (p.8)*

The author suggested that the issue of male violence may be one in which "...class interests might not be relevant and male solidarity might continue to reinforce 'the aristocracy of maleness'" (p.11). I return to this as it pertains to the legalism that has come to surround professional intervention in child sexual abuse, in Chapter 5.

Finally, O'Connor (1998) regarded the increasing popularity of 'protest movements' such as the women's movement, together with the general decline in confidence across Europe in institutional structures (for example; the church, the educational system, the legal system and parliament), the fall of communism and the rise of ethnic conflict in Europe as demonstrable of "...the widespread disenchantment with traditional political agendas...[and] the extent of disenchantment with established legitimating ideologies..." (p.23). In this context, O'Connor argued for the possibility of change and resistance,

> *... however powerful the processes and practices of patriarchal control, and however tightly woven the ideological parameters of women's lives, the possibility of social and cultural change or individual resistance cannot be eliminated. (p.23)*

Challenges to, and resistance of, elements of dominant discourses in relation to child sexual abuse and motherhood were evident in the interview data generated from the present research. I discuss this in more detail in Chapters 5 and 7. I turn now to present what I see as the interconnected concept of privilege; highlighting its pertinence to the study at hand.

Privilege

Traditional philosophical and legal definitions "...equate privileges with mere liberties, the absence of duties, benefits and immunities attached to a particular office, or legal benefits that are not rights" (Bailey, 2000, p.400). Feminist usage of the term however refers to "...a particular class of unearned advantages that are systematically created and culturally nourished (Bailey 1998)" which assists members of dominant groups "...to avoid certain barriers that serve to immobilise members of marginalised groups" (p.400). Thus as Bailey (2000) exemplifies, marginalised or oppressed groups including women, emancipated slaves and immigrants have had to *earn* privileges, for instance, suffrage, that were automatically granted to dominant groups like white, property-owning men. In this way, "Privilege...is not an all or nothing phenomenon; it is mediated by other oppressive factors" (p.401) concerning gender, race, class and heterosexuality for instance, and as this thesis exemplifies, age. Bailey argues that privilege has what she terms, less visible components "...that escape legal analysis" (p.401) to do with issues for instance of personal freedom, "Male privileges include the idea that men almost always benefit from being able to move about freely with little risk of sexual assault, or not having their opinions taken seriously" (p. 400). Additionally, Bailey contends that privilege has what she sees as an important epistemic dimension:

> *One of its functions is to structure the world so that mechanisms of privilege are invisible – in the sense that they are unexamined – by those who benefit from them. The structured invisibility of privilege insures that most accomplishments will be recognised more on the basis of individual merit than on group membership. (p.401)*

O'Connor (1998) pointed to the paid employment sector in contemporary Ireland as one which she evidenced as perpetuating male, white, middle class privilege. Contrary to the rhetoric of equal opportunities, and notwithstanding the increased participation of married women and women with children in the labour force, O'Connor's work demonstrated that women are disproportionately represented among the low paid in Ireland (as elsewhere in Europe). This is so because women are

> *... congregated into areas of predominantly female employment [primary teaching, nursing, cleaning], <u>in a situation where there is a low valuation of work predominantly done by women</u>* [my emphasis]. *(p.214)*

O'Connor traced the specifics of the Irish situation in which paid employment is still based on the (full-time) male employee as the norm, where state support for instance, in the form of childcare provision/funding is very low, and where "...there is still a certain cultural ambivalence about seeing paid employment, even gendered paid employment, as a central element in the definition of womanhood..." (p.100). Further, where such uneasiness is "...heightened when women's work involves access to positions of authority" (p.102). The author concluded that many women's choices in the area of paid employment

> *... have been highly constrained ...The kinds of jobs that are available to them, with the exception of those in professional services and management areas, are to a considerable extent poorly paid and characterised by low possibilities as regards promotion. (p.248)*

She found the paid employment arena in Ireland to be a

> *... highly gendered system...where wages, benefits and other 'privileges' are disproportionately obtained by those who 'fit' best within the system – men, particularly middle class men. (p.248)*

In this study, participants from the 'professionals' sample broadly replicated the gendered division of labour in the paid employment sphere. Accordingly, the professionals most usually who are working 'on the ground' in the child protection and welfare arena are women and are lower paid and often work part time, and men who work in the field are at full time, higher management, decision making levels. I return to this in Chapter 5.

Greek philosopher and scientist, Aristotle (384-322 BCE) whose work was to have enormous significance for mainstream social and political thought (Code, 2000e) held that only citizens could participate in the political life of the Greek city state, citizenship precluding women, children and slaves (Code, 2000e). For Aristotle, virtue (the term originating in the Latin 'virtus', meaning 'valour, merit, moral perfection' from 'vir', 'man' (*The New Oxford Dictionary of English*, 1998)) "...in which the best human qualities are realized..." (Code, 2000, p.xx) was only achievable through political participation, and in this way, was also inaccessible to women, children and slaves (p.xx).

To date, the legal status of citizenship continues to preclude children, and the degree to which 'rights' are afforded to children globally despite *The United Nations Convention on*

the Rights of the Child (1989) and other regional conventions pursuant to it, continues to be a contentious issue (Freeman, 2000). I return to this in Chapter 5.

The concept of adult privilege as it relates to child sexual abuse and the responses of the Irish state that emerged both from the interview data and the data generated from the social texts, applies to the onus placed on children to tell of their sexual abuse in ways that have been prescribed by professional adults (and according to standards prescribed by them) in order for adults to be able to effectively 'protect' them. This theme is revisited throughout the thesis. I turn now to look at the third interconnected phenomenon of the power, privilege, patriarchy triptych; that of patriarchy.

Patriarchy

In relation to the position of females in society, patriarchy has been defined as referring to "...the systemic and/or systematic organisation of male supremacy and female subordination" (Beasley, 1999, p.55). In effect patriarchy is; "A system ruled over by men, whose authority is enforced through social, political, economic and religious institutions" (Gamble, 2001, p.293). As O'Connor (1998) observed "At its simplest, it simply refers to male control" (p.6). In this way citing Walby (1989), she postulated that male control "...implicitly raises issues about older men's control over younger men and/or heterosexual men's control over homosexual men..." (pp 6, 7).

By extension, this thesis argues that conceptualising patriarchy as a system of male control over female and male children is plausible, given their powerless status and their positionalities within the 'private' domains associated with 'motherhood' and 'family'. I return to discuss androcentric dualistic thinking evident in oppositional pairs such as 'public/private', below.

Thornham (2001) writes that Millett's book *Sexual Politics* (1970) arising out of the radical feminist movement, broadened the term patriarchy from an original definition concerned with "...the rule of a dominant elder male within a traditional kinship structure..." (p.36) to mean "...the institutionalised oppression of all women by all men" (p.36). In keeping with a radical feminist perspective, patriarchy in this context is viewed as the primary form of human oppression "...without whose elimination other forms of oppression – racial, political or economic – will continue" (p.36). Thus, radical feminists regard patriarchy as "...an all-pervasive and ahistorical system..." (Gamble, 2001, p.293). Code (2000) sees patriarchal societies as enshrining

> *... the assumption that heads of state must be male and male voices rightfully dominate public/private spaces. Historically, in the Judaeo-Christian world as under most other world religions, church and state have been paradigmatically patriarchal institutions: late twentieth-century western debates about the ordination or rabbinical aspirations of women reveal the tenacity of these beliefs. (p.378)*

O'Connor (1998) looked at the experiences of women in contemporary Irish society through her analyses of their positions in relation to the institutional church, the state, the economic system and the social and cultural construction of heterosexuality. Concluding,

> *To an extraordinary degree the changes in women's lives over the past twenty-five years have barely impacted on many institutional structures. Insofar as women wish to be part of them, they do so on male terms. These structures are still controlled by men, and they operate on the assumption that the male is the norm. (p.256)*

O'Connor's work illustrates the enduring patriarchal nature of Irish society, and the processes and practices that she saw as maintaining it. At the core as O'Connor sees it, is the fundamental issue of women's value relative to men within a societal context where the institutional structures are overwhelmingly controlled by men. She traced the changes in the position of women in Irish society over some 30 years, and she wrote

> *There was a time when this* [women's value relative to men] *was seen as an unproblematic issue. Nowadays in Irish society, it is difficult to imagine statements being openly made about the relative value of male and female children. (p.22)*

However, she pointed out that 'male' subjects in the educational sphere and 'male' career choices within the occupational arena are evaluated more highly than those associated with females, certainly as her work evidenced, in terms of financial remuneration and status. Citing Walby (1990, p.104), O'Connor looked to the role of discourses of masculinity and femininity in maintaining what she argued to be the (implicit) devaluation of women relative to men

> *The keys to the patriarchal relations in culture are the differentiation of the discourses of femininities and masculinities and the valuation of masculinity above those of femininity. (p.22)*

Findings from the research upon which this thesis is based pointed to the particular form that patriarchy takes in Irish society as one characterised by systematically constructed, culturally sustained institutions and frames that treat women and children as unequal to men. The thesis evidences throughout, that this has very particular ramifications for children and women in the specific context of child sexual abuse, as it does more generally in relation to how male violence against children (and women) is conceptualised and responded to.

Patriarchy is seen by feminist theorists to be maintained primarily through ideological and cultural means through, for example, literature, film and popular culture. It is seen to be maintained through structures including the family, and the cultural myths that sustain it such as romantic (heterosexual) love, marriage and motherhood whereby "...women have internalised the ideology of femininity, and with it their inferior status" (Thornham, 2001, p.36). However, Thornham observes, as with other 'total ideologies' (she suggests for example racism or colonialism), force can be called upon in the event that ideological control has failed:

> *Such force may be institutional, from legal penalties for women's adultery to the lack of abortion rights, but it may equally be enacted in the sphere of the personal: in rape or its cultural equivalent, pornography* [my emphasis]. *(p.36)*

O'Connor (1998) writing in the Irish context, suggested that rape and pornography together with sexual harassment, violence against women, male violence generally and child sexual abuse are "...mechanisms through which patriarchal control is exerted" (p.19). She regarded the way in which such phenomena are depicted in society as further means by which patriarchal control is exercised, since it too damages bodily integrity and self-esteem.

> *Marital violence and rape have long been seen as important elements in controlling women, both individually and collectively, while the popular depiction of them as 'not really serious' further erodes women's sense of their own value as women. (p.19)*

The interview data and the data generated from social texts in this study indicated the significant ideological role myths about child sexual abuse play in maintaining the stability of the contemporary patriarchal capitalist social order. I return to discuss the concept of myth below and in Chapters 5, 7, 8 and 9.

Code (2000) illustrates that the usefulness of patriarchy as a theoretical concept is contested around issues to do with its essentialist and universalist assumptions:

> *... for feminists its usefulness is diminished by its essentialism, according to which male dominance of women is an inevitable response to natural differences. Such assumptions sustain ahistorical conceptions of 'woman' and 'man' as universal categories, ignoring racial, class, and other differences. (p.379)*

Additionally, O'Connor (1998) noted that patriarchy as a concept, as she put it, like other structural concepts, cannot accommodate matters concerning how women might act to defy its strictures.

Consequently, for the purposes of this study, conceptualising power, privilege and patriarchy as a triptych of interactive, self – and mutually – perpetuating phenomena of combined influences, permits differences according to *inter alia*, gender, race and class to be rendered explicit, as it does the potentialities for resistance and change. Fundamentally though, it is through an examination of its central interdependent characteristics that one can reach understandings as to how and why child sexual abuse is conceptualised and responded to in the way it is by the Irish state.

In order to begin to come to a fuller understanding of how the power, privilege, patriarchy triptych operates at the individual, interpersonal, group, organisational/institutional and societal levels, it is necessary to look at the next sphere of influence concerned with thought, language, discourse and myth. This sphere of influence is proposed to be directly influenced by the combined effects of power, privilege and patriarchy and as having concrete ramifications for how the systems, institutions, procedures and practices that comprise state/social systems' responses to child sexual abuse have been constructed, as well as how they are sustained. It is to this that I now turn.

Thought, Language, Discourse and Myth

In a similar way to the treatment of the concepts of power, privilege and patriarchy above, I outline the sphere of influence concerned with the concepts thought, language, discourse and myth by initially presenting such concepts in the interests of clarity, as discrete elements. However, again it is suggested that their interconnectivity is apparent, as is the reciprocity of influence between this sphere and the power, privilege, patriarchy triptych.

Thought

Findings from the research upon which this thesis is based pointed to the impacts that forms of universalist and dualistic thinking about child sexual abuse had on professional responses to child sexual abuse, and the experiences of people in receipt of such responses. By 'universalist' in this context, I am referring to tendencies in thinking about child sexual abuse that represents it as constituting normative features that are accessible to professionals in standardised ways. By 'dualistic' thought in this context, I am referring to either/or assumptions as to its occurrence or not. Feminist theory has much to offer by way of insights into the origins and functions of androcentric universalist and dichotomous forms of thinking generally, and how they effectively structure mainstream social and political thought. It is to this that I now turn.

Claims to universality in mainstream Western thought have been critiqued by feminist thinkers as tendencies towards an ideology in which (white, affluent, heterosexual) men's perspectives and experiences are represented as those of all humanity; the standard, the norm (Beasley, 1999). Beasley (1999) explored from a feminist theoretical perspective how it is that Western social and political thought universalises experiences associated with men. She noted that contemporary feminists became concerned with what they perceived as a characteristic feature of mainstream theory whereby concepts are organised into dualisms or oppositional pairs, each of which it is argued, are hierarchically ordered.

> *Rather than a coupling with equal weight given to both sides, one side of each opposition is represented more positively (as better, more significant) than the other. In other words, traditionally Western thinking is arranged in advance by a series of lop-sided conceptual pairs* [my emphasis]. *Such pairs are so much an accepted principle in our (Western) way of understanding the world that they tend to be instantly recognisable…. (p.9)*

She cites examples which include, man/woman, culture,society/nature, reason/emotion, logic/intuition, independence/dependence, autonomy/interconnection,nurture, active/passive, public/private, general,universal/particular, politics,law, morality/personal, familial, biological, good/evil, Adam/Eve.

Beasley explained how feminist theorists proceeded to link the reliance of mainstream thought upon paired, hierarchically ordered associations with an unequal sexual order.

Such theorists see this as intrinsically related to what Beasley termed *a pre-given conceptual ordering within western thought* as illustrated above,

> *... the characteristic tendency of traditional social and political theory [is] to take men as the central subject of the analysis and extrapolate from their experiences...Western thought is organised around pairs of unequally valued associations that mirror over and over again the 'violent hierarchy' of the dualism, man/woman. (p.9)*

Beasley (1999) observed

> *These pairs of associations are suffused with sexual hierarchy even when apparently at a distance from a concern with sex. Thus certain concepts are aligned with the masculine and placed in opposition to others. The latter are constituted as subordinate to the first order of concepts and are connected with femininity. (p.9)*

In this way, feminists consider that intellectually, sexual difference moulds our social and political lives. Effectively,

> *It* [sexual difference] *shapes what we can think and how we can think it. Moreover, by this means, feminists argue, mainstream political thought offers a conceptual schema in which viewpoints associated with men are taken as the view, the standard or rational/sensible/proper, universally applicable view. (p.10)*

Beasley cited specific examples of categories such as 'work', 'the public sphere', 'citizen', and 'politics' which she claimed unite feminists in their view that such categories, as a consequence of the dualistic nature of Western social and political thought, are laden with hierarchical sexual meanings. She saw this as enabling "...the specific vantage point of men to be seen as the broader picture. Women are then construed as being small-minded, as 'merely' private beings" (p.10). I return to this in Chapter 5.

Code (2000c) points to Ancient Greek philosophy and Aristotelian logic, specifically a set of metaphysical principles that divide the world in both a descriptive and evaluative sense, into pairs of opposites when she proffers a viewpoint as to how Western social and political thought may have developed in this way. Known as the 'form/matter distinction', 'form' is that which is intelligible and rational; while 'matter' is that which is 'unformed', rudimentary, form being more highly valued than matter (ibid). Code demonstrates that the form/matter distinction "...maps the male/female distinction...maleness [is] aligned with

determinate form and femaleness with unruly matter..." (p.212). She illustrates how in the sphere of reproductive biology, Aristotle held that women's contribution to the unborn child consisted of unformed matter, while men contribute "...the shaping, individuating form" (p.213) since, citing Aristotle "...the male is by nature superior, and the female inferior;..." (p.xx). Code argues

> *These distinctions inform a persistent sexual division in western European social and political thought that consistently associates men – and form – with rational, knowing mind; women – and matter – with the non-rational, disorderly body. (p.213)*

Code (2000b) writes that by arranging conceptual/theoretical systems in opposed pairs, one can only be understood in contrast to the other, and she suggests examples whereby 'light' can be understood only in contrast with 'dark', 'good' by contrast with 'bad'. The author writes that such bipolarities represent "...the opposed terms as radically separate from one another, not as points on a continuum" (p.44). Code argues that while such classifications of the world might appear to be neutral, feminist critiques contest this by pointing out that the pairs are inherently evaluative as well as descriptive "...enlisted to condemn one 'side' while promoting and celebrating the other. The male/female polarity is no exception" (p.44).

Finally, O'Connor (1998) argued on the other hand, that in contemporary Ireland dominant discourses associated with male universality are fracturing "...the appropriateness of defining the common good in terms of male interest has become visibly problematic" (p.29). She saw this as consequential to revelations of the abuse of male power within social institutions such as the family, the state and the church in Ireland. O'Connor contended that these revelations have accelerated a process whereby the 'naturalness' of male authority within such social institutions "...is being steadily eroded" (p.29). O'Connor was of the view that such tensions within patriarchal systems create opportunities for individual resistance and change.

However, as this thesis evidences in Chapters 6-9 (inclusive) universalist and dichotomous forms of thinking generally, are deeply implicated in systems of power since they privilege that which is included over that which is not. I return to this again below where the concept of language as it pertains to the present study is looked at.

A further way, in which the concept of thought has relevance for this study, is seen in the male-centredness of western mainstream social and political theory (Beasley, 1999). This refers to the extent to which women's contributions to social and political thought have not been afforded equal weight to those of men's. This has significant implications for the construction and maintenance of dominant discourses associated, in this case, with child sexual abuse. I return to this in Chapter 5. So it is I turn now to look at the interconnected phenomena of language and discourse.

Language and Discourse

Language and discourse represent further levels at which responses of Irish state and social systems to child sexual abuse are evidenced in this thesis to be influenced by the operations of power, privilege and patriarchy. Such concepts illuminate the operations of power, privilege and patriarchy in constructing and maintaining dominant discourses pertaining to child sexual abuse.

Beasley (1999) noted that many varieties of feminism (in particular radical feminism) have acknowledged the significance of language, and have observed that it "...does not simply express but also constructs meaning in a male dominated culture" (p.74). Gamble (2001) further expressed concern at the "...material and political effects on women of the everyday sexism we encounter in social language and cultural productions" (p.260). The author overviews feminist debates about forms of sexism in language from literary representations of women and men, to the production and reproduction of gender ideology in popular culture. Gamble points to how the English language "...discriminates against women when 'man' purportedly stands for both male and female..." (p.260). It is to this that I now turn.

Ehrlich (2000a) describes how feminist linguists are concerned with the way language encodes a male worldview. She writes that the work of feminist linguists has included the interrogation of, and attempt to challenge, male defined meanings and grammar by introducing non sexist and feminist linguistic innovations into English. For example, feminists have attempted to replace masculine generics ('he', 'man') with neutral generics (singular 'they', 'he/she'). In so doing, the implicit claim in the use of masculine generics that men are the typical case of humanity and that women are a deviation from this norm, is challenged. She writes that examples of feminist linguistic innovations into English are to be found in the creation of new terms with which to express women's perceptions and

experiences, heretofore unexpressed. Ehrlich cites such terms as 'sexism' and 'sexual harassment' in this regard. While acknowledging that such non-sexist and feminist linguistic innovations as exemplified above, are now commonplace, Ehrlich (2000) writes that their interpretation and usage in discourse is problematic. She argues

> *... simply introducing non-sexist terms or terms with feminist-influenced meanings into a language says nothing about how such terms will be used once they circulate within the wider speech community, especially given the sexist and androcentric values that pervade this larger community.... (p.140)*

Ehrlich (2000b) writes that while *individuals* can, and do, actively resist linguistic practices that are "...involved in normative constructions of gender" (p.288), and indeed can endorse alternative, positive meanings to dominant groups' meanings (Ehrlich (2000a) exemplifies the reclamation by lesbian and gay communities of terms such as 'dyke' and 'queer'), society's institutions are far less amenable to such subversions. Citing Gal (1991), Ehrlich (2000b) contends that a society's institutions

> *... are far from neutral arenas: they are structured along gender lines, to lend authority not only to reigning classes and ethnic groups but specifically to men's linguistic practices. (p.288)*

Findings from the research upon which this thesis is based revealed the extent to which 'authoritative' state versions of the 'realities' of child sexual abuse have been constructed and legitimated across state and social systems. Integral to this is the use of language in, *inter alia*, state directives that demarcates what the state has determined as its dominant response, and the meanings this represents for the discourses that surround the issue, and for the experiences of people who provide and receive services in this context. This theme is revisited throughout the thesis. I also look at the use of, and functions associated with, gender neutral terms such as 'intra familial' child sexual abuse, 'extra familial' child sexual abuse, 'non-abusing parent' and 'family' in state responses to child sexual abuse.

Finally, the 'ecriture feminine' (or 'French feminists') school of psychoanalytic feminist thought has been influential in locating oppressive elements in "...the deep structures of language..." (Wills, 2000, p.213). It directs its inquiry "...away from the historical and material conditions of women and towards the textual, representational, linguistic, and

discursive..." (p.213). Following the neurologist and psychoanalyst Sigmund Freud and the French psychoanalyst Jacques Lacan, language/culture is viewed as a masculine order:

> *... each person becomes a person, enters human culture, by internalising society's communicative rules or Symbolic Order... This occurs through the formation of a separate and sexually specific (unconscious) self in the process of learning language...culture is [original emphasis] masculine, not just presently male dominated. Femininity is no more than the negative pole in relation to the symbolic rules which regulate individuals and hence society* [my emphasis]. *Femininity is unspeakable except in the terms of masculinity.... (Beasley, 1999, p.72)*

French feminists in the 1980s and 1990s drew on the poststructuralist thinking of philosopher Jacques Derrida (Beasley, 1999). Derrida proposed that meaning (how we understand the world) is not present in a verifiable reality, nor is it absolute or neutral, but is rather an ongoing cultural and linguistic construct. This involves hierarchical differentiation in which differences are organised, as we have seen above, in oppositional pairs (for example; man/woman, white/non-white), whereby one term within each dualism is designated as superior or positive (Beasley, 1999, Gamble, 2001). Derrida challenged this system of binary opposition which "...situates the male as legitimating principle and the standard against which truth and value are measured: a process he [Derrida] labels 'phallogocentric'" (Gamble, 2001, p.215). "'Man', for instance, is constituted as not-woman. The concept is shaped out of the invisible exclusion of the feminine 'Other' and is utterly dependent on that hierarchical relationship" (Beasley, 1999, p.73).

French feminists such as the philosopher and psychoanalyst Luce Irigaray, and the writer and philosopher Helene Cixous, challenge binary oppositions in their deconstructive and reconstructive linguistic and discursive practices:

> *In order to sidestep what they see as the fundamentally patriarchal order of language,* [they] *deliberately cultivate a non-phallogocentric discourse, subverting the patriarchal logic of order, mastery, authority and sequentiality. (Wills, 2000 p.214)*

They embrace "...the radically random, incoherent, and contiguous discourse...as feminine and able to defeat the linear 'logic of reason'" (p.214).

Attending to issues relating to language and discourse in respect of the data generated both from the interviews and from the social texts in this study, demonstrated their significance in shaping meanings, experiences and knowledge. This has been documented to an extent earlier and in the previous chapter in terms of specialised language, linguistic representations of gender and the use of stylistic conventions to construct and sustain dominant 'authoritative' texts and 'logical' 'social realities' as they pertain to child sexual abuse. I return to this in Chapters 5-7 (inclusive) in which I also examine how language in state child welfare system documents in relation to 'official' child sexual abuse assessment 'outcomes', constructs what is known about child sexual abuse. I look at how 'what is known about child sexual abuse' impacts upon the experiences of people from the 'lived experience' sample post-state child welfare system intervention. In addition, Chapter 6 compares androcentric 'institutional' documents of the state with those from a non-statutory organisation, for the meanings that they symbolise in relation to how child sexual abuse is represented. I turn finally to look at the phenomenon of myth.

Myth

As we have seen above, feminist scholars such as O'Connor (1998) have looked at the processes and practices inherent to the maintenance of patriarchal control, noting their "...strength and flexibility..." (p.250). Such thinkers point to formal and informal means by which patriarchy is perpetuated, as well as at the role of ideology and culture in this regard. Findings from the research upon which this thesis is based revealed the significant ideological hegemonic role myth plays in sustaining the 'social realities' that have been constructed to associate with child sexual abuse, and accordingly in maintaining the stability of the Irish contemporary patriarchal capitalist social order. In so doing, the thesis evidences that myth is deeply implicated in the operations of power, privilege and patriarchy.

Armstrong (2005) argues

> *Today the word 'myth' is often used to describe something that is simply not true...In the pre-modern world, when people wrote about the past they were more concerned with what an event had meant. A myth was an event which, in some sense, had happened once, but which also happened all the time. (p.7)*

The author contends that it is erroneous to conclude that mythological tales are "...objective fact" (p.8) since she argues, they never claimed this status. However, for

Armstrong this in no way diminishes their significance. She observes, "A myth…is true because it is effective, not because it gives us factual information. If, however, it does not give us new insight into the deeper meaning of life, it has failed" (p.10). Accordingly, human beings "…from the very beginning…invented stories that enabled us to place our lives in a larger setting, *that revealed an underlying pattern* [my emphasis]…" (p.2). Armstrong sees mythology in a similar way to science and technology as about "…enabling us to live more intensely within [the world]" (p.3). She argues "…myth is not a story told for its own sake. It shows us how we should behave (p.4) and she concludes

> *Mythology was therefore designed to help us to cope with the problematic human predicament … we have created myths about our forefathers that are not historical but help to explain current attitudes about our environment, neighbours and customs* [my emphasis]. *(p. 6)*

Thornham (2001) following de Beauvoir (1949), argues "…all cultural representations of the world presently available to us – whether in myth, religion, literature or popular culture – are the work of men" (p.34). Citing de Beauvoir, Thornham illustrates

> *It is through these myths – found in 'religions, traditions, language, tales, songs, movies' – argues de Beauvoir in The Second Sex (1949), that we not only interpret but also experience our material existences as men and women. And though '[r]epresentation of the world, like the world itself, is the work of men; they describe it from their own point of view, which they confuse with absolute truth', women, too, must inevitably see themselves through these representations. (pp 93, 94)*

de Beauvoir's work has been critiqued by some later feminists as being essentialist in its privileging of a white, middle-class heterosexual conception of womanhood (Larrabee 2000). However, her existentialist analysis "…dedicated to articulating and undermining socially imposed gender roles and culturally constructed discourses that 'write' us…" (p.187) remains important to feminist theory generally, and radical feminist theory, in particular.

Myths then as social constructs reflect and reinforce prevailing ideologies. In this way they can be subject to ancillary influences; arguably though, their core elements are resistant to change. As Armstrong (2005) observes, there is never

> *... a single, orthodox version of a myth. As our circumstances change, we need to tell our stories differently in order to bring out their timeless truth...every time men and women took a major step forward, they reviewed their mythology and made it speak to the new conditions. But...human nature does not change much, and...many of these myths, devised in societies that could not be more different from our own, still address our most essential fears and desires. (p.11)*

The usefulness of myth as a concept by which to further understand how child sexual abuse is conceptualised and responded to by Irish state and social systems, is that it provides a means by which the 'tales' that emerged from the data in relation to the issue can be traced over time and space, and their commonality of function revealed. I return to myth in Chapters 5, 7, 8 and 9.

Conclusion

This chapter introduced an explanatory model for how and why child sexual abuse is conceptualised and responded to within Irish state and social systems in the ways that it is. Termed the 'power, privilege, patriarchy triptych', the model is grounded in the data that emerged from qualitative interviews and social texts, and I adapted and contextualised concepts influenced by critical and feminist literature to frame the explanations reached from the data.

The following chapter begins the detailed process of delineating the 'power, privilege, patriarch triptych' when it looks at the legislative, ideological and theoretical suppositions, the systems, institutions and professional practices that underpin the responses of the Irish state (and the Irish state child welfare system in particular), to child sexual abuse. The Irish state child welfare system is located within the global and Western influences upon it, and it is here that I begin.

Chapter 5 State Directives and the Responses of the State Child Welfare System

Introduction

In Chapter 4, I presented an explanatory model for how and why child sexual abuse is conceptualised and responded to in the ways it is by Irish state and social systems, that is grounded in the data that emerged from qualitative interviews and social texts. Utilising a concept of mutually reinforcing and interconnected spheres of influence, the model locates the state child welfare system at its core, since this was the central system of inquiry to the study. Three interlinked phenomena, which together were seen to encapsulate the Irish state child welfare system response to child sexual abuse are contained within this sphere, (1) state directives (legislation, policy, professional guidelines, procedurals and protocols), (2) organisational rules and norms ('gate keeping', eligibility criteria, professional conduct around child sexual abuse (the latter incorporating (a) fear-based responses, (b) disclosure-reliant child sexual abuse assessments, (c) credibility assessments and (d) dualistic paradigms) and (3) 'official' knowledge production and presentation.

This chapter and the others that succeed it, discuss each of the three phenomena outlined above in depth. In so doing, key elements from Chapter 2 are revisited in an attempt to look beneath state responses to child sexual abuse.

In utilising a framework of reciprocal spheres of influence, the state child welfare system can be situated in relation to other state and social systems, for example; the political system, the legal system, the family, the educational system, the voluntary sector, the religious system, the cultural system, the medical system and the social welfare system. This chapter and the others that succeed it, attempt to draw out their interconnectivity in relation to how child sexual abuse is conceptualised and responded to.

Ultimately the state child welfare system and the state and social systems that surround it, are seen as being overarched by the combined impact of a mutually reinforcing and interconnected triptych of influences, those pertaining to power, privilege and patriarchy. The influence of this sphere is seen as all pervasive, and as mediated through a sphere of influence concerned at the interrelated levels of thought, language, discourse and myth. Utilising this framework, this chapter then and those that follow it attempt to illuminate why

the systems, institutions, procedures and practices that comprise the dominant state response to child sexual abuse in the Republic of Ireland have assumed their particular shape. The thesis leads on to exemplify the way in which child sexual abuse is conceptualised and responded to in this context, as well as the way in which such responses are justified and sustained.

This chapter concentrates on state directives (legislation, policy, professional guidelines, procedurals, protocols), and at the associated institutions, discourses and organisational rules and norms that surround state child welfare system professional intervention in suspected cases of child sexual abuse. The phenomena of thought, language, discourse and myth are explored here in relation to the construction of dominant 'authoritative' texts and versions of the 'social realities' of child sexual abuse, and the meanings they represent for the professional response to the issue. To contextualise the discussion, I begin by critically examining the purposes and functions of state welfare systems generally in both ideological and material terms.

State Welfare Systems

Harris (2003) cites Marshall (1963) who regarded welfare state services "...as the ransom paid by the ruling class for social stability and the maintenance of a capitalist society" (p.12). This is compatible with a Marxist view that emphasises "...the pacifying of the working class to diffuse opposition to capitalism..." (Scourfield and Welsh, 2003, p.414).

Langan (1999) argued that state welfare policies reflect changing perceptions of key sources of social instability. She argued that in the first half of the twentieth century, the welfare state emerged largely in response to the threat of social instability posed by class conflict; the major objective being to contain and integrate the labour movement. She noted that in the post war decades, the threat of class conflict receded, and the welfare state became consolidated as a major employer and provider of a range of services and benefits across all sections of society. However, she observed, it was increasingly subjected to castigation for economic decline generally, and for its inefficiency and ineffectiveness. Langan (1999) argued that the contemporary fear of capitalist societies is not class conflict, but the disintegration of society consequent to the system itself. This is seen in increasing anxieties around such perceived social instability exemplars as unemployment and homelessness, delinquency, drug abuse and crime, divorce, single

parenthood and child abuse. Thus, the role of state social policy today in the U.K. and the U.S.A. according to Langan, is to restrain and regulate the destructive effects of the free market.

Feminist Critiques of State Welfare Systems

Harris (2003) observes that while welfare bureaucracies were presented as providing "...a uniform standard of service, with impartial decision making by professionals subject to hierarchical accountability" (p.123), feminist critiques have questioned the extent to which they could be considered equitable.

Thus, Harris points to feminist literature which exposes the gendered assumptions underpinning welfare bureaucracies in which the concept of social citizenship relied on men being engaged in full-time paid employment in the public sphere, while women "...were to concentrate their energies on home-making and care-giving, from their location in stable heterosexual marriages..." (p.162). As Tonkiss (2000) notes

> *This model set a normative standard for welfare provisions, such that unemployment payments, widows' and old age pensions, and disability benefits, were intended to substitute for the male wage. Unequal gender roles were reinforced through welfare arrangements, reproducing a conventional distinction between men's and women's activities within the public/private spheres* [my emphasis]. *(p.487)*

In the previous chapter, I discussed feminist critiques of mainstream western social and political thought whereby a characteristic feature of established thought is seen to be the dichotomisation of concepts into oppositional pairs. Organising concepts into hierarchically ordered dualisms in which one side of each opposition is represented more positively, is perceived by feminist theorists to be fundamentally androcentric in origin. The 'public/private' dualism for many feminists, encapsulates the link between "...paired associations which repetitively represent a hierarchical order...to an inequitable sexual order" (Beasley, 1999, p.9).

So for instance as Harris (2003) argues, 'caring' within the welfare state was considered as a taken-for-granted resource assisting the state (and mediated through the agency of social work) in meeting its obligations to provide services to its citizens. It was subsequently to re-emerge as a dominant discourse in British Conservative and contemporary New Labour governments' community care reformation agendas, to which I

referred in Chapter 2. Indeed, citing HM statistics for 1999, Harris writes that the existence of 5.7 million carers has been estimated to be saving the taxpayer £34 billion a year attracting "...increasing government attention in terms of their existing and potential contribution to the social work business supply chain" (p.163).

Critical feminist analyses such as the above, contend then that state welfare systems play a significant role in upholding the status quo both ideologically and materially, in capitalist patriarchal social orders. This section begins a process of evidencing the applicability of such analyses to the Irish context.

O'Connor (1998) observed of the Irish situation, "...typically, male interests provide the main focus of the state's activity" (p.44). In her analysis of contemporary Irish society following Peillon (1995) and others, she noted the Irish state's vision has been "...forged in the context of the major forces in Irish society (e.g. property owners)" (p.44), who are as she pointed out, overwhelmingly men. She concluded, "Hence, perhaps inevitably, particular issues are likely to be seen as priorities" (p.44). O'Connor noted the "...ambiguous status of women in the public arena..." (p.4), whilst simultaneously unequivocally evidencing "...in Ireland, the state has tended to confine women to the familial arena" (p.27). And it is speculated here, women's widely disproportionate labour of 'care' (of children, of elderly relatives, of family members with disabilities) (O'Connor, 1998), is of significant financial advantage to the Irish state too.

In this way then, one can approach an understanding as to *why* child protection and child care generally, have been accorded low priority by the state. The ideological basis underpinning the relegation of child care and child protection to the female sphere of the 'private', is seen in such state directives as the Irish Constitution of 1937 and the primary child care legislation of the state (the 1991 Child Care Act), where 'adultism' and 'familism' (Murphy, 1996) prevail. Deconstructing terms such as 'adult' and 'family' in the context of child care, inevitably exposes the gendered assumptions underneath (Itzin, 2000b) that ascribe primary responsibility on women as mothers, for the care and protection of children. Furthermore, Itzin (2000b) argues that the use of gender-neutral language in the particular context of child sexual abuse (for example; 'parent', 'non-abusing parent/carer', 'family', 'intra familial', 'extra familial' sexual abuse), at conceptual, theoretical and methodological levels can have serious effects on research and its findings, and consequently on policy in relation to the issue. She argues for instance, that it is important

to distinguish the abusing parent by gender in order to "...make male violence and men as primarily the sexual abusers of children, become visible and conceptualised as causal in the aetiology of child sexual abuse..." (p.13).

I turn now to discuss the gendered nature of child protection systems, highlighting the compatibility of this with familial ideologies in which women as mothers are regarded as the main carers of children. Findings from the present study illuminate the very particular impact this has for organisational rules and norms in respect of cases of suspected child sexual abuse that present to the Irish state child welfare system.

The Gendered Nature of Child Protection Systems

Feminist scholarship in the UK has exposed the gender and class bias inherent to the child protection system. It has highlighted the tendency for child protection professionals to focus on the (predominantly poor) mothers in the families coming to their attention, while simultaneously avoiding fathers (Gordon, 1989, Hooper, 1992, Milner, 1993, Farmer and Owen, 1995, Itzin, 2000b, Farmer and Owen, 2000, Scourfield and Welsh, 2003). This is as much the case in the Irish child protection context too (Ferguson and O'Reilly, 2001, Buckley, 2003, Skehill, 2005).

Buckley (2003) found in her study of statutory child protection work in Ireland

> *... in terms of practice, the focus of child protection attention and adjudication was unapologetically on mothers even when fathers were known to be responsible for the alleged concern or harm.... (p.193)*

Buckley writes that this focus by professionals on mothers reflects two important issues; (a) the clear assignation of responsibility on mothers for the care and protection of children and (b) "...practitioner avoidance and mitigation of men where aggression might be anticipated" (p.193).

Data generated both from the 'lived experience' sample and the state child welfare system professional sample, indicate the extent to which the child protection system focuses on women as mothers in the context of alleged/actual cases of child sexual abuse that come to its attention, and the oftentime blaming stance it assumes towards such women. There were a number of dimensions to this. Research participation with the 'professional member of a social work team', the 'professional who works with children and families in the

community', the 'senior strategic manager' and the social work team leader pointed to the requirement on mothers to display to the organisation their prompt belief that child sexual abuse occurred, as a key measure of their ability to parent appropriately. What emerges from the data is that the (following Ferguson 2004), 'clock time' requirements of the organisation take precedence over the (following Ferguson 2004), 'lived time' of mothers and children, and the effects can be severe, for example the children may be removed into state care.

As the 'professional member of a social work team' said

> *...I look at it from where the professionals come in, and that really these children need to be protected immediately and...obviously it didn't work maybe to just remove...the father out of it which would seem the simplest thing to do...I feel that...maybe it needs, it could be at times planned better and slower. Ok, maybe the information comes to you last Wednesday, to try and hold it at that, that these families have been putting up with this for x number of years. Is it really necessary that they're removed on Friday? And on top of that...it looks like they may never go home...with the bit of information you'd have, it looks like Mam is unable to protect and they cannot be with Dad, so really all of a sudden all of this family is now disjointed...everything kicks in from what needs to be done and very often it actually...creates another layer of hurt and insecurity...*

This professional was of the belief that state child welfare professionals and social work teams in particular, are generally supportive towards mothers in the context of 'intra familial' cases of child sexual abuse. However, they believed that such professionals are largely constrained by organisational issues

> *...because the professionals I believe do the best they can with the resources they have...I do feel by and large we are sympathetic. I do believe* [though] *...even as a social work team we can give them* [mothers] *more...unfortunately because of workloads and pressure we can often...give that more time...I feel as a human being in a place where they're* [mothers] *very frightened and vulnerable I think everyone deserves to have someone that can sit down and hear them without judging them.*

Research participation with the 'professional member of a social work team', the 'senior strategic manager', and the social work team leader reveals that a proportion of 'intra familial' cases of child sexual abuse in their (separate) catchment areas, have resulted in

the children coming into care. The 'senior strategic manager' described circumstances as follows:

> *I'd say in those cases it's nearly…almost always intra familial to start with, and I suppose it's that the non-abusive parent either doesn't believe, or can't provide safety. Usually doesn't believe…and that means can't provide safety.*

The 'senior strategic manager', the social work team leader and the 'senior practice manager' acknowledged that this focus on women places an inordinate amount of responsibility on them for the care and protection of children from 'intra familial' child sexual abuse. Both the social work team leader and the 'senior practice manager' were of the opinion that this was not always appreciated by state child welfare system professionals generally, and that supportive services in this context in the words of the 'senior practice manager' are "…hit and miss. I think some people [mothers] get a lot of support either family support worker or we link in [local refuge] or other services. Some social workers are very good at doing that work…but I'm not sure we do it consistently and comprehensively…" The 'senior practice manager' said

> *… it's a lot on them* [mothers]*…and sometimes we're not very sympathetic to them in that context. We have a high expectation…we have case conferences or reviews or strategy meetings and… 'you have to do this, this and this' and…they make commitments at that meeting because they obviously don't want care proceedings…and sometimes they take on an awful lot, and then we think 'well, you didn't do this or you reached that expectation and why didn't you', and maybe we* <u>*assume*</u> [their emphasis] *they have the emotional capacity to enforce something, or have the supports within their own families.*

Thus as mothers' parenting comes under scrutiny and regulation, the fathers/male carers who are thought to have perpetrated the abuse are excluded from any such intervention. As the 'senior strategic manager' commented "I'm not sure…how we should deal with the abuser, if that's in our area of competency and in our area of responsibility". But it would appear that for the state child welfare system, 'dealing with the abuser' is certainly the mother's 'area of responsibility'. As the 'senior strategic manager' put it:

> *Until the non-abusive parent has some insight into the risks that their children…and if that penny doesn't fall, there's very little I think we can do, and I think there's things we*

can do around helping that, meeting with that person, talking them through it and that, and that would usually be attempted, and you would ask for the abusive parent to leave the home…and I would know of one case [outside of the study site]*…where the abusive parent would've agreed to leave the home, but the non-abusive parent was still not convinced, and long term we took the children into care because we felt she wouldn't keep him out and she didn't keep him out. So, I think…a lot of it has to do with the capacity of the non-abusive parent, and that puts a huge responsibility on them, but I think if the children are to stay at home, because we can do what we like about asking the abusive parent to move out, but we're not there at 10 o'clock on a Saturday night.*

Research findings indicating the lack of sufficient time and appropriate support afforded to women by the child protection system, in order to assist them in coming to terms with the possibility that child sexual abuse may have been committed by their partner/father of their children, have been seen elsewhere (Farmer and Owen, 2000, Macleod and Saraga, 1988, Faller, 1988, Hooper, 1992, Corby, 1998). Hooper (1992) undertook depth interviews with 15 women whose children had been sexually abused by male members of the household/non-resident family (not all of whom were adults). She found that mothers' discovery of their children's abuse is "…an active and interactive process which develops over time and has no clear beginning or end" (p.54). She wrote about 'awareness contexts' in this regard, relating to women's knowledge of the children's experiences of abuse as 'not-knowing', 'suspecting' and 'knowing'. In this way, there is scope for deeper understanding and appreciation of the complexities inherent to responses both from, and towards mothers, who come to official attention because of concerns that their children may have been sexually abused. In a related way, the concept of mothers' 'belief' that abuse occurred can be viewed as a process open to influence over time. For now, the approach evident in the belief/disbelief dualism adopted by state child welfare systems reveals itself to be simplistic and rigid, and cannot begin to take into account "…the mind-splitting dilemma analogous to that of the abused child" (Summit, 1983, p.187), faced by mothers in cases of 'intra familial' child sexual abuse.

Of the 18 'cases' of children/young people around whom concerns of a child sexual abuse nature focused in the present research, 13 fit within Faller's (1988) 'intra-familial' category (i.e. those who are suspected or known to have been abused by people living in the same household, or who are related to them). Three (Geraldine, Isobel, Sheila) fit within Faller's 'extra-familial' or 'non-related' category. The two remaining cases (Brian, Callum) related

to child-child sexual abuse, and a 'case' in which the identity of a perpetrator remained unspecified.

Of the 13 'intra familial' cases, eight involved concerns within the immediate household, i.e. children suspected or known to have been sexually abused by fathers, mothers' male partners and brothers (Elaine, Tilly, Francesca, Helen, Una, Vincent, Dana, Derek). Of these eight cases, none involved a child disclosing to her mother in the first instance. This is entirely consistent with the literature on children's disclosure processes, and I return to this in Chapter 7. In one case, a child was supposedly observed by a passer-by to have been sexually abused (Derek). In three cases (Dana, Elaine, Tilly) the mother had concerns about the child's behaviours/physiological presentation, prompting a disclosure from the child in one case (Tilly). In all four cases above, the mothers employed protective strategies and were pro-active in seeking help for their children. In a case involving two sisters (Francesca, Helen), the mother was unaware that concerns existed in respect of her partner until after her children had been removed into care following a disclosure made to a teacher. In this case, the mother was given no opportunity to display to the study site her protective behaviours, or her belief in the child's disclosure. In only one case in the present research did the mother display disbelief that her children may have been sexually abused by her partner (Una, Vincent).

National and international research (Gallagher, 1996, Sharland et al, 1996, Farmer and Owen, 2000, Ferguson and O'Reilly, 2001), consistently reveals that mothers represent the single largest group to report children's disclosures of child sexual abuse (and child abuse generally) to statutory authorities, including the state child welfare system. For organisations like that of state child welfare, a mother reporting to them may be the most visible demonstration of 'protective behaviour' towards her child, but it is not the only one (Gallagher, 1996). Gallagher cited an American study (Gomes-Schwartz et al, 1990), which found that more than 80% of the mothers of sexually abused children took some form of protective action towards their children, varying from talking to the child to prohibiting contact with the perpetrator. In the present research, the protective strategies adopted by the mothers of Dana, Derek, Elaine, Tilly included all of the above. Protective strategies also encompassed a combination of such actions as leaving their partner, taking the children for medical evaluations, confronting the alleged perpetrator, seeking advice and support from family and friends, seeking advice and support from non-statutory

organisations and seeking to minimise/supervise contact between the children and the alleged perpetrators.

Farmer and Owen (2000) conclude that the focus on women by the child protection system can lead mothers to be regarded as "...secondary perpetrators rather than as secondary victims..." (p.356). My thesis contends that this stance is compounded when it coincides with myths to do with child sexual abuse, specifically those pertaining to the role of the mother in 'intra familial' abuse. One such myth to emerge is that 'child sexual abuse is the mother's fault because she is an inadequate parent'. Findings both from the state child welfare system professional sample and from the 'lived experience' sample, suggest that this features significantly in state child welfare system responses to 'intra familial' child sexual abuse cases that come to its attention.

The 'professional who works with children and families in the community' said

> *I think all of us as professionals, we...think sometimes maybe 'you* [mother] *could have been more vigilant in looking after your children'. I think we all do this to a certain degree. If we're totally honest, we do...we almost assess it in that...side...we have expectations that women as mothers are the main carers...and the main protectors...I don't think it's a good system where we're blaming somebody who hasn't done anything really wrong, maybe has failed to notice stuff, but maybe there is other issues going on in the house and that they're not able to deal with everything that's going on.*

The 'senior strategic manager' was of the belief that

> *... the child can't move on if the family...if the mother can't deal with the guilt that this happened within her watch in some way, and that's very often a huge issue...no matter what we do with the child, she's going to be held back by that.*

When I asked the 'senior strategic manager' what a statutory agency can do to assist non-abusive women and mothers in cases of 'intra familial' child sexual abuse, they replied

> *A lot of it is first of all...if there were deficiencies in the care that should have been. It would be to identify those and help the parents see those and work with those...I think most parents...feel...they in some way let the child down...if there was deficiencies in care that has to be the thing...The mother has to be, the non-abusing parent helped*

deal with their own feelings around it…before they can help…no parent can help a child until they've in some way able to handle it themselves.

We have seen above that of the 13 'intra familial' cases, eight involved concerns within the immediate household, i.e. children suspected or known to have been sexually abused by fathers, mothers' male partners and brothers (Elaine, Tilly, Francesca, Helen, Una, Vincent, Dana, Derek) Findings from this study indicate that a characteristic feature of all of these cases save one (Derek), was where women experienced state child welfare intervention as 'mother blaming' (Armstrong, 2000) (Ms. Long, Ms. Jackson, Ms. Quinn, Ms. Layden, Ms. Wall). Please note that the women in these situations come from all three counties of the research site. Chapter 7 looks at people's experiences of the state child welfare system response to child sexual abuse in much greater depth, including those relating to 'mother blaming'. For now though, it is apparent from research participation with Ms. Layden and Ms. Wall, that they felt subjected to the corrosive myth that 'child sexual abuse is the mother's fault because she is an inadequate parent'. Ms. Wall said

Well, I made out now they [social workers] *took the kids side more, which they will like, I understand that. But I made out that I was the blame for <u>all</u>* [their emphasis] *of this…I took it that if I was watching 'em, this wouldn't have happened. But I know he* [male carer] *didn't do it. This kept coming out…but I looked after them as much as I could like…I wasn't, don't get me wrong, I'm not a brilliant Mam….*

Ms. Layden said

… the type the social workers are around here, they'll try and pin it on <u>you</u> [their emphasis] *saying 'well, you should have been looking after your child a lot better'…well that's the impression I got off of them, that I wasn't looking after her* [Tilly] *right, but the way I look at it you could go up there to the shop and come back and it* [child sexual abuse] *could have happened.*

It is argued here that the combined effect of the gendered nature of child protection systems and 'mother blaming' myths is to perpetuate a dominant gendered ideology that ascribes primary responsibility on women as mothers for the care and protection of children, moreover that holds them accountable for the occurrence of child sexual abuse in the first place, in a way that renders it largely unremarkable to do so. 'Mother blaming' myths are, as I see it, modern versions of the early myth associated with child sexual

abuse that 'daughters seduce their fathers', in the sense that people and factors other than the perpetrator are held responsible. The myths function I contend to deflect recognition of the routine occurrence of sexual violence against children from the (following Itzin, 2000a), 'ordinary' men who perpetrate it. I return to another 'mother blaming' myth that of women making false and malicious allegations of child sexual abuse against their male partners in custody and access disputes (Hooper, 1992) in Chapters 7 and 8.

Finally, Krane (2000) writes of the urgent requirement upon practitioners to explore and advocate on behalf of women "...around the emotional, social, and material resources needed to assist women in their protective efforts..." (pp. 83, 84). And to do so, as she sees it, within a broader context of deconstructing the gendered, classist and racist assumptions surrounding motherhood, which place exclusive responsibility on women for the care, nurturance and protection of their children. I turn now to look at the construction of professional discourses around child sexual abuse, highlighting their androcentric origins and implications for the protection of children from such harm, for the promotion of children and families' welfare generally, as well as for the prevention of child sexual abuse.

The Professional System and the Professional Discourse

As discussed in Chapter 2, it was not until the 1987 revised *Guidelines on Procedures for the Investigation and Management of Child Abuse* (Department of Health), that child sexual abuse achieved prominence as a form of child abuse in its own right within the Irish state child welfare system. This was some seven years after the physical abuse of children had (*Guidelines on the Identification and Management of Non-Accidental Injury to Children*, Department of Health, 1980). Similarly, Finkelhor (1984) observed in the U.S. context that child sexual abuse had not engendered the same kind of resource mobilisation there, as child physical abuse had. He contended that this was intrinsically linked to the fact that the perpetrators of child sexual abuse are predominantly male as are the policy makers, and he concluded that the gender politics of sexual abuse can often hamper effective policies and public action.

However Hudson (1992) wrote of the emergence in the UK in the late 1980s' of what she termed "...a child sexual abuse 'industry'..." (p.134), in which largely white, male, middle class professional experts and managers have come to control (predominantly female) practice in the area. The under-representation of women in management/decision-making

positions in local authorities is not peculiar to the U.K. In Ireland, while women constituted 71% of health board employees nationally, they occupied 7% of management positions, none of which were at senior management level (O'Connor, 1998). More contemporaneously, as evidenced in Chapter 2, Irish Health Service Executive (HSE) filled posts to date reflect a male dominated organisational culture, in keeping with the gendered nature of managerialism (Lupton, 1992). Research participants from the 'professionals' sample in the present study too broadly replicated the gendered division of labour in the paid employment sphere. Thus, the professionals most usually working 'on the ground' in the child protection and welfare arena are women, and are lower paid and often work part time, and the men who work in the field are at full time, higher management levels. Furthermore, Gray et al (1997) pointed to the critical analysis that several feminist commentators have offered concerning the growth of the 'child sexual abuse industry' "...in which the welfare 'professions' have annexed the field of sexual abuse pioneered (often in the face of professional scepticism) by feminist and/or survivor groups" (p.50).

Ferguson (2004) exemplifies this trend when he contends that it has been the professional child protection system that has "...prised open..." (p.139) the 'traditional' family, exposing what he terms as its 'darkest secrets'; child physical abuse, emotional abuse, child sexual abuse and domestic violence. The author argues that in so doing, the family is *made* accessible to "...new forms of intervention" (p.139). The 'new forms of intervention' the author specifies to be consequential to the effects of reflexive modernity (as discussed in Chapter 2), include the recognition by experts of the wide range of sexual abuses that can be perpetrated upon children, and children's and women's rights to be protected from such abuses. Additionally, Ferguson argues that there is a deeper appreciation of emotional life and harm, on the part of the expert system, together with a concern to "...promote the *democratization* [original emphasis] of intimate relationships and families" (p.140).

It is contentious to claim responsibility on the part of the state for highlighting woman and child abuse, in the absence of due consideration being accorded to the role of survivors and feminist activism. Kitzinger (2004) argues that the groundwork for public and media recognition of child and woman (sexual) abuse "...in the USA, Canada, Europe, Australia, New Zealand and many other countries...lay in early activities by feminists and survivors (and involved international links within the women's movement across the world)"(p.45). She traces how autonomous feminist initiatives such as refuges and rape crisis centres, were central to the early exposure of incest, since workers there found

... they were having to address the needs of women fleeing to protect their sexually abused children. They also realised that some women they were counselling were dealing with memories of their own abuse in childhood. (p.45)

Kitzinger overviews a range of feminist and survivor interventions internationally from the late 1960s, which she argues, were instrumental in highlighting woman and child abuse. The initiatives she points to include, conferences, consciousness-raising groups, testimonies from individual survivors, autobiographies and novels. The author describes how black women were at the forefront of confronting child sexual abuse, race and class oppression with texts such as Maya Angelou's *I Know Why the Caged Bird Sings* in 1969, and Alice Walker's *The Color Purple* in 1982.

However, it is certainly the case that women's contributions to mainstream western social and political thought have not been afforded equal weight to those of men's, reflecting in no uncertain terms the combined operations of power, privilege and patriarchy. Beasley (1999) observed

Current journals which discuss social and political thought tend to discuss a canon of major male theorists and are usually dominated by male writers, with few references to women theorists, feminist analysis or to women's position in social and political life. (pp.3, 4)

Code (2000) too contends that whilst over the centuries in western Europe, there has been much thought and activism by women in relation to their various situations, it is "...only in consequence of feminist scholarly endeavour are their works and deeds becoming known: few of them achieved canonical status" (p.xxi).

This is as true of Irish feminisms, whereby

Although major studies of the women's movement have recently appeared in Irish studies, orthodox interpretations of social change in modern Ireland continue to either ignore or else diminish feminism as a minor historical player. The true force and impact of this important movement has been either written out or underplayed in distinguished accounts of social change. (Connolly and O'Toole, 2005 p.2)

Western feminists have demonstrated that such a focus on the centrality of the male in social and political thought is evident in Judaeo-Christian theology, and Greek philosophy

"... both of which remain fundamentally important in present-day Western political concepts as well as in the general cultural heritage of the West" (Beasley, 1999, p.6). Code (2000) sees this as linked unquestionably, to

> *... 'natural' justifications of patriarchy...*[in which]*...woman's place in man's world derives both from her essential biological, reproductive function...and the inferiority of her reason to man's. (p.378)*

Returning to the appropriation by the child welfare establishment of child sexual abuse, Hudson (1992) noted that one of the effects was to encourage "...white male ideas, rather than those of women or other disadvantaged groups, to prevail in professional and public discourses about child sexual abuse" (p.135).

A radical feminist discourse unequivocally links child sexual abuse to issues of male power, and the prevalence of men's sexual and physical violence. Itzin (2000) argues for the absolute necessity, for "...men as primarily the sexual abusers of their own and other people's children in the wider context of men's physical and sexual violence and abuse of women and children" (p.xx), to be made explicit. She speculates whether it is possible

> *... yet for 'society' and its 'powers that be' – in government, in the policy making of the civil service, in the professions and their associations – to accept the fact that this 'men-thing' is not a 'feminist anti-men-thing', but a problem evidenced unequivocally, both empirically and analytically; and to recognise it as a problem that has to be addressed and resolved if child sexual abuse is to be ended. (p.xx)*

Accordingly, Itzin (2000) contends

> *... notwithstanding how otherwise systemically sound, intelligent and well intentioned it may be, child protection policy and professional practice will fail ultimately, inevitably to stop abusers abusing, unless it addresses the sexual abuse of children as an issue of men's violence.... (p.4)*

Chapter 2 traced the establishment of specialist child sexual abuse assessment units in Ireland, and the views of commentators like Ferguson (1996) and McGrath (1996), who saw such developments as essentially protective of children where child sexual abuse was suspected. Both Ferguson and McGrath pointed to events such as the 'Cleveland affair' in the U.K. in 1987, and the 'hostile legal climate' that prevailed in Ireland, as being influential

to the establishment of such units here. I refer the reader to Appendix 2 for an analysis of the 'Cleveland affair' and related matters. What remained inadequately addressed however, in both Ferguson's and McGrath's analyses, was why the *sexual* abuse of children as opposed to all other forms of child abuse, was being responded to in such a way that the establishment of distinct institutional structures, and the construction by the state of discourses around the professional 'validation' of what children 'allege' about their abusive experiences, was considered requisite.

McGrath (1996) pointed out that professional intervention in cases of suspected child sexual abuse has revealed itself (and this thesis confirms that it continues to do so), to be highly cognisant of the need to tread carefully, as he observed because of its potential for controversy and/or negligence claims. However, findings from this study suggest an alternative explanation for caution on the part of the professional system. So it is I begin now to look at the use of language in state directives (policy, professional guidelines), and its impact on the creation of discourses and consequently, interventions. Associated documentary data, here in the form of state child welfare system 'official' records (1989-2005) relating to specialist child sexual abuse assessments from one such unit in the study site are then briefly overviewed for the meanings that they suggest for this form of professional intervention in child sexual abuse.

Caution and Legalism in State Directives Pertaining to Child Sexual Abuse

The 1987 revised *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse* (Department of Health), as a document it is argued here is a crucially important one, since it served to establish on the part of the state child welfare system, a dominant discourse in relation to child sexual abuse which endures to date. That is, the construction of child sexual abuse as a distinct social problem requiring caution on the part of the professional in responding to it, and which centres on the responsibility accorded to children to tell of their abuse, and upon state child welfare professionals to 'validate' what children tell.

The textual organisation of the 1987 document through its layout, specialised language and rhetorical devices, clearly demarcates child sexual abuse as distinct from other forms of child abuse. Sexual abuse is the only form of child abuse to be accorded a separate section in the table of contents. Under the section heading 'Management of Cases' in the

table of contents, the reader as a 'community care social worker' and the reader as a 'public health nurse' is directed specifically towards the separate section in the document dealing with sexual abuse in order to guide the 'action to be taken' in such cases.

The 1987 document uses repetition as a rhetorical device through which to emphasise the distinct nature of child sexual abuse over and above other forms of child abuse, and the particular nature of the professional response required. Thus readers are repeatedly advised

> *The procedures to be followed in dealing with child sexual abuse do not differ from the general guidelines. However, the identification and validation of child sexual abuse is fundamentally different* [my emphasis] *and a separate section…is included which sets out particular issues which must be borne in mind in such cases. (p.7, p.13, p.15)*

Sentences are extracted from this paragraph and repeated again on pages 16 and 17. Page 16 in fact, explicitly advises the reader as a 'general practitioner', "It is important to note that the problem of child sexual abuse is a specialised one and as such cannot be dealt with exclusively in general practice" (p.16).

Gregory and Holloway (2005) trace the changes in language over the history of social work in the U.K., within the socio-political and socio-economic contexts from which the profession emerged. The authors are of the view that language can be controlled in order to support dominant agendas, and that "…the language chosen is significant as the embodiment of both concepts and values" (p.38).

The 1987 *Child Abuse Guidelines* (Department of Health), used language in a very particular way when writing about child sexual abuse, reinforcing its distinction from other forms of child abuse, as well as overtly linking it with the legal system. Thus, terms and concepts such as "…validation…" (p.7), "…intrafamilial…extrafamilial sexual abuse…" (p.17) were introduced, as was the concept of "…the initial verbal complaint [of sexual abuse] by the child…" (p.23). The particular action required of the professional following a complaint of sexual abuse made by a child, was to initiate "…the necessary investigation and validation process" (p.23). The language of caution *and* legalism was employed; "Professional staff should take particular care to ensure that the initial verbal complaint by the child to them is preserved in writing" (p.23).

Repeated references are made throughout the 1987 guidelines to the role of An Garda Siochana in child abuse work. The guidelines advise that while the health board will need to pursue all cases where it is known or suspected that a child is actually, or at risk of being harmed, "...the involvement of the Gardai will depend on whether it appears that an offence has been committed " (p.9). However, the guidelines advise "The Gardai, if not already involved, must be notified as quickly as possible where a breach of the law is indicated" (p.19). Specifically in relation to child sexual abuse however, the Garda role in the case is unequivocal "At any stage in the investigation where there are reasonable grounds for suspecting child sexual abuse the DCC/MOH should report the matter to the Gardai" (p.23).

Adopting a fundamentally different approach to the identification and investigation of child abuse generally, the guidelines enshrined the concept of an expert or specialist facility in which designated multi-disciplinary teams would examine children and validate "...alleged child sexual abuse" (p.24). A caution was repeated

> *These teams will require to be sensitive to the needs of sexually abused children and to the many complex issues involved including matters related to the giving of evidence in Court. (p.24)*

The intertextuality (Atkinson and Coffey, 1997), or the relationship between the 1987 *Child Abuse Guidelines* (Department of Health) and the *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999) document that succeeded it, is seen in the fundamental endurance of a dominant discourse in which child sexual abuse is represented as particular, and as necessitating caution on the part of the professional. In regards to the latter, the rhetorical device employed is the 'bolding' of text pertaining to the professional role:

> *In most instances, depending on the nature of the concern, the child should be seen by the professional conducting the enquiry and spoken to personally, in a manner appropriate to his or her age and stage of development.* ***The child should not usually be interviewed in detail about sexual or serious physical abuse. This may be more appropriately done at a later stage by specialist personnel or An Garda Siochana, or both.*** [original emphasis] *(p.73)*

The especial connection made between child sexual abuse and the legal system, is again seen in the caution that is worded at the foot of the 'Definition of Sexual Abuse' in the *Children First* document:

> ***It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offences of sexual assault.*** [original emphasis] *(p.33)*

The concept of cautioning specialist child sexual abuse assessment practitioners that they may be required to give evidence in court also appears in the *Children First* (1999) document. This caution is also directed to the reader as a 'medical practitioner', who examines a child in the belief that a medical examination will more clearly indicate whether or not a child has been physically abused, seriously deprived or neglected or sexually abused

> *The medical or specialist practitioner who carries out the examination or assessment must give a written report of the findings, and must be made aware that he or she may be required to give evidence in court. (p.74)*

This concept imbued with the language of caution, and directed towards the professional who assesses child sexual abuse, is seen throughout this thesis to have very particular implications for professional responses to the issue, those both within and without the state child welfare system.

Caution and Legalism in 'Official' State Child Welfare System Records

McGrath (1996), as outlined in Chapter 2, contended that a significant factor influencing child protection, policy and practice developments pertaining to child sexual abuse in Ireland related to the fact that it 'could affect any child and thus became a middle class issue'. Thus, in McGrath's opinion, child sexual abuse could not be sidelined socially and politically, as 'child cruelty' had been. Simultaneously, he observed that professionals, and indeed children, in the context of child sexual abuse were experiencing a more 'hostile legal climate' when giving testimony in court. Once again, what remains unclear is why specifically the sexual abuse of children, as opposed to all other forms of child abuse, demanded then as now (and I return to this below and in the succeeding chapters of the thesis) such particular, exacting responses both from professionals and from the children who may be sexually abused.

The answer may lie in its ubiquitous and classless nature. Child sexual abuse transcends class boundaries (Hudson, 1992, McGrath, 1996, Department of Health and Children, 1999, Nelson, 2000, Mc Gee et al, 2002), with the potential therefore to expose the sexually abusive behaviours of middle class men to a child protection system heretofore focused on the poor (Day, 1992, Farmer and Owen, 1995, Parton, 1997, Ferguson and O'Reilly, 2001, Buckley, 2003, Scourfield and Welsh, 2003, Ferguson, 2004). The power that such men possess both materially and symbolically, as bastions of respectability and decency, suggests that allegations of child sexual abuse will be vigorously denied, with implied or actual recourse to a legal system dominated by their peers.

Text based documentary archives from one specialist child sexual abuse assessment unit in the study site, provide insights into how professional intervention in child sexual abuse cases (as exemplified by the reports written in pursuance to such work), has been influenced over time in a trilogy of ways, and implicitly refer to wider public, policy and procedural concerns. I return to proceduralism in the following chapter. For now, I refer the reader to Chapter 3 where I outline the parameters involved in analysing such 'official' reports. I remind the reader here that none of the reports overviewed relate to the research 'cases' from the 'lived experience' sample in the present study.

Firstly, 'official' records in their titles reflect a changing orientation. From the period 1989-2005, titles have variously changed from 'child sexual abuse assessment report' to 'child sexual abuse validation and assessment report' and latterly to 'child sexual abuse investigative assessment report'. Thus, a shift in specialised language has occurred from that routinely associated with child welfare system work, i.e. 'assessment' to that usually associated with the legal system, i.e. 'validation', 'investigative', presumably mirroring (and over time entrenching) the legalese pertaining to child sexual abuse evident in the *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse* (Department of Health, 1987). The language shift at the 'headline' point of the document suggests a change in the construction of the meaning of the work, as much as it suggests a change in the conduct of the work itself. At the very least, such 'headline' changes over time suggest that the focus of professional intervention in child sexual abuse work has shifted from the broad, to the very specific.

Simultaneously, literal readings of the authorship of documents demonstrate how professional intervention in child sexual abuse has altered in terms of who conducts the

work. Earlier, one professional, usually a social worker (although at times a clinical (child) psychologist) would assess such cases and write a report, latterly a team of two professionals, usually social workers or a combination of clinical psychology/social work would undertake this work. Interpretations about what such a change in assessment team composition means for the conduct of child sexual abuse intervention may of course be related to the 1987 Department of Health directive. It may represent an attempt to comply with the recommendation that designated multi-disciplinary teams for 'the examination of children and the validation of alleged child sexual abuse' conduct the work. It may also relate to the pragmatic, whereby one professional interviews the child whilst the other manually/video-records the proceedings, and is present for joint consultations about what the contents of the interview mean vis a vis the occurrence of child sexual abuse. However, if one considers the societal and organisational context within which such work is undertaken as discussed earlier, an equally plausible interpretation concerning the need for professional caution in single-handedly reaching determinations as to the occurrence of child sexual abuse, may have some purchase.

Thirdly and finally, interpretive readings of the 'conclusions' of assessment reports from the documentary archives, suggest an evolving awareness of their potential to be utilised in a potentially adversarial (civil) court setting. Earlier reports did not appear to be as influenced in this way, as exemplified in the use of language unrestrained by legalism, - 'sexual abuse very likely has taken place' (1989), '[child] has indicated what would appear to be sexual abuse by [named perpetrators] (1990), 'very suggestive of her [child] being sexually abused' (1991), '[child] has been abused by [named perpetrator]' (1992).

Further, language and concepts usually associated with child welfare work surround the conclusions of assessment personnel. In this way for instance, it becomes apparent that verbalisations from the child are not overly relied upon in order for assessment personnel to reach opinions about the occurrence of child sexual abuse. Thus, non verbal elements of the child's presentation are described alongside conclusions reached by assessment personnel, and their location in this way within documents suggests their equal merits in assisting with assessing the occurrence of child sexual abuse. For example; 'while [child] did not disclose any sexual abuse in our assessment [other symptoms] would indicate that she may have been sexually abused' (1990), 'impossible to reach any conclusions in this case other than to note [various symptoms of concern]' (1991), 'While [child] did not explicitly state what actually happened in [alleged perpetrator's house] we are of the

professional opinion that she was exposed to a series of what were for her disturbing experiences. She communicated that verbally and also in her physical presentation. However she was not willing to elaborate any further for possibly one or more reasons...it will be important for some input with her around such emotions...' (1993).

Later documents, through their language use and tone signal a distinct awareness of potential court implications, with the increased use of legalistic terms such as 'for prosecution purposes', 'alleged incidents', 'sufficient grounds', 'on the balance of probabilities', 'alleged abuse', 'child's statement', 'credible', 'adjudicate the validity or otherwise of this allegation'. Further, the uses to which legalistic type language is put, as well as its location at the conclusion of the documents, suggests that for the purposes of these documents (which of course, represent versions of the 'reality' of state child welfare sexual abuse assessments), a quasi-legal professional opinion as to whether child sexual abuse occurred or did not, based on interpreting the child's verbalisations, has assumed precedence in child sexual abuse 'assessment' work.

Thus, '...From a child protection viewpoint, his [child] assessment indicates that his experience of alleged sexual abuse has indeed caused him considerable distress...However for prosecution purposes, this remains an incomplete validation due to the lack of contextual information relating to the alleged incidents' (1992), 'she [child] exhibited on one occasion sexualised behaviour with a teddy bear. However she did not provide sufficient details to enable us in our assessment to come to the professional opinion that she has been sexually abused' (1994), 'This attempted assessment remains inconclusive mainly due to this child's inability to respond to interviewer's questions...' (1994), 'on the basis of information gathered during this assessment, our recommendation is such that there is sufficient grounds to accept that on the balance of probabilities that the alleged abuse as disclosed by [child] has occurred...' (1995), 'On the basis of interviews with [child's parents], consultations with key professional personnel involved in this case and validation assessment interviews with [child] herself, it is our opinion that on the balance of probabilities, [child's] statement of sexual abuse is credible and valid' (1995), 'It is the opinion of the assessment team that having regard to the above information [child] on the balance of probability was sexually abused. She has named her father as the perpetrator' (1999), '...[child] described inappropriate sexual behaviour whereby...However, [child] does not wish to discuss this any further at this point and did

not supply contextual detail therefore it is not possible for the clinical team to adjudicate the validity or otherwise of this allegation' (2003).

Having thus begun to look at the construction and consequences of a dominant 'authoritative' version of the 'social reality' of child sexual abuse that sees it as distinct, as a matter for professionals to exercise especial caution around and as the realm of state child welfare system experts who 'validate' what children 'allege', I turn finally now to look at the construction of a more recent dominant 'social reality' in respect of child sexual abuse.

The 'False Allegations' Construct

From the late 1990s and early 2000s, new concepts associated with 'false allegations' of child abuse and adult protective strategies in order to militate against such allegations appeared in Irish state and social systems' texts/directives. Chapter 9 looks at directives relating to teachers pertaining to these issues, in so doing exemplifying the interconnectivity between state and social systems in relation to how child sexual abuse is conceptualised and responded to. Contextualising such documents in time and space, reveals a setting in which unprecedented numbers of Irish children and adults were publicly declaring their experiences of having been sexually abused, as well as their experiences of state systems that failed to protect them (see for example, Raftery and O'Sullivan, 1999). We have seen in Chapter 2 the massive financial implications of this for the state. Additionally, is seen an international context in which the phenomenon of 'false memory' of child sexual abuse had emerged as a concerted challenge to children and adults' declared recollections of abuse (Itzin, 2000b).

I begin by examining the construction and impact of the 'false allegations' 'social reality' as it pertains to non-statutory work with children, proceeding then to so do in respect of foster care on behalf of the state child welfare system.

Protecting Volunteers from 'False Allegations'

In 2002, the Department of Health and Children issued guidance entitled *Our Duty to Care The principles of good practice for the protection of children & young people*, aimed specifically at community and voluntary organisations providing services for children. The intertextuality (Atkinson and Coffey, 1997) between *Our Duty to Care* and the earlier *Children First National Guidelines For The Protection And Welfare Of Children*

(Department of Health and Children, 1999), document is overtly established in the 'Introduction' section. This is seen in highlighted text and instruction throughout the document where the reader is urged to read, become familiar, and in the event of their producing any new local guidelines on their organisation's behalf, that they be consistent with *Children First*.

'Section One Principles of good practice' sets the tone of the document by listing 12 'principles of good practice'. The reader as worker in a community/voluntary organisation, is advised in the introductory paragraph that the adoption by their organisation of such principles

> *... will help to create an environment in which children are listened to, given a sense of belonging, and kept safe; parents are supported and encouraged; and staff and volunteers who work with children and young people are supported and protected. (p.4)*

The fourth 'good practice principle' clarifies what it is staff and volunteers need to be protected from:

> *Adopt the* ***safest possible practices*** [original emphasis] *to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take risks and leave themselves open to accusations of abuse or neglect. (p.4)*

The concept that volunteers/employees may have accusations of abuse (including 'erroneous or malicious' allegations) made against them, emerged in the *Children First* (1999) directive. The new concept that has prominently (by virtue of its location in the document) entered state directives in relation to child protection policies and procedures here is that of the vulnerability of the worker to such 'accusations'. The instructed reading is that (erroneous or malicious) allegations of abuse against well-meaning workers are a very real risk. The language of 'risk' in conjunction with workers' vulnerability to 'accusations of abuse or neglect' is repeated through the document. Indeed at the foot of the same page:

> ***Remember that*** [original emphasis] *Valuing children means valuing workers as well; insisting on safe practices, eliminating the necessity for staff to take risks and providing them with support will make for a healthier and safer organisation. (p.4)*

The term 'vulnerable' is expressly employed in 'Section Four' concerned with the development of 'safe management practices and policies', "Managers should be alert to any unusual incidents or activities that take place where workers may be putting themselves in vulnerable positions" (p.13).

What I see as adult protective strategies in order to militate against the risk of 'false allegations' of child abuse are to be found in the 'Codes of behaviour between workers and children' in Section Two of *Our Duty to Care*. They are given heightened status within the document by virtue of the fact that they are repeated on the first of seven stand-alone self titled 'Factsheets' that accompany *Our Duty to Care*. In list format and explicitly introduced as preventative measures against accusations of child abuse thus:

> *All organisations should establish a code of behaviour between workers and children, to avoid the possibility of misunderstanding, or the potential for allegations of misconduct. Such codes should include the following guidance. (p.6)*

Workers are cautioned *inter alia*, about the 'risks involved in participating in contact sports or other activities', becoming 'over involved or spending a great deal of time with any one child' and giving 'lifts in their cars to individual young people, especially for long journeys'. It is difficult not to conclude that such proscribed activities with children are concerned with the 'risks' to workers that they pose in relation to children making 'false allegations' of sexual abuse against them.

Murray (2005, unpublished) conducted a small-scale study involving seven unpaid volunteers from two non-statutory organisations in the Mid Western area of Ireland. She sought volunteers' perceptions and experiences of working with children in the context of the relatively new *Children First* policy obligation on them to respond to and report child abuse to the statutory authorities.

Findings from Murray's study reveal volunteers to be so fearful of being falsely accused of abuse by children that they (all), "...are highly anxious of *ever* [my emphasis] being alone with a child" (p.71). Volunteers' fears of being so accused seem to have affected the experience of working with children, both for the volunteers and the children. Thus, "...the volunteers' experiences of working with children have undoubtedly shifted, from a position of ease and comfort, to a position of caution and anxiety" (p.68). Simultaneously, such fears have precipitated changes to working practices, such that now"...their [volunteers']

engagement with children is dominated by a practice of 'two [adults] to one [child]'" (p.71). In a particularly concerning comment made by one of Murray's respondents, a volunteer recounted an occasion when a child became unwell on a trip away, "... a leader had to come all the way across the yard to get another adult to go into the room with her [to check on her]" (p.68).

Murray concludes that such practices may create a distance between volunteers and children, and she cites Ferguson (2004) writing in the professional context:

> *... systematic distancing from children by professionals is severe and dangerous and is the aspect of contemporary child protection that is* [sic, appears] *most resistant to change. (p.216, cited in Murray, 2005 p.72)*

Murray cites from Ruddle and Mulvihill's survey in Ireland conducted in 1997/1998, which found that 33% of the adult population are involved in volunteering activities generally (Ruddle and Mulvihill, 1999). She could find no statistics for the numbers of volunteers working primarily with children. As such, it may be inferred that a proportion of those who volunteer are drawn from the general population, and may not either have worked in the past, or presently, with children in any professional capacity. Whilst not making any claims of generalisability on behalf of Murray's study, it is suggestive that the belief that children make 'false allegations' of a sexual abuse nature is present within the general population. She found that six out of the seven volunteers whom she interviewed were fearful of children making 'false allegations' of abuse against them, and as outlined above, all seven volunteers have adopted precautionary practices as a consequence. Murray suggests that volunteers' knowledge of child abuse have been influenced both by the *Children First* briefings given to them by health board professionals, and media reporting of the issue. I concur with her speculation, that these contexts may only have exacerbated "...a fear that was already there" (p.72).

Protecting Foster Carers from 'False Allegations'

The recently produced (2003) *Safe Care In Foster Care* ([Research Site] and Irish Foster Care Association, undated), document declares in the opening paragraph of the Foreword that it is written for foster carers, relative carers and health board staff as "...an aid to promoting safe care practices, and as a guide to dealing with allegations of abuse that may be made against carers" (p.3). It describes the health board's responsibilities in the context of out of home care for children and young people as including,

> *... the building of safeguards into the role of fostering which can help minimize the number of allegations that are likely to arise, and help reduce the anxiety and uncertainty, which accompanies such allegations. (p.3)*

In this context, The Irish Foster Care Association is documented as being concerned at the "...growing number of allegations arising in foster care" (p.3) whilst acknowledging, "...some of these allegations will be confirmed and that some will be false" (p.3).

In a similar vein to the earlier document, *Our Duty to Care The principles of good practice for the protection of children & young people* (Department of Health and Children, 2002) aimed at community and voluntary organisations providing services for children, the concept (and language) of *protecting* foster/relative carers from allegations of abuse is explicit, indeed prioritised in the Foreword of *Safe Care In Foster Care*. Thus,

> *The Health Board and the Irish Foster Care Association are committed to working in partnership with each other in order to:*
>
> *Ensure that the children in foster homes/relative care homes receive high quality care*
>
> *Support and protect the foster family/relative care family in their task of providing that care*
>
> *Ensure children are protected from abuse. (p.3)*

Safe Care In Foster Care proceeds to clearly specify who it is foster carers are at risk from in relation to allegations of abuse "Unfortunately, children and adolescents, and the parents of children in care may on occasion make false allegations" (p.38).

Thus, the tone of *Safe Care In Foster Care* is in advocating the development of state sanctioned "...clear house rules and practices that actively help foster carers/relative carers protect themselves against allegations" (p.4). In keeping with the *Our Duty to Care* document, *Safe Care In Foster Care* is not explicit that the 'house rules' it prescribes are to protect the foster family/relative care family from allegations of *sexual* abuse; although the instructed reading declares it to be so. Thus, six examples of 'safe' 'practices' or 'house rules' are listed,

Bathroom door is closed unless foster carers/relative carers have to assist a child with personal hygiene. In this case, it would be advisable to leave the bathroom door open or have another adult present if possible.

Only one child at a time in the bathroom.

Children are not allowed into each other's bedrooms (with doors closed).

Everyone should be adequately clothed when in public areas of the house.

Everyone's right to privacy will be respected.

Always knock, or ask permission, before entering another person's bedroom. (p.15)

Safe Care In Foster Care cautions against teenaged boys babysitting "...especially where the foster child has been a victim of sexual abuse" (p.18). This may reflect an awareness of research findings indicating the particular risks posed by adolescent males in relation to sexual abuse. Thus, the perpetrator was another child or adolescent in over a third of allegations relating to child sexual abuse coming to the attention of the child protection system in Liverpool in the U.K. (Glasgow et al, 1994). One in five offenders found guilty at all courts or cautioned for a sexual offence in England and Wales in 2001 was under 18 years old (Hackett, 2004). In the Irish context, the perpetrator was another child or adolescent in one in four cases of child sexual abuse (McGee et al, 2002), and in the present research, four of the 14 alleged perpetrators were male children and adolescents. The research indicates that the vast majority of adolescent sexual abusers are male (Hackett, 2004, Print and Morrison, 2000, Travers, 1999).

However, none of this is alluded to in *Safe Care In Foster Care* and in the absence of such context, the linking sentence 'especially where the foster child has been a victim of sexual abuse' is problematic, and open to interpretation as to what their role is considered to be in the dynamic. The sentence is immediately followed by

In the case of a foster carer/relative carer's teenage son babysitting a foster child, the Health Board and Irish Foster care Association advise caution as a protection for their own children against allegations. (p.18)

I contend that there are three possible interpretations herein. One is that the 'teenage boys who baby-sit' and sexually abuse are 'other'/'deviant', i.e. not the sons of foster carers. The second interpretation is that the sons of foster carers will sexually abuse, but in order to prevent them from doing so, it is necessary to prohibit them from babysitting. The third and overarching assumption is that children who were sexually abused before, will cause other males to sexually abuse them again, and that whether they are abused again or not, they have the potential to make 'false allegations' to this effect.

Research participation with the 'senior practice manager' in the present study confirms that whilst the 'safe care' guidance 'officially' is in respect of conduct around all children coming into foster care, and in relation to all forms of child abuse, a very particular approach is advocated towards children known to have been sexually abused.

> *To give you a practical example where we would say certain restrictions like…you can't go around the house semi-clad, if…your own children you bring them into the bed with you, you can't do that with children who've been sexually abused….*

Under the subheading 'Protection For The Foster Family/Relative Care Family' in *Safe Care In Foster Care*, there is a section entitled 'Role of the male within the family'. It advises

> *While most allegations are made against a male in the home, it is important for the man not to feel so inhibited in his behaviour that this would result in a placement being less than successful. (p.17)*

Interestingly, the *interpretation* of the guidance by state child welfare professionals and passed on to male carers, appears to leave males feeling just so inhibited. The 'senior practice manager' said

> *… we've to be careful around the role of the father, if you're bathing young children who've been sexually abused. A lot of fathers have found that very restrictive, they say 'well, I can do it for my own children, how come I can't bath…I can bring my own four year old into the bed, you're telling me I can't bring the foster child who's six into the bed'…all those restrictions…they find that very challenging…<u>Certainly</u>* ['senior practice manager's' emphasis] *where there's a concern…or a confirmed abuse we say it is <u>definitely not ok</u>* ['senior practice manager's' emphasis] [to be semi-clad, to bring the

children into the foster carers' bed, for male foster carers to bathe children]*...we certainly give them advice 'be careful'... leaving doors open or...we advise them* [foster carers] *that these kind of contexts can be more... risky...in terms of an allegation from the child...but certainly from a child who has been sexually abused, we have sort of red flag areas, and that can be very hard for the men, because it's ok for the mother to do it, she can bath, she can do that she can do this, and 'you're telling me I can't do it, ...I've reared eight of my own and you're telling me I can't do it with a foster child'....*

Safe Care In Foster Care instructs that house rules "...should be age appropriate and have some flexibility" (p.15), and that "It is important that foster carers/relative carers do not withdraw affection but rather find alternative safe ways to demonstrate to the child that they care for them and want to support them" (p.12). Arguably though, the pre-occupation with 'false allegations' of sexual abuse may adversely impact the nurturance so crucial for healthy child development. Further, the stigmatic responses described above in relation to children suspected or known to have been sexually abused, have the potential arguably, to isolate them and to reinforce notions of their inherent 'bad', corrupt and culpable natures.

In Chapter 2, entitled 'Understanding Why Abuse Occurs', *Safe Care In Foster Care* begins with the sentence that child abuse and neglect "...can and does occur in foster care and residential care" (p.22), and documents that "...there has been a significant increase in reports of abuse in foster families/relative care families, and this trend appears to be growing" (p.22). However, *Safe Care In Foster Care* implicitly aligns itself with the 'false allegation' discourse when it proceeds directly to make reference to a survey conducted on behalf of the Irish Foster Care Association (Kelleher Associates, 2000). The survey is reported as finding that the number of allegations of abuse against foster families has risen by 121% in the period 1996-1998. The document cites that there were 29 reported allegations in 1996 and 63 in 1998. Citing from the survey, the *Safe Care In Foster Care* document (p.22) observes

While this is a worrying trend, it is important to note that this represents allegations against 1.1% of families fostering in 1996 and 2.1% in 1998. The international research would suggest allegation rates of between 4% and 12% any given year. (Report of the Working Group on Foster Care Foster Care – A Child Centred Partnership, May 2001, Department of Health and Children)

There are no further details given as to the nature of the allegations made, their origins, who the alleged perpetrators were, or what the outcomes of the allegations were. It is illustrative to note in this regard the use of the language of 'allegation', as opposed to 'disclosure', and why the former term is used in the context of foster families, and the latter in respect of birth families/families of origin/'extra familial' cases of suspected abuse. The absence of this information, in the specific context of the production and consumption of 'safe care' guidance, contributes to an instructed reading that sees carers as increasingly vulnerable to 'false allegations' of child (sexual) abuse. This position is legitimised by the study site through its public allegiance to the statement that the making of allegations is 'a worrying trend'. This notwithstanding that children are 'officially' routinely exhorted to tell of any possible abuse they may have experienced/are currently experiencing, and that it is the state child welfare system's statutory obligation to respond to such disclosures.

The Minister of State at the Department of Health and Children with special responsibility for children established a working group in 1998 to review and make recommendations on all aspects of foster care services. The ensuing *Report of the Working Group on Foster Care Foster Care A Child Centred Partnership* (Department of Health and Children) was published in 2001, and the intertextuality between it and the later *Safe Care In Foster Care* document is apparent.

The penultimate chapter entitled 'Providing Safe Care', begins with the acknowledgment that "...not only have children been abused in their own homes, but also while they have been in care" (p.78). The tone of the chapter is set when it negates to provide data in relation to this, but rather proceeds to describe the especial vulnerability of children in foster care, ascribing it to the abusive, 'difficult' and 'negative' experiences some may have had prior to their entry into care. It advises "Some children act out the distress related to their past in their behaviour" (p.78). Accordingly,

> *All children who have been abused have experienced a breakdown in the trust which they had in someone. This can often lead to difficulties in establishing a relationship of trust with their foster family. (p.78)*

Under the succeeding subheading, 'Incidence of Abuse in Foster Care', is written

> *Foster carers are more likely to be the subject of an allegation of child abuse and neglect than the average family in the community and indeed, children have been abused while in foster care. (p.78)*

Immediate reference to Kelleher Associates survey on behalf of the Irish Foster Care Association, *Allegations of Child Abuse against Foster Families* (2000) however, serves to shift the focus from the incidence of *abuse* in foster care, to the increase in the incidence of *allegations* of abuse against foster carers. Thus, the way is paved for the dominant theme of protecting foster carers against allegations of abuse.

The Report of the Working Group on Foster Care proceeds

> *Abuse of foster children is not confined to foster carers, it can also be carried out by persons other than the foster carers, such as other children in care who are in the home. There have also been cases of inappropriate behaviour on the part of foster children towards the foster carers' own children and other foster children in the home. (p.79)*

There is no mention of the possibility of abuse of foster children by the foster carers' own children.

Under the subheading 'Characteristics of Abuse in the Care Setting', it is asserted "No form of abuse towards a child is acceptable" (p.79) before a number of factors that can 'contribute' to 'these situations' (presumably the occurrence of child abuse in the foster care setting) are outlined. It is interesting to observe that such contributory factors are not those usually associated in the literature with the occurrence of child abuse, say in a family of origin (for example, male violence in the home, mental ill health, drug and alcohol misuse, adversity (Department of Health (U.K.), 1999) and caretakers' adverse parenting in their own childhoods (Reder and Duncan, 1999)). Instead, by focusing on factors to do with the *child* in care, responsibility on foster carers for the occurrence of abuse is mitigated. Thus, contributory factors towards child abuse in this setting are highlighted through the use of 'bullet- points', and consist of insufficient background information provided about the child, insufficient preparation and training of the foster carers "...particularly in dealing with previously abused children who may have serious behavioural difficulties" (p.79), and insufficient support and contact between the foster

families and the health boards. In what arguably best exemplifies the 'child-blaming' tone in this context is the statement:

> *... children who themselves have experienced abuse can exhibit behaviour that provokes an abusive response from others. Children who have been sexually abused can be particularly challenging to deal with and often display highly sexualised behaviour. (pp 79, 80)*

Stewart (1996), a therapist specialising in the field of child sexual abuse, rejects this "It is my experience that only a very small proportion of the children referred for therapy display sexualised behaviour that is entirely age-inappropriate" (p.502).

In the subsequent section of the 'Providing Safe Care' chapter entitled 'Ensuring Safe Care', the concept of 'house rules' is dealt with. An especial approach to foster children is urged:

> *When a foster child is placed with a family these rules may have to be reviewed and new elements added to take into account the particular needs of the foster child. There are a number of basic rules that should be adhered to regarding rights to privacy, appropriate behaviour and dress. (p.81)*

Six additional 'good practice *precautions*' [my emphasis] are advocated, which incorporate *inter alia*, reporting inappropriate, unusual and unlawful behaviour to the child's social worker, seeking medical attention when required and 'maintaining a safe environment in the home'. It is difficult not to conclude that such 'house rules' and 'good practice precautions' are implicitly over-concerned with protecting foster carers from allegations of child *sexual* abuse by children and young people.

The subsequent section in the 'Providing Safe Care' chapter in the *Report of the Working Group on Foster Care* (2001) entitled 'Dealing with Allegations of Abuse', observes "It may be the case that the allegation is proven, ultimately to be false. Children and adolescents do sometimes make false allegations" (p.83). Despite the use of the word 'sometimes', the chapter in its 'Conclusion' section places the term 'false allegations' alongside 'safe care' and in so doing arguably, demonstrates unequivocally that the purpose of 'safe care' is to protect foster carers against false allegations of abuse by children in their care:

Given that children, who can have severe problems of their own, are being placed with other families with all the problems that can create, it will always be difficult to guarantee fully safe care and avoid false allegations. (p.84)

Minty and Bray (2001) examined allegations of child maltreatment of all forms that were made against foster carers from six local authorities in the North of England over the years 1991-1993. From a total of 26 foster families, 22 agreed to participate in their study. The authors found that nine of the 22 allegations against foster families concerned child sexual abuse. They noted that three of the foster fathers had prior allegations of child sexual abuse made against them. Minty and Bray observe that in one instance the second allegation was also confirmed, in the second they speculate that this would probably have been the outcome had the alleged perpetrator not committed suicide and in the third the allegation of child sexual abuse was inconclusive. In examining details of the current allegations against foster families, Minty and Bray found just one of the nine allegations of child sexual abuse to be deemed false, the remainder were judged either to be confirmed (one case), inconclusive (four cases), outcome unknown (two cases) and no outcome/case not pursued after foster father's suicide (one case).

Research participation with the 'senior practice manager' in the present study reveals them not recalling ever encountering a case where a child made a false allegation of child sexual abuse against a member of a foster family. They recalled one case in which a child disclosed child sexual abuse involving a member of a foster family, and the outcome was inconclusive. The practice manager said that they have experienced family members who have made allegations of child sexual abuse on behalf of their child in care, but they could not recall the outcome. However, the practice manager has encountered a number of allegations of child sexual abuse against members of foster families that have resulted in confirmed outcomes. It is interesting to note, and perhaps in keeping with children's non-disclosure of child sexual abuse (to which I return in Chapter 7), that the 'senior practice manager' said that allegations of child sexual abuse against members of foster families are in fact, rare in their experience. Most usually, in this manager's experience, allegations are made in respect of physical abuse and child neglect.

This thesis proposes that the 'false allegations' construct represents the endurance and modernisation of the myth that children lie about sexual abuse. Revamped in more 'palatable' socio-legal terms, and reflecting the interests of a contemporary patriarchal

capitalist social order, the myth of 'false allegations' serves a similar purpose to that of its predecessor. I see its function as justifying and sustaining fear, denial and containment based institutions and responses to the issue of child sexual abuse, on the part of the state.

The professional literature has, over time, evidenced that children do not lie about sexual abuse. Thus, national and international data from incidence and prevalence reports, community surveys, clinical research, community studies and survivor accounts over some 25 years consistently evidence that the myth that children lie about sexual abuse, is just that (Sgroi, 1982, Summit, 1983, Wehrspann et al, 1987, Bagley and King, 1990, Hooper, 1992, Hudson, 1992, Parton and Wattam (eds.) 1999, Nelson, 2000, McGee et al, 2002).

Nelson (2000) writes in this context of the

> *... repeated and continuing evidence...that it is children who were telling the truth and adults who were lying. That lesson never seems to be learned. This lack of progress points...more fundamentally at children's relatively powerless status within society, and at the way they are still dismissed and distrusted. (p.388)*

Findings from the present research complement those cited above that children do not lie about sexual abuse. As we have seen in Chapter 3, seven professionals from within the state child welfare system participated in the present study. They work at all levels of the child care and family support system and have worked in the field from periods of four to 20 years across a variety of settings, some in separate jurisdictions as well. Just one of them has come across a single case in which a child was thought to have lied/made a false allegation of child sexual abuse. This notwithstanding, the myth that children lie about sexual abuse is a very potent one. As this thesis evidences, its presence across state systems in the Republic of Ireland (and elsewhere) in the form of the 'false allegations' construct, particularly in the state child welfare system, has *inter alia*, deleterious repercussions for nurturing and ultimately protective relations between key adults and children.

Conclusion

This chapter marked the beginning stage of the use of the explanatory model that I developed from the qualitative interview data, and from the data generated from the social

texts in the present research. In so doing, state welfare systems generally and phenomena pertaining to the Irish state child welfare system in particular, were discussed.

The chapter looked at state directives (legislation, policy, professional guidelines, procedurals and protocols), and at the interlinked phenomenon of organisational rules and norms. Such phenomena are seen to encapsulate the Irish state child welfare system response to child sexual abuse, and together with 'official' knowledge production and presentation, are revisited throughout the thesis. Simultaneously, phenomena from an outer sphere of influence, those comprising thought, language, discourse and myth were attended to here for their significance in shaping meanings, experiences and knowledge in relation to child sexual abuse and the state response. These are revisited subsequently also.

This chapter has sought to demonstrate the influences that have propelled the particular way in which child sexual abuse is both conceptualised and responded to by the Irish state child welfare system.

Such influences have been argued here to be those concerning patriarchal capitalist imperatives that transcend state and social systems, and are concerned with ideological and material self-interest and perpetuity. In relation to the state child welfare system, such interests are actualised at the legislative, social policy, organisational and professional practice levels. Accordingly, child welfare, child sexual abuse and child abuse generally are relegated to the female sphere of the 'private'. In this way, public expenditure is minimal, a position that is supported and sustained through ideologies of the 'family' and the 'community', and a highly regulated, regulatory indeed 'mother blaming' system when the 'family' ideology is seen to fracture, as when cases of child sexual abuse become public, i.e. present themselves to the system.

This chapter and those that succeed it, contend that the Irish state's particular response to child sexual abuse is one that is concerned with containing the threat that it poses to the stability of the contemporary capitalist patriarchal social order. This is a social order increasingly beset by the ideological and material repercussions attendant to public revelations of the extent of male sexual violence against children.

The specifics of how child sexual abuse is responded to as a threat was seen here in its construction by an androcentric state child welfare system as a distinct form of child abuse

through the establishment of institutional structures and discourses revolving around the professional 'validation' of what children 'allege'. It was seen in the language of caution and legalism pertaining to child sexual abuse in state directives, which suggests the creation of a discourse, and hence intervention characterised by fear. And it was seen in the significant role myth plays in justifying, reflecting and reinforcing fear, denial and containment responses on the part of the state. 'Mother blaming' myths were seen here to uphold the 'social reality' shaped by dominant interests that male sexual violence against children (and women) is not pervasive, by representing its occurrence in discrete scenarios in which other factors and people are to blame for instance, the inaction of inadequate mothers. Further, the contemporary incarnation of the myth that children lie about sexual abuse, i.e. that well meaning adults are prey to the 'false allegations' of children (who in turn are compelled to protect themselves by adopting state sanctioned cautionary procedures in their interactions with children), is seen as a very effective ideological, hegemonic tool through which the interests of power, privilege and patriarchy are prioritised. This is so because it is seen to effectively distance adults, and so silence (indeed stigmatise) children, from the people who should be in a position to protect and nurture them, in a way that renders it 'natural', 'fair', moreover in their (adults) interests to do so. Succeeding chapters develop upon all of this, as they also further evidence the interconnected nature of key related Irish state systems' responses to child sexual abuse. The meanings this represents for children, young people, parents/carers and professionals continue to be drawn out in depth throughout the thesis.

The power of men in privileged positions to sweep aside dissenting discourses (such as those of feminists and survivors), is seen in the construction of male hierarchical organisations and discourses of pathology in which child sexual abuse is responded to as a discrete problem category in which the wider structural inequities, in particular the gendered relations of power that are intimately associated with its (re) occurrence, are obscured and perpetuated.

The advancement of male managerialist agendas in the public sector from the 1990s (as introduced in Chapter 2), where *inter alia*, the emphasis is on definitive 'outcomes' to child abuse cases as indicators of professional performance, contextualises the findings presented in the succeeding chapter. The combination of caution and legalism as discussed here, together with managerialist prescriptions are explored in detail. The consequences for the safety and well being of children and families, and for the production

of 'official' knowledge pertaining to the nature and extent of child sexual abuse coming to state attention, are looked at in depth.

Chapter 6 'The Child Sexual Abuse Occurred/Did Not Occur' Dualistic Paradigm

Introduction

The previous chapter started the process of treating in depth of the 'power, privilege, patriarchy triptych'; a model generated from the data that locates the state child welfare system at its core. Three interlinked phenomena are contained within the 'state child welfare system' sphere, (1) state directives (legislation, policy, professional guidelines, procedurals and protocols), (2) organisational rules and norms ('gate keeping', eligibility criteria, professional conduct around child sexual abuse (the latter incorporating (a) fear-based responses, (b) disclosure-reliant child sexual abuse assessments, (c) credibility assessments and (d) dualistic paradigms) and (3) 'official' knowledge production and presentation.

It began a process of looking closely at state directives, and at the associated institutions, discourses and organisational rules and norms that characterise how child sexual abuse is conceptualised and responded to by the Irish state child welfare system. It began to highlight how the combined interests of power, privilege and patriarchy are prioritised and sustained, through the very particular institutional arrangements and discourses that have been constructed to form the dominant state response to the issue of child sexual abuse. In so doing, it attended to issues relating to thought, language, discourse and myth. It proposed that child sexual abuse is conceptualised as a threat to the stability of the contemporary capitalist patriarchal social order, a social order increasingly beset by the ideological and material repercussions attendant to public revelations of the extent of male sexual violence against children. Thus it began to evidence the fear, denial and containment based responses to the issue that characterise those of the state child welfare system.

The present chapter continues to concern itself with organisational rules and norms, beginning by tracing via state directives, the advancement of male managerialist agendas in the public sector from the 1990s. It proposes that such interests, in association with the necessity on the part of the state to contain the child sexual abuse problem, have resulted in a 'child sexual abuse occurred/did not occur' dualistic paradigm to dominate state child

welfare system sexual abuse work. The impact of this on 'official' knowledge production and presentation is highlighted, as indeed are the meanings it represents for children, young people, parents and professionals.

The Drive for Immediate Certainty

Buckley (1996) saw social policy and professional practice in the area of child protection and welfare in Ireland as becoming increasingly influenced by what she termed "The desire for certainty" (p.48). It has been argued that such developments have largely been consequential to the intense public and political focus on child abuse following high profile disclosures and inquiry reports into cases of child abuse, where the state has been found to have failed to protect children known to be at risk (Skehill, 2005, Ferguson and O'Reilly, 2001, Buckley, 1996).

Ferguson (2004) contends that 'time' has become a particular point of control for child protection organisations, and has come to be "...measured organizationally in terms of performance management targets aimed at pushing cases quickly through the system" (p.125). He postulates that in the uncertain climate of managing risk to children, the future has become problematic for the organisation, and he sees the imposition of 'clock time' as a bureaucratic means of managing organisational anxiety in this regard. Consequently,

> *This has resulted both culturally and organizationally in greatly intensified demands for instantaneous responses to* [and this thesis will evidence, from] *children and superficially, the conditions appear to be there to achieve it. (p.125)*

Ferguson argues that a difficulty with such an ideology of risk management based on controlling workers' performances and time-use, is in its equation of speed in the processing of cases through the system with the protection of children 'in time' "...as opposed to a deep appreciation of the degree to which the safety and welfare needs of children, carers and families are being met" (p.127).

The concept of 'time' itself is not neutral. While Ferguson illuminates that 'clock time' reflects organisational culture, he further deconstructs and exposes its androcentric, adult nature. Thus 'clock time' "...men's time..." (p.126) is of the 'public' domain, and 'lived time' is of the 'private'. He argues that time as experienced by service users (predominantly

women and children), is 'lived time' as organised around the private domain and routines of child care and family life. In this way,

> *... gender and age differences in experiences of time are crucial...Because women continue to be the primary carers they live 'in time' and also have to give time ...We also need to think of 'children's time' as having a rhythm to it which is quite different to adult and clock times.... (p.126)*

I have looked in detail at dualistic thinking in Chapters 4 and 5, demonstrating that dichotomies such as 'public/private' are laden with hierarchical sexual meanings, and are consequently differentially evaluated. Through this lens, it has been evidenced that it is women and children who are subordinated to the 'clock time' requirements of gendered child protection systems. I return to androcentric thought again shortly.

For now, I begin the process of looking at the impact of managerialism on social work child protection practice. I trace how state directives emanating from central government, corresponding state child welfare organisational structures and systems in relation to the management of child abuse, and regional directives pertaining to child sexual abuse, have become increasingly concerned with immediate certainty.

Androcentric Thought and the Language/Discourse of 'Outcomes'

Gregory and Holloway (2005) observe that a characteristic feature of social work in the 1990s in the U.K. has been its move into the managerial culture of that decade. In tracing the socio-politico-economic context of the changing discourse in social work they note:

> *By now, social work has been struggling for two decades with a social context that includes rising crime coupled with rising unemployment, a decreasing interest by Government in their underlying causes...but instead a strong emphasis on managing 'outcomes'-a word never before connected with welfare services and swiftly adopted by the 'new managers'.... (p.46)*

The authors argue that analysis of the language of social work reveals

> *... not merely the means by which the social work enterprise is described and constructed in different ways at different historical junctures, but* [is] *also the*

cornerstone of intervention, the lifeline through which all communication between individuals engaged in the process, takes place. (p.49)

The authors are of the view, that while social work

... must continue to work with dominating policy agendas ... it must understand the power of the language used and the consequent discourse created in determining how the task is perceived, undertaken and received. (p.50)

In the Irish context as illustrated in Chapter 2, a pronounced shift towards managerialism from the 1990s in the form of proceduralisation, with its attendant consequences for limiting professional discretion and heightening accountability to the system, also parallels with public outcry at system failings throughout this particular period of time. For example; findings from the Kilkenny Incest Investigation in 1993, the Father Brendan Smyth case in 1995, the Kelly Fitzgerald case in 1996, the Madonna House investigation in 1996, the West of Ireland farmer case in 1998 and the large scale abuses of children in institutional care (Raftery and O'Sullivan, 1999) all contributed to the exposure of a system characterised by its hesitancy to intervene decisively in children's lives, with harmful, and in the case of Kelly Fitzgerald, fatal consequences.

Around this time the Irish state child welfare system can be seen to have become increasingly concerned with definitive outcomes in relation to cases of child abuse coming to its attention. This is evident in the professional directives released over time from central government. For instance -

Child Abuse Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse (Department of Health, 1987)

There is no usage of the term 'outcomes' in the 1987 document. The guidelines simply prescribe the maintenance by health boards of lists of suspected and confirmed cases of child abuse, and in the event that suspected cases of child abuse prove to be unfounded, that they should be deleted from the list.

The purpose of such lists is clearly articulated, and overtly serves statistical collation and case management functions "...(i) to help assess the extent of the problem; and (ii) to provide information to other workers on whether a child has previously been the subject of suspected or confirmed abuse" (p.20).

Child Care Interim Dataset

The Child Care Interim Dataset, introduced in 1998, is an annual survey used by the Department of Health and Children to collect child care statistics under five different section headings. It is the responsibility of the Child Care Manager in their area to return such statistics to the Department.

The discourse of 'outcomes' is enshrined in the dataset specification that child sexual abuse assessment outcomes be recorded (in a similar way to other forms of child abuse), under the categories 'confirmed abuse', 'confirmed non-abuse', 'inconclusive' and '[assessment] ongoing'.

Of relevance to the present study from the Interim Dataset is 'Section 1 [:] Reports to Social Work Department and Outcomes'. Statistical information is gathered herein on the number of reports (for the purposes of this study, I am referring here to child sexual abuse) to the Social Work Department in a given year "...and what happens to those reports" (*Interim Dataset 2004 Explanatory Note*, Department of Health and Children, November 2004, p.5)

'What happens to those reports' encompasses the capture of a range of professional activity, and exemplifies the extent to which professional practice has become procedural. Measured professional activity for the purposes of the dataset includes; the number of initial assessments conducted (or not), and the outcomes of such assessments. Outcomes of cases notified to, and accepted by, the Child Protection Notification Management Team (CPNMT) to be listed on the Child Protection Notification System (CPNS) as per the criteria, 'confirmed abuse', 'confirmed non-abuse', 'inconclusive' and '[assessment] ongoing' are measured. Similarly, outcomes of cases notified to, but not accepted by, the CPNMT to be listed on the CPNS as per the above criteria, are measured. Outcomes of suspected abuse cases where such cases have not been notified to the CPNMT (i.e. where the child is deemed by professionals not to be at risk), as per the above criteria, are measured. Finally, services offered to "...[both welfare and] abuse cases" (p.9), together with their take-up are measured. I return to the CPNMT and the CPNS shortly.

Children First National Guidelines for the Protection and Welfare of Children (Department of Health and Children, 1999)

In a significant departure from the 1987 guidelines, the *Children First* (1999) document instructs in its 'Assessment and Management' chapter that

Records should always document the outcome of an investigation and assessment of a child protection concern, under one of the following headings: (i) confirmed abuse; (ii) assessment ongoing; (iii) inconclusive outcome; (iv) confirmed non-abuse/unfounded. (p.78)

Children First specifies "Outcomes must be notified in writing…to the Child Care Manager/designate" (p.78). The purpose and function of so doing is not outlined, but there is an implicit reference to, and legitimation, of the Department of Health and Children's 'outcome' focus evident in the dataset documentation. As outlined earlier, while the 1987 document prescribed the maintenance of lists to explicitly serve a dual statistical collation and (appropriately) case management function, such explicitness is absent here. Consequently, it is unclear how specifically the 'outcomes' as specified in the 1999 document can either assist professionals in case management, or what the impact is on children and families for their 'cases' to be designated thus. I return to this later.

Child Sexual Abuse Assessment Policy Protocols Forms ([Research Site], November 2003)

In the study site, practitioners in the field of child sexual abuse assessments are directed

It is necessary to provide a definite conclusion to the Assessment, employing ***one*** [original emphasis] *of the following statements:-*

It is the professional opinion of the assessment practitioners that X has been sexually abused by Y.

It is the professional opinion of the assessment practitioners it is not possible to determine whether or not X has been sexually abused by Y.

It is the professional opinion of the assessment practitioner that X has not been sexually abused by Y. (Child Sexual Abuse Assessment Policy Protocols Forms, ([Research Site], November 2003, p.13).

A drive towards certainty is palpably reinforced in the regional sexual abuse assessment policy document here, where professionals are directed to provide one 'definite conclusion' to the assessment from within two possible dualistic options; child sexual abuse has occurred or it has not. There is no option here for possibilities or probabilities, or degrees of likelihood; levels of confidence in relation to evidence that are accepted certainly by the

legal system in relation to the standard of proof generally (Swann, personal communication, May 2005). Such a 'child sexual abuse occurred/did not occur' dualistic approach is directly compatible with managerialist-type expectations that the problem of child sexual abuse should be rendered amenable to either/or determinations as to its occurrence or not, through the application of standardised professional procedures in narrow, organisationally-driven time frames. I return to examine the standardised professional procedures inherent to child sexual abuse assessments briefly below and in much greater depth in the following chapter. Furthermore, the androcentric thinking at the core of this paradigm is deeply problematic. In Chapters 4 and 5 and above, I discussed feminist concepts and literature surrounding androcentric forms of thinking such as universalist and dualistic thought. By 'universalist' in this context, I am referring to tendencies in thinking about child sexual abuse that represents it as constituting normative features that are accessible to professionals in standardised ways. Thus for example, universalist assumptions are evident here around issues to do with the capacity of (the universal) child to disclose their abuse in accordance with (universal) state child welfare procedures. By 'dualistic' thought in this context, I am referring to either/or assumptions as to its occurrence or not. Universalist and dichotomous forms of thinking however are deeply implicated in systems of power, since they privilege that which is included over that which is not. Accordingly, adapting Beasley (1999), what we think about child sexual abuse and how we can think it can be shaped in this way such that for instance, as accounts from the 'lived experience' sample will evidence, the experiences of children who do not, and cannot, disclose their abuse in prescribed ways are discounted. Furthermore, such children (and families) are relegated in terms of professional help and support. Simultaneously as we shall see shortly, 'official' reports from the state child welfare system document the system's dissatisfaction with state child welfare professionals who 'fail' to fit cases of child sexual abuse into the 'child sexual abuse occurred/did not occur' dualistic paradigm. I return subsequently to illustrate how such dualistic interventions are experienced by parents/carers from the 'lived experience' sample, as well as by professionals from state and social systems both within and without that of state child welfare.

I turn now to look at 'official' reports as they relate to child protection activity in the regional branch of the state child welfare system in which the present study was located,

highlighting their 'outcomes' focus and how child sexual abuse cases are commented upon in relation to other child abuse cases presented in this way.

'Official' Knowledge Production and Presentation

Lupton (1992) noted that central to the new managerial approach within local authorities in the UK was the more effective production and use of knowledge within the organisation, since good internal information systems, it was argued are essential to the concept of performance management. Lupton argued that the organisational knowledge base is a critical site for feminist inquiry since

> *... internally generated knowledge plays a central role in informing both the general organizational ethos or culture of the* [social services] *department, as well as its specific policies and practices. In particular...it informs crucial policy decisions concerning both the distribution of resources and the objectives of social work practice. (p.95)*

In Ireland, the Child Care Act, 1991 under Section 8 requires each health board to annually produce a review report as to the adequacy of child care services in its area. In relation to child protection activity, data for 'Section 8' reports come from the office of the Child Care Manager, based on statistics provided for the annual interim dataset survey (discussed earlier) and

> *In line with the Minimum Interim Dataset, the Health Board records outcomes of child protection investigations by four categories: 1. Confirmed abuse 2. Confirmed non-abuse 3. Inconclusive assessment 4. Case open - assessment on-going.* ([Research Site] 1999 *Review of Child Care and Family Support Services,* p.38)

I analysed such 'Section 8' 'official' reports in respect of the study site dating from 1998 to the latest, 2004. It should be noted that with the phased implementation of the *Children First* guidelines beginning from 1999, different work practices have ensued with attendant consequences on data generation and collection.

Thus for example, processes such as initial assessments and the Child Protection Notification Management Team (CPNMT)'s decision to list, or not to list, notifications onto the Child Protection Notification System (CPNS) are reflected in the overall data in relation to child abuse cases. Specifically in relation to child sexual abuse, this means that (a) statistics are no longer interpreted solely upon returns from specialist child sexual abuse

assessment units/professionals (as was the case in the [Research Site] *1998 Review of Child Care and Family Support Services* where, for example, the number of referrals for child sexual abuse assessment was considered to equal the number of reported cases of child sexual abuse to the system for that year) but now come primarily from community based statutory social workers, and (b) cases of child sexual abuse where the child is deemed not to be at ongoing risk are not listed on the CPNS, and are thus excluded from where the dominant focus of the data lies, i.e. on those cases that are listed on the system. Such cases, presumably 'extra familial' in the main, are likely to have been screened out at initial assessment stage, since the *Explanatory Note* (*Interim Dataset*, Department of Health and Children, November 2004) advises under the heading 'Outcome of Initial Assessment',

> *For example if a bus driver is suspected of abusing a child and subsequently no longer drives the bus the child is deemed to be not at risk, and therefore does not go to CPNMT but it is suspected that abuse took place. (p.7)*

I return to this shortly.

The following section outlines and discusses outcomes of professional intervention in cases of child abuse (with an especial focus on child sexual abuse), as per the four prescribed criteria: confirmed abuse, confirmed non-abuse, inconclusive assessment and assessment on-going.

'Outcomes' to Child Sexual Abuse Assessments

In 1998, 27% of all reported cases of child abuse to the regional branch of the state child welfare system in which the present study was located related to child sexual abuse, 22% of which were confirmed. The document comments:

> *The most notable difference in the proportions of reported to confirmed cases by type of abuse related to sexual abuse cases. 27% of all reported cases were due to sexual abuse compared to 18% of all confirmed cases.* ([Research Site] 1998 *Review of Child Care and Family Support Services,* p.33)

Physical abuse and neglect cases had confirmation percentages at 38% respectively, and emotional abuse cases at 21%.

Examining 'CS A Assessment Activity Levels' by Community Care Area in 1998, "22% of the assessments resulted in confirmed abuse, less that [sic] 3% were confirmed non-abuse and almost 32% were classified as inconclusive" (p.37). There were no figures given for assessment ongoing outcomes. In addition, there were no figures given for confirmed non-abuse, inconclusive and assessment ongoing outcomes in respect of cases of physical abuse, emotional abuse and neglect.

In 1999, 21% of all reported cases of child abuse to the Child Protection Notification System (CPNS) related to child sexual abuse, 9% of which were confirmed. Again this document comments:

> *"... the lowest proportion of confirmed abuse cases relates to Sexual abuse...The most notable difference in the proportions of reported to confirmed cases by type of abuse related to Sexual abuse cases. 21% of all reported cases were due to Sexual abuse compared to 11% of all confirmed cases.* ([Research Site] 1999 *Review of Child Care and Family Support Services,* p.39)

26% of emotional abuse cases were confirmed, 20% of physical abuse cases and 17% of neglect cases had such outcomes. In the 1999 statistics, there is no further break down as to percentages of case outcomes as per confirmed non-abuse, inconclusive and assessment ongoing.

Tables 1-4 outline the outcomes, as per the prescribed criteria, that professionals reached in the study site over the period 2000-2004 (inclusive) in respect of child abuse cases. Setting the child sexual abuse data in context, is seen that over the 2000-2002 period (inclusive) child sexual abuse constituted respectively 16%, 19% and 30% of all cases of child abuse notifications recorded on the CPNS. In 2003 and 2004, child sexual abuse cases constituted respectively 29% and 19% of the *referrals* made to the CPNS; however 2% and 1% respectively of such referrals were not accepted/recorded on the system. It is not possible to ascertain from the 'Section 8' reports for 2003 and 2004 as to what the circumstances were that resulted in child sexual abuse referrals not being accepted on the CPNS. I return to this shortly.

Table 1 Confirmed abuse outcomes

Year	Child sexual abuse	Emotional abuse	Neglect	Physical abuse
2000	16%	55%	51%	41%
2001	28%	78%	77%	40%
2002	30%	71%	66%	58%
2003	20%	84%	96%	38%
2004	7%	52%	62%	55%

Table 2 Inconclusive abuse outcomes

Year	Child sexual abuse	Emotional abuse	Neglect	Physical abuse
2000	53%	33%	29%	40%
2001	30%	3%	9%	30%
2002	35%	11%	21%	30%
2003	37%	4%	0%	25%
2004	17%	20%	2%	42%

Table 3 Assessments ongoing

Year	Child sexual abuse	Emotional abuse	Neglect	Physical abuse
2000	26%	9%	14%	15%
2001	30%	17%	9%	24%
2002	28%	16.5%	12%	9.5%
2003	38%	10%	2%	33%
2004	66%	28%	27%	0%

Table 4 Confirmed non-abuse outcomes

Year	Child sexual abuse	Emotional abuse	Neglect	Physical abuse
2000	5%	3%	6%	4%
2001	12%	2%	5%	6%
2002	7%	1.5%	1%	2.5%
2003	5%	6%	2%	0%
2004	10%	0%	9%	3%

A recurring theme to emerge from analyses of the 'Section 8' reports is that child sexual abuse case outcomes are highlighted in relation to all other child abuse case outcomes that professionals reach. As we have seen above in relation to the 1998 and 1999 reports, this usually takes the form of prose commentary, where low confirmed outcomes in respect of child sexual abuse cases represent 'the most notable difference'. Intertextuality in this way persists across the 2000-2004 (inclusive) documents where the reader's attention is repeatedly drawn to the difference in confirmed outcomes of child sexual abuse cases, as against such outcomes pertaining to physical abuse, emotional abuse and neglect. The rhetorical device of repetition is employed towards an instructed reading, as I see it, that this is a matter of some dissatisfaction to the state child welfare system. In fact, the 2000 report is unequivocal "The lowest number of cases of confirmed abuse relates to sexual abuse with *only* [my emphasis] 16% of notifications confirmed as abuse..." ([Research Site] *Review of Child Care and Family Support Services 2000*, p.36).

Further, the 2000-2004 reports highlight how consistently, sexual abuse cases have the highest percentage of notifications assessed as inconclusive, assessments ongoing ([Research Site] *Review of Child Care and Family Support Services* 2000, [Research Site] *Review of Childcare and Family Support Services*, 2003, [Research Site] *Review of Childcare and Family Support Services*, 2004), and confirmed non-abuse ([Research Site] *Review of Child Care and Family Support Services,* 2001, [Research Site] *Review of Childcare and Family Support Services*, 2004).

From 2002, a commentary begins to appear in the 'Section 8' documents that 'explains' the 'different' case outcomes pertaining to child sexual abuse. Thus,

> ... *sexual abuse* [original emphasis] *was the most frequent reason for CPNs* [child protection notifications] *accepted regionally (30%). This high number is partly due to the inclusion of 26 cases carried forward from 2001, thereby reflecting the more lengthy time involved in assessing and establishing outcomes for sexual abuse cases.* ([Research Site] *Review of Child Care and Family Support Services,* 2000, p.29)

Again in 2002,

> ... *this* [child sexual abuse] *was the category with the highest percentage of CPNs assessed as confirmed non-abuse (7%), inconclusive (35%) and assessment on-going (28%)* [original emphases]. *Such outcomes would also indicate some of the more acute*

difficulties and complexities in substantiating abuse in relation to sexual abuse concerns [my emphasis]. *(p.31)*

This 'explanation' is repeated in the 2003 and 2004 'Section 8' reports.

Looking at the statistics from the study site over the seven year period 1998-2004 in terms of outcomes, child sexual abuse cases have consistently and starkly, the lowest percentage of confirmed outcomes of cases reported by type of abuse (apart from 1998 when emotional abuse cases had the lowest percentage of confirmed outcomes, child sexual abuse cases had the second lowest percentage, the difference between them being that of 1%).

Where comparable data exist (2000-2004 inclusive), an inverse trend in respect of inconclusive outcomes can be seen whereby child sexual abuse cases have consistently the highest percentage of such outcomes. The exception here is in 2004 where child sexual abuse cases had the third highest inconclusive outcomes to emotional abuse and physical abuse cases, by 3% and 25% respectively.

A similar trend is visible when assessment ongoing outcomes are looked at over the 2000-2004 (inclusive) period. Child sexual abuse cases have consistently the highest percentage of such outcomes.

In respect of confirmed non-abuse outcomes over the 2000-2004 period, child sexual abuse cases have consistently the highest and second highest percentage of such outcomes.

The recurring theme across the 'official' ('Section 8') reports from the study site of comparatively evaluating confirmed outcomes between child abuse categories, illustrates the prevailing ethos of the drive for certainty, both regionally and nationally. Additionally arguably, child sexual abuse case outcomes are specifically highlighted in such a way as to reveal their problematically (for the state child welfare system) uncertain nature, viz. their consistently high rates of inconclusive and assessment ongoing outcomes. Arguably, this is reflective of their perceived failure to achieve certainty in a timely fashion.

McGrath (1996) tracked outcomes in respect of child sexual abuse assessments in one Dublin specialist unit over the 1988-1995 period. His findings suggested a somewhat similar pattern as that identified above in relation to the research site. He found "...roughly

50 per cent of cases result in opinions that the case is 'confirmed'; 40 per cent end up 'unconfirmed' and in 10 per cent of cases the view was that no abuse had occurred". He offered an explanation as to the high rates of 'unconfirmed' or 'inconclusive' outcomes as follows "The large number of 'unconfirmed' cases is an indication of the difficulties in drawing firm conclusions in such cases" (p.62).

Faller (1999) contended however "...the most common cause of failure to substantiate is inadequate information to make a determination" (p.4). I evidence in the following chapter that 'inadequate information to make a determination' is a feature both of the complexity of child sexual abuse cases coming to state child welfare system attention, and following Ferguson (2004), the 'clock time' requirements of the interventions (specifically here, child sexual abuse assessments) that have developed as a response.

The most recent available statistics at a national level suggest a somewhat similar pattern in respect of child sexual abuse outcomes:

- in 2003, the national percentage breakdown of confirmed abuse cases by primary type of abuse were as follows: neglect: 17%, emotional abuse: 10%, physical abuse: 7% and child sexual abuse: 6% (Department of Health and Children, *Interim Dataset*, 2003)
- in 2003 nationally, 7% of inconclusive outcomes related to neglect cases, almost 6% to child sexual abuse, 5% to physical abuse and 4% to emotional abuse cases
- in 2003, 9.6 % of assessment ongoing outcomes related to child sexual abuse cases, 8% to neglect, 5% to physical abuse and 3% to emotional abuse cases
- in 2003, 3% of confirmed non-abuse outcomes related to neglect cases, 2.5% to physical abuse, 2% to child sexual abuse and 1% to emotional abuse cases.

It is clear even from the most cautious interpretation of both the regional and national data, that expectations for definitive outcomes on behalf of professionals assessing child sexual abuse cases are not being met. It would also appear that the consistently high rates of 'inconclusive' and 'assessment ongoing' outcomes reflect the inherent difficulties associated with attempts to discretely, and in a timely fashion, encapsulate this particular form of child abuse into pre-ordained categories whose primary purpose here, is that of data presentation. This is somewhat acknowledged at 'official' level, as evidenced in the commentary in the 2003 and 2004 research site *Review of Childcare and Family Support*

Services documents whereby "Such outcomes ['inconclusive', 'assessment ongoing'] would also indicate some of the more acute difficulties and complexities in substantiating abuse in relation to sexual abuse concerns" (p.36, p.41). However, arguably, implicit in the tone of the commentary is that certainty, in the form of the definitive establishment by professionals of the occurrence or non-occurrence of child sexual abuse within organisationally driven time frames, is desirable 'business' practice. I turn now to look at the implications of data production as detailed above in relation to the study site for 'official' knowledge pertaining to the nature and extent of child sexual abuse coming to state attention. In so doing, I consider the meanings this represents for children, young people, mothers, fathers and professionals.

'Official' Knowledge Relating to the Nature and Extent of Child Sexual Abuse Coming to State Attention

The child abuse referrals recorded on the Child Protection Notification System (CPNS) for 2004 in the research site amounted to 161 cases. 55 cases concerned child neglect, 46 concerned emotional abuse, 31 concerned physical abuse and 29 concerned child sexual abuse.

The report for 2004 documents regional data for the first time under the category 'Abuse suspected but child not at risk'. These cases, which had an initial assessment, were notified to the Child Protection Notification Management Team (CPNMT) under this category, and they constituted 2% (36 cases) of all notifications to the CPNMT for that year. The cases were not recorded on the CPNS, since they did not apparently meet the criteria of the children being at ongoing risk.

There are no further details of these cases recorded in the report. However, on the basis of a query I put to an experienced employee in the research site, I learnt that 22 out of the 36 cases related to child sexual abuse, eight of which had confirmed outcomes, five had inconclusive outcomes and nine were classed as assessment ongoing.

The CPNMT is a multi-disciplinary group of state child welfare system managers involved in child care services, and it is normally headed by a Child Care Manager. The team functions to operate the CPNS. The CPNS has been introduced by central government as a standardised system for notifying and recording the names of children about whom there are *ongoing* or unresolved child protection concerns, i.e. children who are assessed as

living in situations that give rise to professional concerns that they are currently at risk (Social Services Inspectorate, January 2003). Arguably, these are the cases that may be considered to best exemplify to the body politic, professional performance in relation to 'at-risk' children coming to state attention, and in so doing, have the potential to restore faith in a heavily censured system.

As illustrated above, since the implementation of the CPNS, it is outcome related data in relation to this group of cases that form the central focus of inquiry to do with child protection professional activity within the research site's official ('Section 8') reports.

Lupton (1992) contended that a "...masculinized institutional knowledge base..." (p.96) characterises contemporary social services departments in the UK, where managerialism has assumed dominance. She argued that there are tendencies herein whereby

> *The increased fine-tuning of knowledge production to the specific and often short-term objectives of policy-makers may result in the prioritisation of a certain kind of knowledge which is limited in both reliability and scope. (p.100)*

In this way, Lupton illustrated how the generation of 'official' social data is not a neutral process, rather its collection and usage is structured by the dominant power relations of the status quo.

This analysis has relevance for knowledge about child sexual abuse, since those referrals that are not accepted/recorded on the CPNS are systematically excluded from the data, thereby substantially limiting the capacity to reliably capture the nature and extent of child sexual abuse cases coming to the attention of the regional system. The systematic exclusion of certain categories of suspected and confirmed cases of child sexual abuse, most likely 'extra familial' cases, from 'official' reports serves arguably, to minimise and thus, contain the extent of the problem of male sexual violence against children in the Republic of Ireland.

Krane (2000) contends that there is a false dichotomy at the core of current lay and professional discourse to do with child sexual abuse in the distinction made between 'intra' and 'extra familial' child sexual abuse. She argues that this results in a generalised assumption that familial males, for example fathers, do not abuse children outside the family. Itzin (2000c) citing research and clinical work with sex offenders (to which I referred

in Chapter 2), concludes that there is in fact considerable overlap between 'intra familial' and 'extra familial' child sexual abuse whereby there are substantial numbers of 'extra familial' abusers admitting to also committing incest, and incest offenders also admitting to abusing children outside the family. Itzin argues that the dominance of the notion that 'intra familial' and 'extra familial' child sexual abuse are mutually exclusive, diverts attention away from the pervasiveness of the sexual abuse of children by 'ordinary' 'family' men.

In the U.K., child protection registers (similar to the Child Protection Notification System in Ireland) are used by local authority professionals as a tool for child protection (Sharland et al, 1996), focusing on children in respect of whom there are ongoing concerns in relation to their safety. Studies of the 'filtering out' processes inherent to child protection systems in the U.K. have demonstrated that it is largely 'extra familial' cases of child sexual abuse, and cases where suspicions of sexual abuse are raised (either because of 'sexually precocious' behaviours on the part of the children or because of hearsay concerns), that are excluded from registration (Gibbons et al, 1995, Sharland et al, 1996, Corby, 1998). Crucially however, the majority of incidence and prevalence figures nationally in the U.K. in respect of child sexual abuse focus exclusively on registered, rather than referred cases (Sharland et al, 1996). In this way, it can be argued that U.K. statistics are similarly compromised in respect of the true nature and extent of child sexual abuse cases coming to 'official' attention. The researchers cited above have not addressed the issue of what function is served in excluding categories of suspected and confirmed cases of child sexual abuse from the 'official' data. I contend that the analysis offered earlier in respect of the Irish situation, has merit here too. Thus, arguably it serves the interests of state containment of a social problem that Bolen et al (2000) consider to be of "...epidemic" (p.191) proportions.

Furthermore, dichotomising child sexual abuse into 'intra familial' and 'extra familial' categories, as per the 'internally generated knowledge' (Lupton, 1992), has implications for the organisational ethos and specific practices of social workers, with attendant consequences for children, young people and families. The community based social work team leader described how, in their view, the impact of 'extra familial' child sexual abuse where there is no apparent evidence of ongoing risk to a child is not recognised by state child welfare system management, since such cases are not accepted/registered on the CPNS, and may simply be referred to An Garda Siochana as "...a criminal matter...but the

impact for that child is the same... however we name it or package it...well it may not be the same but there's an impact there".

There are a number of consequences for children and professionals of this approach to the management of child abuse, according to the social work team leader. The example they gave was of a child who was raped in a one-off incident. By not accepting such a case on the system, they argued that the child is not officially regarded as having been sexually abused, and that this gives a very distinct message to social workers working in the community in how they respond to such cases, and how such work is valued.

Consequently, the official option for a service response for this child is from An Garda Siochana, which for the social work team leader may be problematic since

> *... if social workers on the ground are saying 'we are struggling with this* [child sexual abuse]*, we need additional support, we need opportunities to reflect, to go over the information'...is it reasonable to ask Guards where unfortunately it's not a priority necessarily to...go into situations like that without having the same supports.*

The social work team leader concluded with much concern

> *... after 11 years in the job, I'm beginning to say, what is child protection? That* [the CPNS] *is a system for managing child abuse from what I can see...but child protection in my view is a much broader area. I appreciate you have to have categories and definitions etc...and you have to try and streamline the process, but I'm concerned if a child who is raped isn't...considered abused, albeit...it may fall in a different, it may have a different response.*

Contemporaneously, an organisation from the non-statutory sector appears to be responding to such changes in state child welfare system practices in respect of sexual abuse work. The Children At Risk In Ireland (CARI) Foundation (an organisation providing support services for people affected by child sexual abuse) in a Press Release dated 4th July 2005 in advance of the launch of its 2004 *Annual Report*, highlights what it sees as the lack of services for teenage survivors of rape, including gang rape.

The regionally based therapist employed by the CARI Foundation who participated in the present study spoke of this new dimension to their work:

> *... what we're seeing increasingly, and which is relatively new in the last couple of years to us is teenage...victims of rape and ...because the Rape Crisis Centre in* [place name] *sees over 18s only, a number of 15, 16, 17 year olds would come here and very much in crisis stage and that's a new... development for us and has posed a number of... questions and difficulties for us in how we respond to that both legally ...that we're not... putting the child at further risk in any way from damaging a case, to whether an assessment would take place, but in general it appears that assessments don't take place with the older rape victims, it tends to go through the Gardai....*

Contextualising this development statistically, The CARI Foundation *Annual Report* (2004) records that there were 91 calls to their telephone helpline service nationally in that year specifically concerning 'one off' incidents of child rape and sexual assault.

According to the social work team leader for social workers in the community whose cases are not accepted on the CPNS, work that they may do with the child/family may go unseen and unvalued,

> *... if a CPN...isn't accepted doesn't mean the area won't provide a service ...what I'm concerned about the messages it gives workers on the ground and also managers so ...you could have a manager who will <u>only</u>* [their emphasis] *focus on the work that's reflected in the CPN system because that's in some ways how maybe in some situations our work could be measured and no one is tracking from an external point of view those kind of cases that aren't accepted... and that's a concern.*

I now turn to the meanings that inconclusive outcomes to child sexual abuse assessments represent for children and parents/carers from the 'lived experience' sample, and for professionals in the current study who come from state and social systems both within and without that of state child welfare.

The Meanings that Inconclusive Child Sexual Abuse Assessment Outcomes Represent for Children, Parents/Carers and Professionals

According to family members' understanding and recall, outcomes of child sexual abuse assessments were as follows; there were nine 'confirmed' outcomes of child sexual abuse, seven 'inconclusive' outcomes, there was one case in which 'confirmed non-abuse' was

the outcome and there was one case in which no formal child sexual abuse assessment took place.

Whilst the seven 'inconclusive' child sexual abuse assessment outcomes (in respect of Brian, Callum, Derek, Elaine, Isobel, Una and Vincent), are discussed here, findings from the 'lived experience' sample at large reveal mothers and fathers as generally approving of professional intervention in the first instance in cases of suspected child sexual abuse. This was so, irrespective of what the eventual outcome meant to them. In this way, the findings complement those of Sharland et al (1996) who found overwhelming support from parents for professionals to investigate allegations of child sexual abuse, however unpleasant the intervention may have turned out to be for them.

Minty and Bray (2001) explored allegations of child maltreatment against foster carers from six local authorities in the U.K. in which they interviewed foster carers, family placement officers and principal family placement officers. They found that a significant proportion of all of the alleged child abuse cases against the foster carers resulted in inconclusive outcomes, eight out of 22 cases. In the case of allegations of child sexual abuse, four out of nine cases resulted in such outcomes. The authors observe "Decisions that allegations are unsubstantiated pose problems both for agencies and for foster carers" (p.337). In their outline of the ways in which inconclusive outcomes can be problematic both for foster families and agencies, a parallel might be drawn with some birth families who experience such outcomes. Thus, Minty and Bray (2001) note

> *For foster parents who know the allegation to have been false, there is the added sense of injustice that their good name has not been, and possibly never can be, restored. In addition, they may feel they have been wrongfully and unfairly deprived of their vocation and of their (foster) children, some of whom may have been with them for several years. (p.337)*

Returning to the present study, Mr. Harney described himself as being "...disgusted..." with the inconclusive outcome in respect of his son Callum's assessment

> *... 'cos I was hoping like, that it would prove like, no, none of this had happened, but it didn't. It was left there and that was it... I mean, there was nothing conclusive about it...I mean I know they had to do their job... if an allegation was made, they had to look into it.*

This was a case in which it was alleged that Mr. Harney's children had been exposed to pornographic material at the family home. Apparently Callum's sexualised talk at school, together with a picture he drew of a man's genitals, lent weight to such concerns.

Mr. Harney had been fearful that his children would be taken into state care "...I was worried about losing the children because of these allegations". The inconclusive outcome did little to allay his fears, it was only in the passage of time that they began to abate "... it was just time. There was no outcome". Mr. Harney described how he had been interested in becoming a foster carer, and he was worried that the inconclusive outcome of Callum's assessment might prevent him from doing so. However, his fears were never directly addressed in this context either, and he is assuming that because the process of becoming a carer is ongoing, that it may not have a bearing.

Ms. Jackson said that she was "...hugely angry ...hurt...upset..." at the inconclusive outcome reached in respect of her daughter Elaine's assessment. She described how she was not altogether surprised by it though "...but then [Elaine] wasn't saying anything, so what else could it be...they [specialist professionals] really hadn't an option because [Elaine] didn't say anything". Elaine had begun to experience vaginal soreness and redness from the time she was two and a half years old. This, together with an unwillingness to be on her own with her father, in combination with night terrors and other behavioural symptoms indicating distress led Ms. Jackson to have fears that Elaine's father might be sexually abusing her.

Ms. Jackson believes that Elaine's father silenced her, since nothing else could explain to her why Elaine did not even talk about events in their home supposedly witnessed by her and others, quite apart from any possible sexual abuse:

> *... the fact that she never said anything negative and they* [specialist professionals] *didn't see this as anything. I mean, she told them about me breaking the clock on the wall, the one thing I ever did in front of her, the one thing and I grabbed it and danced on it. I just went hysterical. I mean, he broke a car windscreen, he broke the mirror in the toilet, he threw bowls, cups, plates, broke them, smashed them off walls... he screamed....*

Ms. Jackson believed that the assessment was inadequate in this regard since "...they [specialist professionals] didn't know [Elaine], or me, or [alleged perpetrator], they didn't

know any of us and I felt all along that they didn't believe anything I was saying..." The latter pertains to Ms. Jackson's experiences of seeking help from the state child welfare system where her concerns for her daughter in the context of marital breakdown led social workers to dismiss them initially. I return to the myth of mothers making false and malicious allegations in the context of custody and access scenarios (Hooper, 1992) in Chapters 7 and 8.

Ms. Jackson also speculated that because Elaine loves her father very much, that not seeing him pending the outcome of the assessment might have influenced her not to say anything in case it might have prolonged that state of affairs.

> ... *they* [specialist professionals] *kept saying how she enjoyed this with him, and how she enjoyed that with him, the swimming and the Burger King and the McDonald's...and the fact that she wasn't allowed see him during the six weeks, maybe she was thinking 'if I say something now'....*

Faller (1999) observed in a related way

> *It is difficult to devise strategies to free the child from parental pressures. Even removing the child from the home and placing the child with a neutral relative or a foster family may backfire. The child may feel punished and deprived by such a placement and may respond in interviews in ways to convince the evaluator to recommend a return home. (p.181)*

Ms. Osborne, Isobel's mother has residual doubts about the inconclusive outcome of the assessment. At the time, she described the meaning of it for her as "...to the best of our knowledge...that's not to say that something might [have happened]...she wasn't [sexually abused]". While this provided her with some relief, and as she put it, a desire to "...get on with things..." she continues to struggle with the possibility that her daughter may have been sexually abused by her paternal aunt's then male partner (they are now married). She said, "I have to let it go, I'm erring on the side of 'no'". In this way, Ms. Osborne said that she is enabled to proceed with engaging in the requisite family activities.

Five parents, Ms. Greene, Ms. Inglis, Mr. Peterson, Ms. Wall and Mr. Yeo appeared to be satisfied with the outcome of their children's assessments.

Ms. Greene had concerns that Brian's father and/or his grandfather had sexually abused him, and that it might have been this that accounted for his interpersonal sexual behaviour problems with his peers. According to Ms. Greene, the outcome of the assessment was inconclusive as to whether Brian had been sexually abused himself "He [Brian] wasn't forthcoming…so…we're 90% sure that nothing happened…they [specialist professionals] didn't think he had been [sexually abused]". Ms. Greene viewed the inconclusive outcome as re-assurance for her that most likely, Brian had not been sexually abused.

Ms. Inglis appeared to view the inconclusive outcome as 'clearing' her older son of any possible abuse of her younger son, Derek. Even though Ms. Inglis initially had doubts as to whether something may have occurred, and described herself as being "…very, very depressed…" over the allegation, the fact that Derek "…told them [specialist professionals] like he felt good…and he told 'em that nothing happened and he's still telling me the same thing like…" was reassuring to her. Ms. Inglis said:

> *… I felt great, I did, I felt great… it took a lot off of my mind 'cos I was very, very bad with depression after that, for two years after that, and then I had* [alleged perpetrator] *thrown on the other chair and like he felt very bad…he was so upset…his brother like, like he said he'd run out and do it* [sexually abuse] *to nobody, he said….*

Mr. Peterson, who is Ms. Osborne's partner and Isobel's father, viewed the inconclusive outcome as happily confirming his belief from the start that she had not been sexually abused. Mr. Peterson said that from the beginning "…I didn't think it happened…I doubted it…[the outcome]…concurred with my feelings…[that there was not] any reason to believe that [Isobel] was abused…"

Ms. Wall was similarly relieved with the inconclusive outcomes in respect of Una and Vincent's assessments, viewing them as proof that her partner, Mr. Yeo did not sexually abuse her children. She recalled:

> *… so they* [health board] *done some kind of a test* [child sexual abuse assessment]*…and 'there's nothing there, doesn't look* [Ms. Wall's emphasis] *like as if they were'* [sexually abused]*…He* [principal social worker] *just explained, he said 'look…there's no proof in it…and they* [specialist professionals] *can't find out nothing'…There I was then, 'yes! Yes!' I was saying to myself, 'good'… I said 'thank god'…I'm delighted now…it's over with.*

Mr.Yeo viewed the outcomes of the children's assessments as having exonerated him. Mr. Yeo said that when he attended the case conference at which the outcomes were to be discussed "...I sat down and he [principal social worker] looked at me and he kinda' smiled, and after he done that I knew that d'you know, that he had it sorted like..." Mr. Yeo said that the principal social worker advised:

> *... 'we are satisfied' he said, 'that the kids were not abused'...That was it, he shook my hand and he said, 'I am sorry for what we put you through'...but he said to me, 'this is my job' and I said I understood, and I shook his hand and walked away and that was it.*

Mr. Yeo described feeling like "...like jumping out of the chair and singing a song ..."

Both Mr. Peterson and Ms. Osbourne described how the concern that Isobel may have been sexually abused, together with the ensuing process incorporating state child welfare system investigation and outcome has had a deleterious impact on their relationship. Mr. Peterson believes this is because the alleged perpetrator was the partner of his sister, thus for him making it a matter concerning his family of origin. Mr. Peterson described the difference between himself and Ms. Osbourne in this respect as follows:

> *... my approach was 'prove it' and then I'll believe it...she* [Ms. Osbourne] *was the opposite, she believed it until she was proved wrong...we still have that issue between us even now.*

Ms. Osbourne appeared to be of the view that her relationship with her partner has not recovered, since the entire process was characterised by irresolution, for them as a couple, for Mr. Peterson and to a degree, for herself. Ms. Osbourne spoke of what she saw as traumatic events from Mr. Peterson's past, which she feels were rekindled by events in relation to their daughter and which for her, were never adequately addressed. She said:

> *I would have liked if...more ...counselling or more support for* [Mr. Peterson] *and myself, 'cos I do feel that our relationship hasn't been great since then...our relationship has taken a downslide...I feel...I had to do my own closure...and thank god I was able to do that but...there isn't everyone that would be maybe as in tune with themselves or what their needs...I remember saying to* [Mr. Peterson] *at the time, 'are you ok with this, is everything alright?', but like, he'll say maybe 'yes', do you know...I think it might have*

brought the whole thing back [events from Mr. Peterson's past] *and the fact that he blamed himself for a lot of that…"*

Mr. Peterson however did not seem to concur with the degree of significance attached by Ms. Osbourne to the lack of services offered to him in relation to events in his past. He said, '…well the deal was for [Isobel] not for me…if I had needed help myself, I would have gone to someone more appropriate probably….'

It appears that for Ms. Greene, Ms. Inglis, Mr. Peterson, Ms. Wall and Mr. Yeo 'inconclusive' was viewed as compatible with 'confirmed non-abuse' outcomes. It is unclear why this appears to be the case. It may in some situations relate to a less than full understanding of the 'official' meaning attached to the term 'inconclusive'. I draw the reader's attention to the description fitting 'inconclusive' outcomes to child sexual abuse assessments, as employed in the study site, "It is the professional opinion of the assessment practitioners it is not possible to determine whether or not X has been sexually abused by Y" (*Child Sexual Abuse Assessment Policy Protocols Forms* ([Research Site], November 2003, p.13). Additionally, it may relate to some parents' need at a point in time to believe, perhaps for a variety of reasons, that their children were not sexually abused either at all, or at the particular hands of the people alleged to have done so.

Findings detailed above also begin to reveal the extent to which mothers and fathers, both as parents and as men and women, can be left with enduring therapeutic needs as a result of a dualistic approach to child sexual abuse that centres upon the need to determine its occurrence or not. I return to this in Chapters 7 and 8.

The community based social worker who participated in the present research, illustrated how their routine experience of child sexual abuse assessment outcomes is that they are inconclusive, and they graphically demonstrated the dilemma this can leave mothers in:

…very often…it's inconclusive, and then what does that mean like especially…if it's intra familial abuse for a Mum, if it's an elder sibling or something… 'it could have happened, it could not have happened…which of my kids do I believe?'…it's not very clear cut.

The regionally based professional who works in the field of child psychiatry also illustrated their deep concern about a particular child sexual abuse assessment which resulted in an inconclusive outcome:

> *…there was one case where a girl who'd made very clear disclosure about three times about her sister's boyfriend. The sister went to the interview* [child sexual abuse assessment interview] *with her, although she'd never come to appointments here* [child psychiatry rooms] *with her. We saw that as the sister trying to silence her, and…that wasn't appreciated* [by the specialist professionals]*…It ended up being inconclusive, whereas we were pretty clear that something had happened….*

The regionally based therapist from the CARI Foundation outlined what they have perceived in their work with children and mothers to be the impacts of inconclusive outcomes to child sexual abuse assessments:

> *…often the inconclusive assessment, the child might not be fully aware of the response of it …which is probably the good thing…I think in the majority of cases, the kids might not know it was inconclusive except if they're being sent back for access and if they really don't want access, and then that becomes 'does nobody believe me, I told* [member of the assessment team]*…does she not believe me?' …Parents feel that hugely…your inconclusive assessment in my experience is more likely to come …if it's intra familial…more likely to be conclusive if it's Joe Bloggs down the road…for a mother, if the assessment is inconclusive its really, really difficult for her because it's like 'Jesus, did they not believe Mary or Johnny?' or and 'how could they not believe them?'…I think where the alleged offender… is intra familial if he's the father …women really feel unheard …mothers often feel they're not being heard within the system… they feel let down … they've already been let down by their husband or partner, and that's a huge loss to cope with …in general they may find society somehow and some members of society blame them, that they think they must have known 'sure, how could she not know …what's going on in their house, like how could she not know?'…If the assessment is inconclusive that they're not believed, they don't feel supported in it….*

Inconclusive outcomes to child sexual abuse assessments are considered by the therapist from the CARI Foundation to be particularly problematic for children whose safety and

welfare may be compromised, and for professionals in the CARI organisation who feel they may not be able to help:

> *Well I think the inconclusive assessment is a huge problem …particularly with intra familial abuse, the children are often left in… what appear to be dangerous situations… I can't say 'oh yeah it definitely happened' the assessment says it's inconclusive, I can't say 'it definitely happened' but often kids left in very vulnerable situations… I understand that professionals are probably under enormous pressure now when it comes to courts and justifying their findings and all of that …but I think there is an awful lot of kids I suspect that are being left in very vulnerable situations because of inconclusive assessments….*

The therapist replied in the affirmative to my question that they have encountered cases where assessment outcomes were inconclusive but where, on the basis of the child's presentation in therapy, the therapist was concerned that sexual abuse may well have occurred.

More generally however, the therapist indicated the especial difficulties for their organisation of providing therapy to such children in these circumstances. Whilst retaining support to parents, these children will not be seen for therapy if ongoing risk is deemed by CARI to exist, since such a scenario is a contra-indicator for the organisation to offer child psychotherapy. A typical scenario according to the therapist, which they would encounter, would involve a case of 'intra familial' child sexual abuse where the alleged perpetrator was the father, and access visits were re-established once an inconclusive outcome was reached:

> *… if that child has named, or there's sufficient concerns he's named the father, or there's sufficient concerns from the mother that this father has rightly or wrongly, then we* [the CARI Foundation] *have to say we can't take that chance and start therapy with that child who is perhaps not safe.*

The therapist speculated that very approximately 15-20 % of their cases could fit within this scenario.

This chapter has looked at the evidence from social texts and the data generated from the interview sample, at one dimension of professional conduct around child sexual abuse,

and how it is experienced. I turn finally here to begin to look at what I see as a crucially overlooked dimension to how and why such institutional structures of the state, as child welfare systems, obscure true recognition of the meanings child sexual abuse and the responses of the state represent for children, for families and for professionals. In so doing, efforts to reduce the incidence of child sexual abuse, and to prevent it occurring, can be compromised. Nelson (2000) cites Olafson et al (1996):

> *... child sexual abuse...is so central [to major social interest] that as a society we choose to reject our knowledge of it* [my emphasis], *rather than make the changes in our thinking, our institutions and our daily lives that sustained awareness of child sexual victimisation demands. (p.388)*

'Official' Reports as Distancing Devices

Both the previous chapter and the present looked closely at state directives in the form of policy and professional practice guidance and procedural documents. The previous chapter explicated how the rules of representation (Hodder, 2000) in the form of specialised language, stylistic conventions and rhetorical devices (for example, 'bolding', the use of headings, repetition) served to establish an 'authoritative' distinctive state discourse in relation to child sexual abuse, emphasising the particular nature of child sexual abuse and the particular nature of *inter alia*, the professional response such a discourse implied. This chapter and the previous one (through its overview analysis of 'official' records relating to specialist child sexual abuse assessments), documented the practical meanings associated with the discourse for the state child welfare system professional response to child sexual abuse.

In keeping, as I see it with a 'masculinized institutional knowledge base' (Lupton, 1992), data generated from the social texts in the present study suggested a sharp contrast in empathy for children and their parents in the context of child sexual abuse between such 'institutional' documents of the state as 'official' ('Section 8') annual reports, and those of an organisation from the non-statutory sector, The CARI Foundation (as seen in the 2003 and 2004 *Annual Report*). This was seen in three ways. Firstly, the layout of the CARI Annual Reports consists primarily of prose text rather than figures. Language is descriptive, and the stylistic conventions employed include citations from casework with children and adults. Thirdly, victims (and perpetrators) are disaggregated by gender and

age. All of this contributes to caring representations of the voices and painful experiences of individual children, and mothers, who have diverse meanings and experiences associated with child sexual abuse (as well as with responses of state systems). The form and focus is different from 'official' state child welfare system reports for instance, where 'experiences' of child sexual abuse (indeed child abuse generally) are pre-defined (by the state) into categories, are aggregated, where 'voices' are excluded, and where the overwhelming maleness of the problem of child sexual abuse is unacknowledged. These forms of representation as discussed above, are devices used to construct 'authoritative', 'factual' 'realities' characteristic of androcentric accounts, and may in this way represent an approach that

> *...allows a writer, or reader, to distance him or herself from the abuse being described. By protecting readers and writers, neither children's rights nor children's pain can ever be fully acknowledged. (Goddard et al, 2005, p.278)*

Equally of course, it can be argued that such androcentric accounts may represent one means by which the pervasiveness of men's sexual violence against children is never 'fully acknowledged' (it is contended in this thesis that mythology represents another such means). Simultaneously, as discussed in the previous chapter, the implied emotion of fear is one that recurs in interpretive readings of state directives pertaining to professional responses to child sexual abuse (as indeed it does in literal and interpretive readings of the interview data, and I return to this in Chapters 8 and 9). The combined impact of this it is proposed here, contributes to the shaping of an 'official' approach in which *inter alia*, professionals' feelings about child sexual abuse work take precedence over children's and families' lived experiences of sexual abuse.

Conclusion

This chapter discussed the existence of what is proposed to be a 'child sexual abuse occurred/did not occur' dualistic paradigm operating at the core of Irish contemporary state child welfare system sexual abuse work, and it is revisited throughout the thesis.

The chapter argued that the 'child sexual abuse occurred/did not occur' dualistic paradigm has its origins in twin (state) constructions of child sexual abuse as a social problem requiring especial caution on the part of the professional, and as a matter that can, and must be, definitively dealt with within standardised procedures and narrow time frames. As

an approach, it is evidenced in the following chapters to contribute to responses that are characterised by fear, and that result in the denial of the widespread extent to which children are sexually abused by (following Itzin 2000a), 'ordinary' men in Irish society. Such an approach, it is argued, is entirely consistent with a dominant patriarchal conceptualisation of child sexual abuse as a threat to the social order. Thus, what I see as the 'received risks' in relation to error, litigation and public exposure, ensure organisational and professional responses to child sexual abuse that are characterised by fear and denial. I return to this in Chapter 8.

Analyses of the data from within and without the regional branch of the state child welfare system in which the present study was located, reveal however, the flawed nature of a dualistic approach to child sexual abuse. This is evidenced unequivocally in the outcomes professionals reach. Thus, at regional and national level, child sexual abuse has been evidenced to have consistently the highest rates of 'inconclusive' and 'assessment ongoing' outcomes, together with the lowest rates of confirmed abuse outcomes compared to all other forms of child abuse.

The organisational knowledge base of the study site reflects the Department of Health and Children's drive for immediate certainty in relation to cases of child abuse coming to state attention. It negatively evaluates child sexual abuse 'outcomes' against outcomes in respect of other forms of child abuse, since outcomes in relation to child sexual abuse cases rarely provide the desired levels of certainty. It is not unreasonable to speculate that perhaps such outcomes are considered indicative of professional incompetence to deliver certainty, and to restore faith, in the context of a social-political climate preoccupied with the failures of state systems. It has been argued that public exposure of system 'failures' (i.e. failures on the part of the state to be seen to effectively manage child abuse, and child sexual abuse, specifically), has very significant material and ideological repercussions for a capitalist patriarchal social order.

Simultaneously, 'official' knowledge relating to the nature and extent of child sexual abuse coming to state attention is partial, here in the form of statistics from the research site in relation to what are most probably regarded as 'extra familial' cases of child sexual abuse, since such cases are systematically excluded from the data. It has been argued that this too serves a containment function.

The implications of a dualistic child sexual abuse occurred/did not occur paradigm for children, parents and professionals both from within and without the state child welfare system, have begun to be considered in this chapter. Specifically here in relation to inconclusive outcomes following child sexual abuse assessments, the implications are serious. Findings from the interviews with mothers and fathers reveal some to be in enduring states of anxiety and disquiet. For most other mothers and fathers/carers though, inconclusive outcomes appear to have been (re) interpreted to fit preferred non-abuse outcomes. This is concerning too, since the children of such mothers and fathers/carers may continue to be at risk of sexual abuse and the trauma that that entails.

Findings from interviews with professionals, both from within and without the state child welfare system, also point to the potential negative ramifications of child sexual abuse assessments that end in inconclusive determinations. It is deeply concerning that some children are believed by professionals to be left in dangerous situations and further, may have no recourse to, for example, professionals who are equipped to provide therapy.

Finally, 'official' reports, here in the form of annual documents as to the 'adequacy' of child care services in the study site were compared with annual reports from the non-statutory CARI Foundation, in relation to how child sexual abuse was represented. In keeping, as I see it, with (following Lupton 1992), a 'masculinized institutional knowledge base', 'official' reports constitute one effective distancing device from the true meanings and implications that child sexual abuse represents for children, for families, for professionals and their institutions, and for society at large.

In the following chapter, I argue that the high rates of 'inconclusive' and 'assessment ongoing' outcomes, together with the low rates of 'confirmed' abuse associated with child sexual abuse assessments, have as much to do with the complexity of child sexual abuse itself, as they have to do with the state child welfare professional practices that have been constructed to respond to it.

Chapter 7 State Child Welfare System Assessments of the Occurrence of Child Sexual Abuse

Introduction

In explicating how the Irish state child welfare system conceptualises and responds to child sexual abuse, the previous chapter *inter alia*, illuminated the interconnectivity between the phenomenon of state directives and that of organisational rules and norms. It did so by looking at one dimension of professional conduct around child sexual abuse, the existence of a dualistic paradigm at the core of contemporary state child welfare system responses to the issue. The present chapter continues in this vein by looking at child sexual abuse assessments and credibility analyses.

The construction of the social problem of child sexual abuse as one that is amenable to either/or professional determinations as to its occurrence or not based on standardised assessment procedures within narrow time frames, was seen as central to such a dualistic approach.

Chapter 6 built upon themes raised in Chapters 5 and 6 to do with global capitalist and national patriarchal imperatives concerned with material and ideological self-interest and perpetuity. It demonstrated that a dualistic approach to child sexual abuse is one compatible with certainty and containment in the context of a social-political climate fraught with the ideological and material repercussions of public revelations of state systems' failings, and ever-increasing numbers of citizens' reports of sexual abuse against 'ordinary' men in Irish society.

It looked in detail at the most visible/public consequences of the child sexual abuse occurred/did not occur dualistic approach. It examined 'official' 'outcomes' of state child welfare professional intervention in cases of child sexual abuse, data annually produced and presented by regional branches of the state child welfare system within statutorily obliged 'official' reports, by which the system's 'adequacy'/performance is judged.

'Official' outcomes in respect of child sexual abuse assessments clearly indicate the system's failings to achieve certainty in this area by virtue of the startlingly low rates of 'confirmed', in association with the very high rates of 'inconclusive' and 'assessment on

going' outcomes that are consistently reached by professionals. The meanings 'inconclusive' outcomes represent for children, parents/carers and professionals from both within and without the state child welfare system were discussed in depth, and crucially significant safety and welfare ramifications of the dualistic approach to the existence of child sexual abuse were seen.

Simultaneously however, documentary analysis of child sexual abuse assessment report archives (from the study site) as outlined in Chapter 5, suggests that the drive to achieve certainty, in the form of definitive outcomes, has the effect of placing ever greater expectations on children to meet exacting organisational criteria before they can be 'officially' regarded as having been sexually abused.

This chapter attempts to illuminate just why child sexual abuse is not amenable to the kinds of professional interventions that have characterised, and continue to do so, the state's response. I demonstrate that the high rates of 'inconclusive' and 'assessment ongoing' outcomes have as much to do with the complexity of child sexual abuse itself, as they have to do with the state child welfare professional procedures and practices that have been constructed to respond to it.

The establishment by the state child welfare system of a child sexual abuse discourse which centres upon the responsibility accorded children to tell of their abuse, and upon state child welfare professionals to 'validate' what children 'allege' was outlined in earlier chapters. This chapter is centrally concerned with how this discourse is operationalised through child sexual abuse assessment and credibility analysis procedures, and the correspondence between it and the child sexual abuse occurred/did not occur dualistic approach is seen.

The key issue of the disclosure of child sexual abuse is dealt with throughout this chapter in order to understand how child sexual abuse presents itself (or does not) to the state child welfare system, and what this implies for a state child welfare system response to the issue that is predicated upon 'validating' what children 'allege'. In so doing, attention is paid throughout to the experiences of children, young people and parents/carers from the 'lived experience' sample when directly faced with the issue of child sexual abuse in their lives. The pivotal professional procedures and practices of child sexual abuse assessments and credibility analyses come under scrutiny then as to their ethics and

efficacy in identifying, protecting and treating children in this context. I begin by looking at whether and how child sexual abuse presents itself to state and social systems.

Disclosure and Non-Disclosure of Child Sexual Abuse

It is widely acknowledged in the national and international literature (Ferguson, 2004, O'Riordan et al, 2003, Mc Gee et al, 2002, Bacon and Richardson, 2000, Itzin, 2000b, Hooper, 1992, Finkelhor, 1984), that cases of child sexual abuse presenting to state child welfare systems statistically represent a minority of the cases of child sexual abuse that exist within the wider community. In this way, they are atypical of such cases generally (Summit, 1983, Bacon and Richardson, 2000).

As a significant Irish study has demonstrated, the incidence of child sexual abuse is much higher than that reflected in 'official' statistics. In their retrospective (telephone) prevalence survey, McGee et al (2002) found that 20.4% of women reported experiencing contact sexual abuse in childhood, 5.6% of whom experienced penetrative sexual abuse, either vaginal, anal or oral. A further 10% of women reported experiencing non-contact sexual abuse in childhood. The authors found that 16.2% of men reported experiencing contact sexual abuse in childhood, 2.7% of whom experienced penetrative sexual abuse, either anal or oral. A further 7.4% of men reported experiencing non-contact sexual abuse in childhood.

The study also established that 49.6% of people, 60% of whom were young men who had been sexually abused in childhood, never told anybody about their abuse. When disclosure did occur, it was usually to family members, few disclosed to a professional. Of the professionals to whom child sexual abuse was disclosed according to the McGee et al survey, the breakdown is as follows: 5.6 % of men reporting childhood sexual abuse disclosed to An Garda Siochana, and 9.7 % of women did so. Only 17 participants out of the 3,118 randomly selected adults in the survey reported child sexual abuse to medical professionals. 83 participants accessed counselling/psychological professionals for reasons to do with a combination of child sexual abuse only (60 % of males and approximately 22% of females), adult sexual assault only, and both child and adult abuse (over half of the women attended counselling/psychological professionals for sexual abuse experienced both as a child, and as an adult, and approximately 23% of men did so).

McGee et al (2000) found that only two participants knew about, and could evaluate, their contacts with child sexual abuse services in (what were formerly) the health boards. They write "This did not allow meaningful evaluation here" (p.143).

The most frequently cited reason for not disclosing child sexual abuse, according to McGee et al's survey was feelings of embarrassment or shame, the next most often cited reason was feeling that the abuse was 'too trivial'. Next most frequently cited reasons for not disclosing were, 'didn't know who to turn to', 'was not talked about then' and 'felt nobody would believe them'. Other reasons adults in Mc Gee et al's survey cited for non disclosure included; 'afraid others might blame them', 'blamed self', 'didn't want to cause pain to family', 'did not want others to know' and 'did not know it was wrong at the time'. McGee et al comment "Of particular concern are those that felt "no-body would believe them and they "didn't know who to turn to""(p.124).

McGee et al's (2002) survey sought experiences of sexual abuse across the lifespan of adults currently living in Ireland, and there was no upper age limit for participation in the study. In this way, a proportion of respondents' experiences may be reflective of an earlier time in which the issue of child sexual abuse was not as high profile as it is, for example, in the contemporary media. In addition, some such respondents' experiences may well be reflective of a time in Ireland, in which there were few, if any, existing services in relation to child sexual abuse.

Jones (2000) observes there to be currently little understanding of the factors leading some children to disclose and others to remain silent, and he argues this critical area requires continued investigation. In this spirit then, this chapter looks at the themes and contexts of disclosure and non-disclosure of child sexual abuse as they pertain to the 18 children/young people in the study. Such children/young people came to the attention of the study site over the decade 1991-2001, with a concentration around the mid-late 1990s. The study was afforded the participation of one child (Amy), and three young women (Brenda, Caroline, Dana) who underwent child sexual abuse assessments and their voices are highlighted at length in order to approach understandings of the crucially important issue of the process of disclosure. For the remaining (14) children and young people from the 'lived experience' sample who did not participate in the study, processes relating to the disclosure and non-disclosure of sexual abuse come filtered through the accounts of their parents/carers. I proceed then to illustrate the children/young people's, and their

parents'/carers' experiences of state child welfare system intervention, with an especial focus upon their experiences of state child welfare sexual abuse assessments.

Findings from research interviews with Amy, Brenda, Caroline and Dana support and augment those of McGee et al (2002) around the issue of non-disclosure of child sexual abuse. Whilst Amy, Brenda, Caroline and Dana were able and/or facilitated to disclose, and I discuss this in greater depth below, they nonetheless experienced most of the feelings as well as some additional ones, which McGee et al's adult respondents reported retrospectively as feeling, which for them acted as inhibitors to disclose. Moreover, Amy, Brenda, Caroline and Dana described experiencing such feelings simultaneously, not as discrete events. Kitzinger (2004) observes, "Complex feelings can be generated by abusers' manipulation of reality, their position of trust and their insistence on secrecy" (p.38), and indeed a range of complex feelings were evident from the participants' accounts. This is outlined next, and I begin by looking at Amy, Brenda, Caroline and Dana's disclosure processes cross referencing them with findings from McGee et al's (2002) adult respondents.

'Felt embarrassed'

Both Amy and Brenda spoke about the embarrassment associated for them in telling about the abuse they experienced.

Amy (aged 10 years at the time of research participation) spontaneously disclosed to her mother that her male teenaged cousin had sexually abused her that day. Amy described how had she not decided to disclose to her mother in the first instance, she would not have told anybody, because "...I don't really like people knowing...it kind of would be embarrassing".

Brenda (aged 19 years at the time of research participation) abuse came to light when she was approximately 14 years of age, after her sister (Caroline) disclosed child sexual abuse at the hands of the same perpetrator, their maternal uncle. Brenda was unequivocal that she would never have disclosed of her own volition (and I return to this again). Her acute embarrassment at the prospect of talking about the abuse she experienced, at any level, is indicated when she said:

> *...I was so* [Brenda's emphasis] *embarrassed...I remember I was in my bedroom...and Mam came in and she was 'I want to talk to you' and ...I knew that...* [sister] *had told*

her and I said…'what?'…I was putting up this 'what d'you [Brenda's emphasis] *want?' sort of attitude…she just kinda' tried to find out did something happen…she just kinda' said 'does he ever touch you somewhere where you shouldn't be?' and I said 'yeah' and she said 'where?' and I was there 'just leave me alone', like I couldn't tell her, I was so embarrassed. For the finish I just kinda' said 'down there' …and I said 'Mam, will you just leave me alone?' and I remember she went out of the room, and I cried with relief that I didn't have to go in to detail… I was so embarrassed.*

Caroline (aged 21 years at the time of research participation), who is Brenda's sister, was extensively contact sexually abused by her maternal uncle throughout her middle childhood. The abuse incorporated molestation, digital penetration of the vagina, interfemoral sexual abuse, together with episodes of physical violence. By usage of the term 'molestation' here and below, I refer to the "intentional touching…of the body of a child…by a person…for the purpose of sexual arousal or gratification" (Department of Health and Children, 1999, p.33). Caroline's decision when she was 16 years of age, to disclose to her teenaged boyfriend was prompted by the recurrence of sexual abuse, after having not seen her uncle for some time. Caroline described disclosing to her boyfriend as:

…very hard…I just told him that I hated my uncle and he wouldn't let it drop like, he said, 'why?' and I said, 'I'll tell you later'…took like about two or three hours to build up the courage …three hours sitting there saying 'I'll tell you later, I'll tell you in a while, I'll tell you in a minute'….

Caroline described her struggle around telling her boyfriend thus "…it was just hard to say it …more than anything…I think I was ready to say it but it was just kind of hard to actually say the words". Caroline outlined that her boyfriend insisted on them telling Caroline's parents together, and she was unhappy with this course of action "…it was just a fear of awkwardness more than a fear of them [parents] not believing me or anything…"

'Thought it was too trivial'

McGee et al (2002) treat of the non-disclosure of child sexual abuse attributed to the reason 'thought it was too trivial', in some depth. They speculate that this is perhaps unsurprising since 40 % of cases of child sexual abuse that were not reported were categorised as non-contact abuse. They note however, that 52% of cases that were not reported because it might be seen as too trivial involved some type of physical contact.

Whilst avoiding making judgements of people's perceptions of their experiences in this regard, the authors have concerns with the fact that a small number of people (five participants) reporting childhood sexual abuse experienced attempted and actual penetration, and said that they did not disclose to anyone because they felt that it was too trivial.

Brenda's thoughts on the abuse she experienced reflect McGee et al's findings around non-disclosure because of perceptions as to its triviality. Brenda was extensively contact sexually abused over a period of five to six years, beginning when she was seven years old. The abuse incorporated molestation and interfemoral sexual abuse. In addition, Brenda was coerced into having contact with the perpetrator's genitals. Brenda said:

> *I knew…of course I heard something like that* [child sexual abuse] *when I was a child …I…didn't think that that was the same. I thought what was happening to me…wasn't as bad as…what some people might put up with…I thought maybe I* [Brenda's emphasis] *was wrong, I thought maybe…this is what happens, maybe I'm making a big deal out of it and I thought that for a long time afterwards. I thought what…I doubted my own mind…I thought what if none of this ever happened…or if it wasn't as bad 'cos he said…that it was just horseplay…he said it to my parents when it came out…he said it was horseplay and then I started thinking maybe…god…maybe it wasn't as bad….*

Brenda described feeling similarly when it came to making a Garda statement in relation to her uncle's activities, but she was reassured by the Garda who interviewed her that her experiences certainly warranted their intervention.

'Didn't want to cause pain to family'

Amy described a dilemma of not wanting/wanting to disclose to her mother, whilst at the same time hoping to minimise her mother's anticipated distress:

> *I was kinda' laughing, because… like… it only happened once you know, like, that I didn't really want to tell my mom so I was only laughing kinda' pretending that nothing happened".* [Amy hoped that her mother], *"…would be okay…I know she wouldn't be okay with it* [the abuse], *but like she would be okay kinda' that I told her and things.*

Amy described how she disclosed to her mother thus:

...well I kinda' was laughing and I didn't ...really care and I wasn't going to tell her and I was kinda' laughing and she knew there was something wrong because I was laughing a bit and things. So she said 'what's wrong?' and I said 'nothing', and she asked me again and I said 'nothing [Amy's emphasis] *mom', so then she just said the thing and I was able to tell her....*

Amy's use of laughter in order to both protect her mother from distress, and to minimise the abuse for her, reflects a considered and specific judgement made in anticipation of what she perceived to be the likely impact and response to her *disclosure*, notably not the abuse, *per se*. Amy spoke of feeling

...kind of nervous... [and she indicated conflicted feelings as to how her mother might judge her]*...I thought she might've gotten mad at me, or she might have kind of said, 'why did you not tell me?', 'it is okay to tell me' and things.*

Amy's internal struggle to tell, or not to tell, about the abuse is indicated when she said:

...I kinda' tell my mom everything [Amy's emphasis], *like, and...basically, just, like, because...I thought I wouldn't have been able to talk about it to anybody* [Amy's emphasis], *and I would keep it as a secret for the rest of my life....*

'Did not want others to know'

Amy indicated that had she not disclosed to her mother in the first instance, she would not have told anybody about the abuse, either from within her family or outside of it:

...I don't really like people knowing...'cos they [friends] *would keep on asking* [Amy's emphasis] *about it, and you... never know if they would... like...really* [Amy's emphasis] *keep a secret* [Amy's emphasis] *and if that subject might have came up once, or something, they could have told* [Amy's emphasis] *somebody...it is one of my deepest secrets.*

'Did not know it was wrong at the time'

Three of the four research participants above described how they did not know what was being perpetrated upon them at the time could be regarded as sexual abuse, and how this compromised their ability to tell of it. Summit (1983) wrote in this context "The child is...entirely dependent on the intruder for whatever reality is assigned to the experience" (p.181).

Brenda said, "...as I got older I knew it was more and more wrong...maybe when I was younger I didn't, and ...I felt dirty and ashamed...but not when I was a kid, I didn't..."

Caroline similarly said:

> *... I didn't really know there was anything wrong with it...I never actually thought there was anything wrong with it...it's hard to describe...it was just normal and it was just him...it's not like I knew... 'god this is wrong'...even when we were living in* [place name] *you'd see it on the news every day, some new case coming out and it never dawned on ya', like 'god, it happened to me'...it was just normal like, it didn't even seem wrong...I never even thought 'oh, what will I do, will I tell someone', because it* [the abuse] *was all so normal....*

Dana (aged 18 years at the time of research participation) spoke of her thoughts at the time about the abuse perpetrated upon her by her older brother "...I didn't know at the time what it was..." Dana spoke of being sexually abused from the time she was seven/eight years of age up to 11. The abuse incorporated molestation, attempted penile-vaginal penetration and exposure to the masturbatory activities of the alleged perpetrator. Research participation with Amy, Brenda, Caroline and Dana indicate that there are additional factors (to those identified by McGee et al (2002)) which can act as inhibitors to children disclosing. These are outlined next.

Fear of Rejection

Amy feared that by disclosing to her friends "...they might turn their back on me...I know they wouldn't really, but like, they might".

Concern that the Family would be Ruptured

Brenda was the child who responded in the affirmative after her sister had disclosed that the same perpetrator (their maternal uncle) had sexually abused her as well. Brenda said, "I had no choice in telling...I had no intention of telling anyone...it...never entered my head that I'd tell Mam...if [sister] hadn't said anything, it could still be going on..." Brenda feared that the effect of her (and Caroline's) disclosure would be to tear the family apart "I was very angry, and the first thing I said was 'you're a home wrecker' to [sister] [for disclosing]...you fucking family wrecker, that's what you are".

Bribery

Brenda's abuse was characterised by bribery on the part of the perpetrator, which for her served to compromise her ability to disclose:

> *The thing that makes me feel guilty about it as well is…he used to give us money…I know…I was only a child but I used to be happy to see him coming…you can so easily forget the bad things that he was doing….*

Consequently, disclosure was not seen as an option for Brenda:

> *Because I never thought about it…when I was younger, he'd abuse me, I'd get the money…and… I would not even think about it afterwards…I wouldn't be thinking that was wrong, or… I don't like that or anything …I just did not think about it at all… I suppose I just put up with it… even if I knew it wasn't right…I could put it out of my…mind because…of the money…and just forget about it.*

Secrecy

Brenda described how her uncle routinely exhorted her not to tell anyone as he handed her money after each episode of abuse "He'd say that I was his girl…and that I was very special…and he'd give me money, 'don't tell anyone', like…"

Fear

Dana's abuse was witnessed by her male carer/partner of her mother (Mr. Martin), who requested she report the matter to the Gardai, which she did. Dana described how, had it been her choice, she would not have taken this course of action since she feared the consequences of her disclosure:

> *… it was kind of nervous, I didn't really want to do it like…I didn't know what would happen…I didn't really want to say anything…I'd be too scared … of what'd happen… …I'd be frightened of what Mammy and [Mr. Martin] would say, and what they'd do to* [alleged perpetrator].

I turn now to look at the choices that Amy, Caroline and Dana made in relation to whom and whom not to disclose their abuse, and the factors that influenced such choices.

Understanding and Experience

Amy described how it was easier for her to disclose to people (in this instance, specialist child sexual abuse professionals) whom she felt were experienced in this regard:

> *Because they understood me…'cos if they worked there for a while…for a long time…before I was there, they would have understanded lots of other kids who were there 'cos they would come in with cases like that.*

In this way, Amy rejected the possibility of disclosing to a teacher, for example:

> *Well…it is not hard to explain to you* [researcher] *'cos I know you work and you have to like…you have to like…you have to work at those places…and you…you are one of those people that talks to children about…but a teacher wouldn't really be that.*

Approachability and Trust

Dana said that she did not disclose to the first community based social worker she was allocated:

> *…I didn't really want to talk to* [social worker]*…'cos I didn't like* [social worker]… [social worker] *was always strict and* [social worker] *was always giving out…she gave out to everyone, she gave out to* [Mr. Martin] *and mam as well…telling them they weren't treating us right and all that.*

Dana said that she did not agree with the social worker in the latter respect. Dana did not trust this social worker either:

> *…anything you'd say to* [social worker], [social worker]*'d go back and tell everyone else…if you want to tell 'em something personal…you would like them to keep it to themselves, but no,* [social worker]*'d have to go back and tell Mam and* [Mr. Martin] *and then I'd ended up being told it again. Mam and* [Mr. Martin] *would tell me…why didn't I tell them?*

Dana said that a social worker in this context "…should be nice and kind of, be more confidential…not be…always grumpy and giving out, like…"

At age 13, Dana disclosed to the second community based social worker to whom her case was allocated, that her older brother had been sexually abusing her. Dana liked this

social worker, describing her as being "...nice like, [social worker] used to take me out for a picnic and...stuff like that". Dana recalled:

> *...I didn't say much but I did talk to her* [social worker] *about it...because she was...more relaxed* [than the first allocated social worker to whom Dana did not disclose] *she made you more relaxed...she'd talk away to you...she left me talk to her in my own...time.*

According to Dana, this social worker was using written materials relating to sexuality matters in their work with her, and it was in this context as well that Dana disclosed:

> *...I told* [social worker] *about what my brother did to me and* [social worker] *said that* [social worker] *was going to find help for me, get help for me, which I didn't get.*

In this regard, while Dana described this professional intervention as being beneficial to her "...it kind of made me more protective of myself...I kind of knew more then...I'd know what's happening like if someone come along to me, come up to me..." she felt that the kind of specialist help that she identified for herself as needing, in the form of psychiatric intervention remains to date, unavailable to her. I return to this below. I turn now to look at the above children's and parents'/carers' experiences of the state child welfare system sexual abuse assessment process.

Experiences of State Child Welfare System Sexual Abuse Assessments

Amy and Ms. Kennedy

Specialist child sexual abuse professionals interviewed Amy on five occasions, and the assessment confirmed that abuse took place. Subsequently, Amy was in receipt of short term counselling from within the state child welfare system. Amy liked the unit in which her child sexual abuse assessment took place, describing its colourful walls and toys in the reception area "...it was nice...there". She liked the professionals who interviewed her as well "...they were very [her emphasis] nice...they were very nice to talk to...'cos they were very nice people I think..."

Amy did not indicate any difficulties in understanding the questions the specialist professionals put to her; it was rather that (verbally) recounting the details of her abuse

was problematic for her. It appears on the basis of research participation with Amy and her mother Ms. Kennedy, that Amy was facilitated by professionals to write down what had happened, and that in the end, her mother was brought into the interview room as well, in order to assist with this process. I return to this later in an examination of the credibility analysis procedures inherent to child sexual abuse assessments.

Amy had this to say of her disclosure experience "it's kinda' good that she [mother] brang me there [assessment unit] so I could just talk about it…I wasn't really scared there…I was able to tell them everything". Amy made it clear that disclosing to professionals experienced in the field of child sexual abuse made the process easier for her since she felt they *understood* her. Trust and confidentiality were important components of this for Amy "…they [children who have been sexually abused] can trust them [specialist professionals]…they can trust them that they won't …that they won't, am, that they won't like spread it around and tell everybody 'cos it's private".

Overall, Amy said that the assessment process helped her "…because I was able to tell them [specialist professionals] everything…so I wouldn't have to, like, keep it as a secret…" Amy would recommend this course of action to other children who may have been sexually abused:

> *…don't be scared to go there 'cos it is a really nice place…and they'll have fun there talking to the people…I was playing with toys there, and I used to draw pictures with* [one of the specialist professionals] *and things, and play house…I used to play with the doll house in the* [interview] *room and things…and while I was waiting I used to make things.*

Ms. Kennedy, who is Amy's mother, found specialist child sexual abuse professionals to be exceptionally helpful, skilled and candid in their work in respect of both herself and her daughter, and I return to this later. However, as Chapter 8 illustrates, Ms. Kennedy was highly critical of the state child welfare system response to child sexual abuse generally. She criticised an assessment process in which, as she saw it, Amy was to be brought to a point at which she would talk about what Ms. Kennedy termed the 'incident' of child sexual abuse, only to be referred thereafter elsewhere for treatment with the probability of being placed on another extensive waiting list. Chapter 8 illustrates how Ms. Kennedy was critical too about how her own needs in this context were relegated, and how it was the

non-statutory CARI Foundation that afforded her a significant degree of the help and support she needed at that time. Both themes are returned to later.

Dana, Ms. Long and Mr. Martin

Specialist child sexual abuse state welfare professionals interviewed Dana on one occasion, and the assessment confirmed that abuse took place. Dana said that she was approximately 13 or 14 years of age when she went for her assessment. Dana described her experience thus:

> *…I kinda' knew it was about it, but…we were kinda' talking about this, and that and the other, fights at home and everything and then I ended up coming out, then I ended up saying about* [older brother] *doing it to me, and then she* [child sexual abuse specialist professional] *kinda' said to me… 'that's what you're really here for, is to talk to me about* [older brother]*' so I did that then and then she said to me… after all that, she said she was going to get…an examiner…some kind of a doctor…and …she just asked me would I like a woman or a man and …I said, 'a woman', and then after that she said. 'alright we'll try and get you a woman', but I didn't get any of them.*

No medical evaluation ever ensued in respect of Dana. To date, Dana is in receipt of social work services, but despite what she described as repeated promises of specialist counselling for the impact her childhood sexual abuse continues to have on her, Dana has yet to receive same. This is a matter of some concern, because Dana spoke in the research interview of enduring therapeutic needs, and I return to this later.

Dana found the fact that the child sexual abuse assessment interview was being video recorded to have heightened her feelings of nervousness about the process, and she said she would have preferred if there had been a hidden camera. Dana said that she was afraid that the assessment workers would show the tape of her interview to people "…I didn't want anyone to know…" Dana was satisfied with the format of the child sexual abuse assessment interview, describing it to be

> *…ok like, because she* [child sexual abuse specialist professional] *didn't push me into anything, she didn't push me into saying anything…yeah it was grand…she…was just talking away to me and then…I'd mention about* [older brother] *and then she started asking questions about him…I thought it was ok.*

Ms. Long, Dana's mother and Mr. Martin her carer, experienced significant difficulties with state child welfare system intervention. There were many dimensions to this, a key element of which according to parents was the system's utter inability to assist them in a timely, empathic and ultimately protective fashion with the children's severe interpersonal sexual behaviour problems. I return to this later. One form this would proceed to take for parents was the suggestion of an allegiance on the part of the system to the 'cycle of abuse' theory (and I return to this model in Chapter 9). Ms. Long and Mr. Martin spoke of attending one case conference in particular, where a proposal was put to them that the children would be removed into state care, seemingly because of concerns that the children were being sexually abused by them. According to Ms. Long, there was no evidence to support this, and it was never directly said. According to Mr. Martin, sexual abuse was "...suggested..." In any event, the children were never removed into care. Ms. Long felt strongly however, it was "...because I was sexually abused when I was 10, they knew all about...they had to know all about my past [and] [Mr. Martin's] past..."[when he had suffered childhood sexual abuse too].

Caroline, Brenda and Mrs Donohue

Specialist child sexual abuse professionals interviewed Caroline on one occasion, and the assessment confirmed that abuse took place. Caroline recalled her experience of child sexual abuse assessment thus, "...I remember it [child sexual abuse assessment interview] was just questions...it wasn't like friendly chat that I thought maybe...see the way I can relax and just talk to you [researcher] here..."

Caroline said that at that time in her life, she was self harming by burning her hands and arms with an iron. She described that scars were visible to the interviewers, "I probably had it shoved in their face like..." and she felt that while the interviewer(s) asked her what happened, and she replied that she burnt herself, they "...should have copped it..." that she was intentionally hurting herself.

Caroline described not liking the formality of the interview process generally, and the video camera recording the interview, in particular. She recalled, "...all it takes is for someone to be friendly...it was just all business". Interestingly, in comparing her experience of the state child welfare specialist assessment process with that of making a statement to the gardai, Caroline described how legal requirements, for example, for detailed descriptions

and dates of incidents, whilst at times difficult, was bearable because of the "...genuinely nice..." personality of the female garda who interviewed her.

Caroline described how at that point in her life, she felt capable of recovering from her childhood sexual abuse without the need to access formal therapeutic services. Her experience of the child sexual abuse assessment process was one she described as reinforcing her views in this regard, and in this way she felt that the offer made from the study site in respect of treatment services was one she would not consider taking up.

Specialist child sexual abuse state welfare professionals interviewed Caroline's sister Brenda, on one occasion, and the assessment confirmed that abuse took place. Brenda could remember very little about the child sexual abuse assessment, apart from a meeting on one occasion with a man and a woman.

Brenda described how, as she understood it, access to therapeutic services which she felt she greatly needed, was not allowed until after her uncle's criminal court case. I return to this later, and in Chapter 8.

Mrs. Donohue, who is Caroline's and Brenda's mother, described how she found personnel from both the Gardai and the state child welfare system to be sensitive and helpful in the services they provided to her daughters. However she was highly critical of what she found as the stance adopted on the part of both systems, and legitimated by elements of the private sector, that precluded the girls from accessing acutely needed therapeutic services until the court case concluded, some 12 months after abuse was disclosed. Overall, Mrs. Donohue's primary support came from the non-statutory CARI Foundation. She could not recall being offered any specific support service either for herself or her husband from the state child welfare system. I return to this later, and in Chapter 8. I turn now to look at how child sexual abuse in the present research ultimately presented itself to the state child welfare system through an explication of the experiences of all of the people from the 'lived experience' sample. The discussion is contextualised within the disclosure literature, and it is here that I begin.

The Presentation of Child Sexual Abuse to State Child Welfare Systems

The 'Continuum of Disclosure'

Bacon and Richardson (2000), following Sorenson and Snow (1991) view the disclosure of child sexual abuse as a process not an event, encompassing "A dynamic interaction of forces" (p.270).

In their clinical work with sexually victimised children, Bacon and Richardson employ the concept of a continuum of disclosure, which they find helpful in understanding individual children's readiness to disclose. Their continuum incorporates a 10 point scale from 'no disclosure' through to 'spontaneous disclosure', specifying characteristic factors that act as pressures on the child to remain silent, and factors that act as pressures on the child to tell. The dynamic nature of the disclosure process, according to Bacon and Richardson (2000) is such that the child can move in either direction on the continuum depending on circumstances pertinent to that child's situation, or indeed they can become 'stuck' at any point along it.

Factors that act as pressures on the child to remain silent, according to Bacon and Richardson (2000) include; the child's immaturity together with the lack of means by which to communicate such concepts, dissociation/splitting, duration of abuse/accommodation syndrome, threats/ pressures/ fear of consequences/ denial by perpetrator and loyalty to perpetrator/family. Factors that act as pressures on the child to disclose according to the authors include, admission by perpetrator, accidental disclosure, facilitative intervention, availability of advocate and child's own decision/knowledge (maturity).

Bacon and Richardson conceptualise the child as having to negotiate a number of boundaries before they can disclose, and they propose a model to capture the child's journey from silence to disclosure in terms of a series of concentric circles. In the centre of this series of concentric circles is the child (and inner child), next are the family and parents, next nursery/school, relatives, social networks, and in the outermost circle, wider societal beliefs, the legal system and professional networks. The authors locate the child's advocate within this model as well, with similar hurdles to overcome on behalf of the child. I turn now to discuss the disclosure processes of all 18 children/young people in the present study, highlighting their pertinence to the state child welfare system response. I utilise Bacon and Richardson's (2000) continuum of child disclosure of sexual abuse as a

model to capture the complex, and what can appear at times to be contradictory, elements inherent to what Kinnon (1988) termed "...the trauma of disclosure..." (p.8).

Spontaneous Disclosure

Bacon and Richardson (2000) employ the term 'group one' children to categorise those children who are "...not the norm" (p.241), since they "...spontaneously move to the top of the [disclosure] continuum and disclose" (p.240). Bacon and Richardson are of the opinion that such children can do so

> *...because they are less enmeshed in the abuse, which may be extrafamilial, of shorter duration, or less intrusive to the child, who may have a foundation of nurturance by, and trust in, adults to set against the abusive experience. (p.244)*

According to Bacon and Richardson, a crucial factor in the decision of a child in this group to disclose is "...the response of the non-abusing carer, usually the mother, or the degree of validation received from another adult" (p.242).

This study supports Bacon and Richardson's (2000) contention that spontaneous disclosure of child sexual abuse is not the norm. Of the 18 children/young people around whom concerns of a child sexual abuse nature focused, three such children appeared to match Bacon and Richardson's description above; Amy (discussed earlier) aged seven, and siblings Edward aged six and Finola aged four. The ages of the children here refer to their ages at point of disclosure.

Like the children typified in Bacon and Richardson's 'group one' children, Amy, Edward and Finola experienced sexual abuse that was short in duration. Additionally, on the basis of research participation with parents and Amy, the three children all appeared to have nurturing and trusting relationships with the significant adults in their lives, paralleling 'group one' children as conceptualised by Bacon and Richardson. In Edward and Finola's case, their obvious and unusual distress the morning after the abuse occurred prompted their parents to closely question them as to what was upsetting them, and they spontaneously disclosed that their paternal uncle had sexually abused them both the night before. The abuse incorporated molestation and in Finola's case, digital penetration of the vagina. The parents in all three 'spontaneous disclosure' cases responded supportively and decisively to their children's disclosures. Specialist child sexual abuse professionals subsequently confirmed child sexual abuse in all three cases.

Interestingly, unlike children typified as 'group one' children, Amy, Edward and Finola experienced 'intra familial' abuse. Further, Amy's abuse incorporated what is generally regarded (McGee et al, 2002, Sgroi, 1982) as one of the most intrusive forms, i.e. penile-anal penetration.

Research participation with Mr. Jones and Mrs. Jones, father and mother to Edward and Finola revealed their disquiet about state responses to child sexual abuse to revolve around what they both saw as the children having to endure dual processes of questioning (Garda and state child welfare system), that seemed predicated on the children having told lies, and that ultimately does little to prevent abusers abusing. Their experience was such that no criminal court case ensued in respect of their children's abuse, ostensibly because of their young ages. Mrs. Jones felt that while Finola in particular, who experienced night terrors, bed wetting and deep anxiety generally, benefited from the short term counselling she had access to post assessment, she questioned the whole point of the assessments *per se*. Mrs. Jones was strongly of the view that if the alleged perpetrator committed another act of child sexual abuse, a similar scenario would ensue, and he would, as both she and Mr. Jones put it,"...get away with it again"

Disclosure Over Time

Within the small group of children who disclose, Bacon and Richardson (2000) situate those children who may have kept their abuse secret for a long time, and/or made previous attempts to tell and had not been believed. They cite Bentovim's (1988) work which showed that of those children who were able to disclose, over half had been abused for 12 months or more, and that the period prior to disclosure could be as long as five years.

Summit (1983) observed:

> *Most ongoing sexual abuse is <u>never</u>* [original emphasis] *disclosed, at least not outside the immediate family...Treated, reported or investigated cases are the exception, not the norm. Disclosure is an outgrowth either of overwhelming family conflict, incidental discovery by a third party, or sensitive outreach and community education by child protective agencies. (p.186)*

Of the 18 children/young people around whom concerns of a child sexual abuse nature focused in the current study, there were five whose experiences appeared to match Bacon

and Richardson's description of 'disclosure over time'; Geraldine (aged 4), Isobel (aged 5), Helen (aged 11), Dana (who I have discussed above, aged 13) and Caroline (who I have discussed above, aged 16). The ages of the children/young people here refer to their ages at point of disclosure. In three cases (Helen, Dana, Caroline), sexual abuse had certainly been ongoing for approximate periods of respectively five and six years before they told of it.

In Geraldine's case, she had been exhibiting symptoms of concern in relation to being at her childminder's home for some time before she disclosed to her father that the child minder's husband had sexually abused her, referring to it as a 'secret'. The abuse incorporated interfemoral sexual abuse with ejaculation. Isobel's situation was less clear-cut since her parents had different perspectives on the risks the alleged perpetrator (paternal aunt's male partner) posed, and whether he had been grooming Isobel or not. Indeed, parents differed as to the content of Isobel's disclosure, whether Isobel had been coerced into contact with the alleged perpetrator's genitals or whether she had been molested by him.

All save one of the 'disclosure over time' children/young people (Isobel) had confirmed abuse outcomes pursuant to state child welfare system assessments. Isobel's assessment outcome was determined as inconclusive. In chapter 6, I discussed the impacts upon Isobel's mother, Ms. Osbourne and her father, Mr. Peterson of the inconclusive outcome to Isobel's assessment.

Research participation with parents of the above children/young people revealed, in a similar way to that of parents discussed earlier, that they felt state child welfare system specialist child sexual abuse professionals to be gentle and kind towards their children, succeeding in engaging them in a child friendly process that was non-threatening. Helen's mother, Ms. Quinn, was unable to comment on specialist child sexual abuse assessments on behalf of Helen (and Francesca); since they were processes she was largely excluded from. Helen and her sister, Francesca were peremptorily removed into state care after Helen disclosed penile-vaginal penetration by her mother's partner to her teacher; abuse that had been ongoing since she was aged six. Social workers brought the sisters during this time to a specialist child sexual abuse professional based outside of the study site. These events occurred some 14 years ago for the Quinn family, and Ms. Quinn spoke with deep distress and anxiety how Helen to date, has not spoken to her about her period in

care and related matters concerning child sexual abuse assessments and medical evaluations. Ms. Quinn links this to the traumatic events that followed Helen's disclosure. These included having no contact whatsoever with her mother for the first week and a half of her (and her sister's) three month stay in care. Ms Quinn was denied knowledge by the state child welfare system for that period of time as to where her children were placed. I return again to 'mother blaming' attitudes, beliefs and norms on the part of the state child welfare system, later.

In a similar way to parents/carers discussed earlier, mothers and fathers in these contexts spoke of matters relating to state child welfare system professional intervention in suspected child sexual abuse cases that were sources of disquiet to them. For Mr. Nagle and Mrs. Nagle (parents to Geraldine), there was a bureaucratic quality to the specialist professional interview conducted with them that left them bewildered as to the relevance of information that was sought from them concerning their sexual relations for instance, to the case of 'extra familial' child sexual abuse that was at hand. Similarly as we have seen in Chapter 6, Ms. Osbourne and Mr. Peterson spoke of specialist intervention as being child focused to the point of excluding recognition of their needs as individuals, as parents, and as a couple. This included their having to reveal difficult personal experiences in response to professionals' questions, and in respect of which no therapeutic space was afforded. Ms. Osbourne and Mr. Peterson had different perspectives on whether this was problematic or not. However, the dearth of support services for parents/carers and children (post child sexual abuse assessment) here, as also seen earlier, was a recurring theme throughout research participation with individuals from the 'lived experience' sample at large. I return to this later.

Ms. Osbourne, in a similar way to Ms. Kennedy and Mrs. Donohue discussed earlier, obtained considerable support from the non-statutory CARI Foundation. Key elements of this in the first instance, for Ms. Osbourne included CARI's visibility in the community by virtue of their having a small house there, together with their fundraising events which served to highlight what she perceived as the approachable and caring nature of the services they could provide in relation to child sexual abuse. At a time in which she was feeling particularly raw and vulnerable, for Ms. Osbourne, CARI's warmth and accessibility stood in stark contrast to the austere and bureaucratic structures of the state child welfare system. I return to this in Chapter 8.

As demonstrated above then, findings from the present study support work in the Irish and international context, which illustrates that disclosure of child sexual abuse is not the norm; indeed that under-disclosure remains a most serious issue (Sgroi, 1982, Summit, 1983, Finkelhor, 1984, Travers, 1999, Bolen et al, 2000, McGee et al 2002). To recap, 18 children and young people around whom concerns of a child sexual abuse nature existed came to the attention of the study site over a wide number of years. Just eight disclosed sexual abuse, three spontaneously disclosed very shortly after abuse occurred, and five disclosed sexual abuse which in three cases certainly occurred on many occasions over many years before disclosure. In all eight cases, disclosure occurred prior to specialist child sexual abuse assessment. In fact, in only one case did a child disclose to a state child welfare system professional at all and again, this was prior to specialist intervention. This was Dana, who disclosed to a community based social worker after her father figure had witnessed her being sexually abused.

I now proceed to outline that whilst disclosure of child sexual abuse is not the norm, professional intervention in this area is nonetheless overly reliant upon it both in terms of the identification of children who may be sexually abused, and in reaching professional determinations as to whether such abuse did occur. It is to the former that I now turn.

Disclosure-Reliant Intervention in the Identification of Children who may be Sexually Abused

Bacon and Richardson (2000) write that before medical advancements in the diagnosis of child sexual abuse:

> *... most strategies for intervention were based on the assumption that the child had moved or could be enabled to move to what Sgroi (1984:19) has termed 'purposeful disclosure'. This presupposed that the child was old enough to communicate and encountered the right conditions such as finding a sympathetic, believing adult. In other words, the responsibility was mainly with the child to take the initiative to begin the disclosure process. This rendered young, pre-verbal children particularly vulnerable. (p.235)*

Sgroi (1982) wrote that there are two types of disclosure of child sexual abuse, accidental and purposeful. Accidental disclosure occurs not at the behest of the child, rather "...because of external circumstances" (p.17), and Sgroi gave examples such as,

observation by a third party, physical injury to the child, sexually transmitted disease, pregnancy and 'precocious sexual activity initiated by the child'. Purposeful disclosure according to Sgroi, is where "...a participant consciously decides to tell an outsider about sexual abuse" (p.19), for reasons according to the author, which could include "...to share...the secret" (p.19), to "...escape or modify some family pressure situation" (p.19), or "...for other reasons...[including the fear] of becoming pregnant...[and/or] to protect [a] younger [sibling]" (p.20).

Of the 18 children/young people around whom concerns of a child sexual abuse nature focused in this study, we have seen above that there were just three children who spontaneously disclosed child sexual abuse, and who together with five other children and young people, fit within Sgroi's (1982) 'purposeful' disclosure category. Of the remaining 10 children, there were three in respect of whom 'accidental' disclosures occurred, two for whom it was not possible to ascertain from research participation whether 'purposeful', 'accidental' or indeed, whether any disclosure took place, and there were five children who made no disclosures. It is to these contexts that I now turn.

'Accidental' Disclosure

There were three clear instances of 'accidental' disclosure following Sgroi (1982), Sheila (aged 9), Tilly (aged 2-3 years when her mother, Ms. Layden became concerned that she might have been sexually abused) and Brenda (aged 14 years; discussed in depth above). Please note that ages of children and young people here refer to their ages at point of accidental disclosure.

Sheila's situation was one in which her younger sister witnessed her being molested by an adult male known to the family and living locally, and told their mother (Ms. Keane) about it. According to Ms. Keane, the alleged perpetrator is suspected in the community as being a child sex abuser going back many years "...he's known for it...". When Ms. Keane questioned Sheila, she disclosed. It was clear from Ms. Keane's account that a factor inhibiting Sheila from disclosing in the first instance was the threat by this man that he would ensure that she would lose the company of her friend if she did so. A formal child sexual abuse assessment did not take place in respect of Sheila for reasons that are unclear. Sheila was seen twice by a state child welfare system clinical child psychologist, however.

In Tilly's case, her masturbatory activities prompted her mother; Ms. Layden to ask her what she was doing, to which Tilly replied that this was what her Daddy does to her. Ms. Layden's experiences of state child welfare system intervention were fraught with difficulties. A key element of this according to Ms. Layden was that state child welfare system professionals believed that she was coaching Tilly to falsely accuse an innocent man. Tilly had both medical and specialist child sexual abuse evaluations which confirmed digital penetration of the vagina, but according to Ms. Layden, state child welfare system and Garda professionals did not accept the identity of the perpetrator Tilly named. This irresolution is of significant concern, and I return to this later.

Once again, in common with parents/carers discussed earlier, both Ms. Keane and Ms. Layden lamented the lack of appropriate supportive/therapeutic intervention available to their children where clear need continues to exist. For example in Sheila's case, she continues to exhibit acute distress, as well as having eating difficulties. Ms. Layden's experiences, in a similar way to those of Ms. Quinn's and Ms. Long's discussed above and in Chapter 5, were characterised by 'mother blaming' attitudes, beliefs and norms on the part of state child welfare system professionals. These have cumulatively served *inter alia*, to silence Tilly and Ms. Layden, and thus compromise their ability to heal (Hooper, 1992, Farmer and Owen, 2000). This is illuminated in a critical situation as follows,

> *...when she was going to get assessed...I'll never forget there one day, we were going up in* [social worker's] *car and* [Tilly] *decided to say it in the car and I turned around and I looked and I said, 'yeah, love you're going to see a man and a woman to talk about what your Daddy did to you' 'cos she had said,* [specific nickname for birth father] *and* [social worker] *turned 'round and said I put it* [perpetrator's identity] *in the child's head...*

Ms. Layden described how the social worker berated her in front of Tilly "...the whole way down in the car..." The impact of Tilly witnessing this just prior to her child sexual abuse assessment was significant:

> *... So after that then,* [Tilly] *refuses to talk about it because she thought she got Mammy into trouble for helping her...she thought that* [social worker] *was giving out to Mammy, so after that then she refused to talk about it...*

The behaviour of the social worker in this instance directly contradicted what the specialist child sexual abuse assessment professionals had advised Ms. Layden, as per usual practice in this area:

> *... and I wouldn't mind but the people that were assessing her* [Tilly]*, they had called to the house and said it, 'if the child says anything, say yeah, that's what you're going up to talk about'".*

Unclear whether Disclosure took Place

In the present study, it was not possible to determine whether 'accidental', 'purposeful' or whether any disclosure occurred in one case, since accounts differed between the three participants I spoke with.

This case concerned siblings Una (aged 9), and Vincent (aged 8). Ms. Wall, the children's mother, Ms. Wall's husband, Mr. Yeo (who was the alleged perpetrator in this case) and the children's relative foster carer, Ms. Appleton participated separately in the research. What is clear across participants' narratives is that Una and Vincent were placed in voluntary state care by their mother, who did not believe that her husband sexually abused the children. The outcomes of the children's child sexual abuse assessments were inconclusive, and in common with the majority of children across the 'lived experience' sample, the children received no further professional intervention. In Chapter 6, I discussed the impacts upon Ms. Wall and Mr. Yeo as they described them, of the inconclusive outcomes to Una and Vincents' assessments.

In a similar way to the experiences of parents/carers outlined earlier here, Ms. Wall described feeling unsupported by state child welfare system professionals throughout the assessment process, and as we have seen in Chapter 5, felt that she was blamed by professionals for any abuse that may have occurred because of her perceived inadequacies as a mother. As we have also seen earlier here and in Chapter 5, this corresponded with Ms. Long's, Ms. Quinn's and Ms. Layden's experiences. Mr. Yeo too felt that he would have benefited from professional intervention, since he felt suicidal during the period the alleged child sexual abuse was being investigated by the state child welfare system.

No Disclosure

In five cases, there were no disclosures of child sexual abuse; Brian (aged 10), Callum (aged 9), Derek (aged 11), Elaine (aged 2 and a half when her mother, Ms. Jackson first began to have concerns of a child sexual abuse nature) and Francesca (aged 12). State child welfare system professional intervention in respect of possible child sexual abuse ultimately ensued for a variety of reasons. These included concerns for the child because of behavioural and/or medical reasons (Brian, Callum and Elaine), concerns for the child because a passer-by witnessed what appeared to them to be a sexually abusive act (Derek), and concerns for the child because of her proximity to an alleged perpetrator (Francesca). All of these 'cases' are returned to in more detail below.

For now, all save one (Francesca) had inconclusive outcomes to child sexual abuse assessments. Francesca's assessment outcome was determined as confirmed non-abuse. Once again, in a similar way to children (and parents/carers) discussed earlier here, all save one 'case' (Brian) received no further professional intervention once child sexual abuse assessments concluded. In Elaine's case, this was most immediately seen in the withdrawal of state child welfare system professionals from the supervision of her access visits with her father, who was the alleged perpetrator in this case. In Chapter 6, I discussed the meanings inconclusive outcomes represented for the mothers and fathers in these cases. In a similar way to parents/carers discussed earlier, mothers and fathers here were generally positive about specialist professional conduct with their children. Ms. Greene (mother to Brian) was deeply dissatisfied with what she perceived as the neglected state of the building in which child sexual abuse assessments occurred, viewing it as symptomatic of all that she saw as stigmatic about social work intervention generally.

For Ms. Jackson, a characteristic feature of state child welfare system professional intervention, as experienced similarly by Ms. Layden, Ms. Quinn and Ms. Long (discussed earlier here and in Chapter 5), was its 'mother blaming' nature. One form this assumed for Ms. Jackson, was an apparent allegiance on the part of community based social workers to the myth that mothers falsely accuse their male partners of child sexual abuse in custody and access disputes. I return in Chapter 8 to discuss the potentially very serious ramifications of this for Elaine's and other children's safety and well-being, together with the unsettling indication that this myth may now be formalised at regional policy level.

Another form 'mother blaming' assumed for Ms. Jackson (and as we have seen earlier here, Ms. Long), pertained to a version of the 'cycle of abuse' theory in which as a declared survivor of childhood sexual abuse in response to state child welfare system professional questioning, Ms. Jackson was accused of unreasonably suspecting sexual abuse everywhere. Ms. Jackson recalled:

> *And then they* [specialist professionals] *were saying then the fact that I was abused. How was it put to me? When I told, yeah, during the interview ...and I was asked if I was ever abused and I said I was...and it was as if their attitude was because I was, that it's not the norm, no, the fact I was abused, it meant that I was more sensitive and more suspicious and more, do you understand...which wasn't true at all.*

Similarities with the treatment of some women who have been sexually abused as children and who have come to the attention of the child protection system in the U.K., have been observed by Kelly et al (2000) and Itzin (2000d). Itzin cites findings from Kelly et al which resonate closely with Ms. Jackson's experience of reporting her concerns for her child, and her own childhood sexual abuse, *as she was requested to do* "'The tragic irony' which, in their findings, some women encounter, is that 'if they reveal their own abuse their report may be accorded less validity'" (p.438). Further, Ms. Long's experience may mirror that of some other mothers in the U.K. too where, as Itzin (2000) found:

> *... there is evidence of 'systems abuse' of women who were sexually abused as children, by some social services departments, for example, which consider them at risk of sexually abusing their own children, although the evidence from clinical work and research is overwhelmingly that women do not sexually abuse children except in a small minority of cases.... (p.438)*

It would appear on the basis of the findings detailed above, that the professional response to child sexual abuse on the part of the regional branch of the state child welfare system in which this study was located, is overly reliant on disclosures from children in the first instance in order to reach definitive, in particular confirmed child sexual abuse assessment outcomes and thus in order to officially identify children as having been sexually abused. This is notwithstanding the fact that such disclosures are rare.

Thus, as outlined earlier, three children (Amy, Edward, Finola) out of the 18 children/young people who came to the attention of the study site because of concerns to do with child

sexual abuse spontaneously disclosed abuse, and all three cases had confirmed outcomes. Five further children/young people (Geraldine, Isobel, Helen, Dana, Caroline) disclosed sexual abuse over time, abuse which in three cases (Helen, Dana, Caroline) incorporated highly invasive forms of 'intra familial' abuse that had certainly been ongoing for periods of five years or more. Specialist child sexual abuse professionals confirmed that abuse took place in four out of five of these cases. The fifth case (Isobel) was determined to be inconclusive.

In only three cases did medical examinations for child sexual abuse occur (Helen, Francesca, Tilly), two of these were cases in which disclosures pre-empted the medicals, Helen and Tilly. In both cases, child sexual abuse was confirmed. It is concerning in Tilly's case that despite what appears to be consistent, clearly identifying information from the child and her mother as to the identity of the perpetrator, together with other symptoms of serious concern in relation to this man's extreme physical and sexual violence towards Ms. Layden, professionals felt that they could not give an opinion in this regard. This is worrying from a number of different perspectives, not least from a criminal justice one, but moreover in regards to Tilly's safety and well-being, particularly now that the alleged perpetrator is seeking to have unsupervised contact with her. In the case of Francesca, it appears that intervention was in pursuant to her sister (Helen's) disclosure. Francesca did not make a disclosure, and the results of her medical examination contributed to a confirmed non-abuse outcome.

There were three cases where child sexual abuse was accidentally discovered (Brenda, Sheila, Tilly). Confirmed outcomes ensued in respect of Brenda and Tilly, cases of highly invasive forms of 'intra familial' abuse. One of these cases, (Sheila) was that in which an other directly witnessed the abuse. This is a rare and chance occurrence (Summit, 1983). No formal child sexual abuse assessment took place in respect of Sheila; therefore an 'outcome' is unclear. It is of course difficult to speculate whether Sheila and Tilly would have disclosed their abuse if it had not been accidentally discovered. However, it is reasonable to presume that they may not have, given what is known from the findings of the relevant research literature, and from clinical and community studies about child sexual abuse and the disclosure process, as cited above. Itzin (2000) citing Peters, Wyatt and Finkelhor (1986, p.18) reiterates:

> *... most cases of sexual abuse do not come to the attention of any child welfare agency or any professional...*[because] *the nature of the problem – its secrecy and shame, the criminal sanctions against it, and the young age and dependent status of its victims – inhibits discovery and discourages voluntary reporting. (p.410)*

Brenda, in fact was unequivocal that she would never have disclosed the abuse perpetrated on her, and indeed she speculated that had it not been discovered at that time, it could be ongoing to date. As cited above, there were a variety of pressures on Brenda which contributed to keeping her silent for example; bribery, secrecy, the lengthy duration of the abuse, issues around family loyalty and fear of consequences.

There were seven inconclusive outcomes following specialist child sexual abuse professional intervention in the current sample. Five were those in which no disclosures were made by children, either prior to or during assessment (Brian, Callum, Derek, Elaine, Francesca). In the case of Francesca, who made no disclosure of child sexual abuse, a confirmed non-abuse outcome ensued. In the cases of Una and Vincent, where it was not possible to ascertain from the research interviews as to whether disclosures occurred or did not, the outcomes in respect of both cases were inconclusive. Finally, while Isobel did disclose child sexual abuse, her case is the only one amongst children who disclosed to have an inconclusive outcome. I turn now to discuss what I see as the operations of a rigid 'child sexual abuse occurred/did not occur' dualistic paradigm in respect of cases of child sexual abuse that come to the attention of the regional branch of the state child welfare system in which the present study was located.

The 'Child Sexual Abuse Occurred/Did Not Occur' Dualistic Paradigm in Operation

Further to their 'continuum of disclosure', Bacon and Richardson (2000) write of two further categories of children whom they contend, form the bulk of those children who present to social services agencies in relation to child sexual abuse. 'Group two' children are those for whom disclosure needs to be facilitated over a period of time "...often under specific conditions such as safety..." (p.240). 'Group three' children are "...those for whom the abusive experience is and remains inaccessible, either because of age, or the effects of dissociation, or through the accommodation syndrome" (p.240). I return to discuss the 'accommodation syndrome' shortly. Consequently, Bacon and Richardson argue that it is incumbent on social services agencies "...to change our expectations of how victims

should react" (p.241), not least because for 'group two' and 'group three' children, intervention as it is currently structured may cease before such children are ready to disclose, if they are able to do so at all. They cite MacFarlane (1986) who argued that for some younger children, it may take months or even years of work with the same professional before the child reaches the point of disclosure.

Arguably, most of the cases as described above in this study where there have been no disclosures, and those cases where outcomes have been inconclusive, could fit within Bacon and Richardson's (2000) category 'Group two'. Cases with concerning features such as Brian, Derek, Elaine, Francesca, Una, Vincent and Isobel may well have benefited from a less outcome-oriented response, i.e. from a response centrally focused on whether or not child sexual abuse occurred within time limited, organisationally driven units of intervention, in favour of one in which the children were facilitated over time to (perhaps) disclose, informed by a more holistic appreciation of what was known about their life experiences generally. It is important to remember that the vast majority (six out of seven) of these children were to receive no further professional intervention from the state child welfare system.

As discussed earlier, two of the four research participants who were subjects of child sexual abuse assessments that had *confirmed* outcomes (Caroline, Dana), indicated the need for state child welfare system professionals generally to give them more time to tell their stories. Both Caroline and Dana's descriptions of their experiences of specialist child sexual abuse professional intervention reveal the extent to which it is preoccupied with the occurrence/not of child sexual abuse. Caroline, for instance felt strongly that her self-injurious behaviours should have been explored with her, while Dana recalls being told by such professionals that talking about her older brother's sexual abuse of her, above other experiences in her life, was 'really' why she was there. In a similar way, Amy, whose child sexual abuse was also confirmed and who described her acute difficulties in talking about the details of it, still was required to write it down before she could (apparently) satisfy criteria that would 'validate' her account. I return shortly to discuss credibility analyses of children's accounts of child sexual abuse.

Further, following Bacon and Richardson (2000) the factors that can act as pressures on children to remain silent appear to require more active consideration in some of these cases. For example, in Derek's case where the possibility that he may have been sexually

abused by his brother evoked significant levels of very public displays of distress within the family system, incorporating both his and his brother's subjection to family members' repeated questioning. I remind the reader that the alleged perpetrator here was himself a young person of 14, and no professional spoke to him. In Francesca's case, where she was peremptorily removed into care from school, and who had no contact with her mother for the first week and a half of her three month stay in care, and in Una and Vincent's case, where they were sent to live away from the extended family that had been caring for them into foster care, at the behest of their mother who did not believe that her partner had sexually abused them.

The 'specific condition of safety' which, according to Bacon and Richardson (2000) is so crucial in the facilitation of 'Group two' children to disclose may not have been experienced by some children in this study. This might have been the case for example, with Derek where the alleged perpetrator (his brother) continued to reside at the family home. It appears that in Callum's case, the state child welfare system did not give active consideration to the possibility that his alleged access to pornography might have been facilitated by a person(s) in close contact with him, for reasons that could include self gratification or grooming.

Arguably, Brenda's case, had her sexual abuse not been accidentally disclosed could fit within Bacon and Richardson's (2000) 'Group three' category since it could have remained inaccessible, and appears to incorporate many of the elements of what Summit (1983) termed the accommodation syndrome.

Summit (1983) proposed that the only emotionally healthy option for a child subject to ongoing sexual abuse who either did not disclose, or receive immediate protective intervention, was to "...learn to accept the situation and to survive" (p.184). In doing so, the child adopts coping strategies or accommodation mechanisms, which Summit argued challenge society's usual expectations of 'victim' behaviours. Summit argued that the apparent "...self-camouflaging and self-stigmatizing behaviour..."(p.179) of the abused child allows for their immediate survival within the family, but it can also alienate them from "...acceptance, credibility or empathy within the larger society" (p.179). He cited some of the more usually observed 'victim' behaviours as follows; secrecy, helplessness, entrapment and accommodation, delayed, conflicted and unconvincing disclosure and retraction.

Extracts from Brenda's narrative earlier illustrate her helplessness, self blame and entrapment in relation to the extensive abuse perpetrated on her by her uncle. He appeared to have systematically eroded Brenda's capacity to disclose through his reframing of the actuality of the abuse (as a consequence to how 'special' she was), and through his bribery.

As will be clear from the following discussion, Brenda is now a 19 year old young woman who appears to continue to bear the scars of her childhood sexual abuse. Summit (1983) saw the child's coping strategies as analogous to subsequent behavioural and psychological difficulties. Writing of incestuous abuse he contended:

> *Much of what is eventually labelled as adolescent or adult psychopathology can be traced to the natural reactions of a healthy child to a profoundly unnatural and unhealthy parental environment. (p.184)*

Brenda spoke throughout the research interview of her shame, anger, resentment and guilt. Some of these feelings were directed at the perpetrator and in regard to the abuse she experienced; however most were directed towards herself. Brenda described a range of self-injurious behaviours which included bulimia, drug and alcohol addiction, self-mutilation, negative expectations and how "...sexually, I've put myself in very bad situations..." She poignantly said, "...even now I have problems to learn to love myself..." Summit regarded such behaviours as representing "...habitual vestiges of painfully learned childhood survival skills" (p.184). Brenda said, "I...didn't really get through this ordeal, it's only really now that I'm dealing with it..." Brenda is currently in receipt of adult medical and counselling services.

Further, Itzin (2000) views such consequences to child sexual abuse as being gendered. She writes:

... it is well known that the likeliest sequelae for girls who have been sexually abused is to be predisposed to self harm, and that is entirely congruent with women's subordination and their vulnerability to victimisation. (pp 10,11)

In addition, there is a further disturbing dimension to Dana's case, which could place her amongst Bacon and Richardson's (2000) 'Group three' children. This centres on the belief that her mother Ms. Long and Ms. Long's partner Mr. Martin had, that Dana had originally

been sexually abused by her birth father. According to Ms. Long and Mr. Martin, after Ms. Long had left the children's birth father (for reasons associated with his extreme sexual and physical violence), a pattern began to emerge between the three siblings (a 9 year old boy, 8 year old Dana and a 3 year old boy) whereby they were engaged in frequent and compulsive episodes of sexual behaviours with each other. Ms. Long said, "I thought…if they're like that, they've been taught it", and Mr. Martin was of the belief "…what [Dana's father] had started, they carried on".

It is unclear from the research interviews if Dana disclosed possible sexual abuse at the hands of her father to any professional. Research participation with Ms. Long suggests this may remain inaccessible:

> *…I still think there's something now with* [Dana] *and she won't let go…at all…I think* [Dana] *has blocked something away, and she won't bring it out until she has proper, proper counselling…and see a psychiatrist…I talked to her and I can't get nothing out of her.*

Dana made an ambiguous statement to me when we spoke. When I asked her about her contact with professionals, she said that she never saw anyone in the jurisdiction she formerly lived in "…because I never said anything…" In relation to professional contact in Ireland and whether she had spoken about sexual abuse, Dana said, "…sort of…well I told her [community based social worker] about what my brother did to me…and…she said that she was going to find help for me…which I didn't get".

The latter was a consistent theme throughout Dana's research interview whereby she lamented the fact that having disclosed (and spoken many times to different professionals from both within and without the state child welfare system), about her brother sexually abusing her, she never received the "…help…" she had been promised by professionals, and which she clearly identified as needing for herself. Dana said:

> *… I still got no help out of it…I was supposed to get counselling but I never got it…To this very day, I'm frightened …of walking out the gate or walking into a town on my own, or doing anything, and frightened that someone's going to come up and attack you. I'm literally petrified….*

In a similar way to Brenda (discussed above), Dana who is now an 18 year old young woman appears to continue to live with the vestiges of her childhood sexual abuse. The prevailing sense of fear she spoke about seems to dominate her life to the extent, as she said, "...I can't go anywhere on my own..." Dana said that she is particularly fearful of men. She described having nightmares, and she said that the sexual abuse "...is always on your mind, it never stayed out of it". Dana described how she used alcohol excessively in order to forget.

Indeed, findings from the 'lived experience' sample at large indicate the extent to which children, their parents (and siblings), met a rigid child sexual abuse occurred/did not occur dualistic response on the part of the state child welfare system. For 11 of the 14 'cases' in the present study irrespective of whether child sexual abuse was disclosed, discovered, witnessed or suspected, parents, siblings and the children themselves were left with enduring therapeutic needs that were never adequately addressed either at the time of investigation, or after its outcome was determined, so dominant was the focus on determining its occurrence or not. Thus, research participants variously spoke about their own painful childhood experiences of child sexual abuse, and their brutal experiences of past and current physical, emotional and sexual violence. Research participants described their unresolved anxieties for the current and future welfare of their children, their siblings and themselves who may or may not have been sexually abused, their fears that they responded appropriately to their children's sexual abuse, and their concerns that their relationships with the children who had been sexually abused, and the other children in the family had been damaged. Research participants communicated deep anxieties about the survival of their partnerships, deep emotions of sadness, anger and helplessness that child sexual abuse should feature in their lives and deep emotions of anger and impotence at systems that could not, or would not help them, and at times blamed them for the occurrence of child sexual abuse. I return to many of these themes in Chapter 8.

Findings that child protection systems, in the context of child sexual abuse, leave children and families with unresolved needs have been seen elsewhere in the national and international literature (Hooper, 1992, Thoburn et al, 1995, Gibbons et al, 1995, Sharland et al, 1996, Buckley et al, 1997, Corby, 1998, Buckley, 2003, Colligan and Buckley, 2004).

Hudson (1992) asserted:

> *The emphasis on diagnosis and investigation has rendered post-validation work with children and young people, and their non-abusing parents as something of an extra to be served out only in meagre portions. This policy is tantamount to the secondary abuse of children who have already been abused. (p.140)*

This chapter has demonstrated that where children have not, and do not, proceed to disclose within (following Ferguson 2004) the 'clock time' requirements of the system (as is the norm), the identification of child sexual abuse is unresolved, and the children remain in possibly dangerous situations with usually no recourse to further specialist, (or indeed any) professional intervention. The children's parents and siblings are similarly relegated.

I have argued above that the statutory professional response to child sexual abuse appears to be overly reliant on disclosures from children in order to both identify them in this regard, and in order to reach confirmed outcomes, notwithstanding the fact that such disclosures are rare.

This practice may not be unique to the research site. O'Riordan et al (2003) profiled a cohort of child sexual abuse cases referred for assessment to a specialist child sexual abuse centre in Dublin. The study focused upon 171 cases, all of which were judged by professionals to constitute either confirmed or high probability cases of child sexual abuse. It is noteworthy that 73% of those confirmed cases were referred to the specialist child sexual abuse centre following a purposeful disclosure of child sexual abuse by the child, and that the remainder (not quantified) of such confirmed cases were referred following an accidental disclosure, or as a result of suspicions that abuse had occurred. Having contended that state child welfare system professional intervention in the area of child sexual abuse is overly reliant upon disclosures in the first instance from children in order to identify them as having been sexually abused, an examination of the procedures employed by specialist professionals in order to determine the occurrence of child sexual abuse lends further evidence to this. So it is I turn now to look at the area of credibility analyses.

Professional Determinations as to the Occurrence of Child Sexual Abuse

Credibility Assessments

Kelly et al (2000) see the grounds upon which particular cases or forms of sexual abuse are deemed 'credible' as one issue of contention in relation to childhood sexual abuse. In so doing, they highlight what I see as the tension at the core of contemporary societal responses to the issue. They argue

> *While social acceptance of the fact that sexual abuse is far more common than previously envisaged, adults as individuals and as representatives of powerful institutions have not just retained, but reinforced their power to decide in which contexts they will and will not believe, will and will not act. (p.71)*

Over 20 years ago Summit wrote similarly:

> *The identified child victim encounters an adult world which gives grudging acknowledgement to an abstract concept of child sexual abuse but which challenges and represses the child who presents a specific complaint of victimization. (1983, p.178)*

In the UK, police and social services agencies configure and assess the credibility of children's accounts of child sexual abuse, via video-recorded interviews conducted in accordance with guidance from the Home Office and the Department of Health. This guidance, known as the *Memorandum of Good Practice on Video Interviewing of Child Witnesses for Criminal Proceedings* (1992) (hereafter the *Memorandum*) has, as its central focus, the procurement of reliable evidence for criminal court proceedings. This policy has been sharply criticised by Itzin (2000) because of what she argues is

> *...the limited capacity of many, perhaps most, sexually abused children to make any clear statement at all, least of all a disclosure that can be recorded in thirty minutes to a legal standard sufficient to support a successful prosecution. (p.7)*

Bacon and Richardson (2000) explain:

> *It is now well established that children do not readily make evidentially valuable disclosures during investigations, especially under the current constraints of the*

> *Memorandum of Good Practice (Department of Health 1992) for interviews. This is because children will rarely repeat initial disclosures during formal investigative interviews (Keary and Fitzpatrick 1994), and are likely to take years before making an initial disclosure, during which time corroborative evidence will have been lost. (p.241)*

Further, of those few cases of child sexual abuse that are reported "...only a very small proportion is prosecuted; and only a small proportion of the prosecutions result in convictions..." (Itzin, 2000, p.2, Sharland et al, 1996). In the present study, there were just two perpetrators convicted, and a single adolescent prosecuted under the Garda Juvenile Diversion Programme.

Interestingly, the *Memorandum* was originally conceptualised as having a wider application, i.e. to be used in eliciting acceptable testimony from children who were either victims of, or witnesses to, a range of crimes including sexual abuse, physical abuse, street crime and violence in the home. As Davies and Westcott (1999) write:

> *As surveys have repeatedly demonstrated, Memorandum interviews are conducted overwhelming* [sic] *in sexual abuse cases, much less frequently in physical abuse cases, and rarely in instances where children are witnesses to domestic violence or street crime. (p.36)*

Arguably, this is illustrative of the singular approach adopted by state systems towards child sexual abuse. It is interesting to observe however, Corby's (1998) findings that some dissension existed with social workers around this form of practice in his study conducted between late 1989 and early 1992 in the U.K., believing it to be less child centred than professional practice prior to events in Cleveland. For an analysis of the 1987 'Cleveland affair' in the U.K. and related matters, see Appendix 3.

Specialist professional practice in the regional branch of the state child welfare system in which the present study was located has been substantially influenced by the *Memorandum* as will be seen below. This is so, notwithstanding the fact that (Irish) intervention in this context is pitched towards the civil, and not the criminal law, since professional opinions are based on the 'balance of probabilities', further that there are no protocols for the joint interviewing of children between An Garda Siochana and specialist personnel in this area.

As we have seen in the previous chapter, specialist professionals from the study site are directed to provide one 'definite conclusion' to the child sexual abuse assessment, from within two possible (dualistic) options; child sexual abuse has occurred or it has not. The directive *Child Sexual Abuse Assessment Policy Protocols Forms*, ([Research Site], November 2003) outlines that the conclusion to the assessment is reached following consideration of reports from relevant professionals, detailed interviews with parents and the alleged perpetrator (under certain circumstances) and a credibility analysis of interviews conducted with the child. However, as findings from the research upon which this thesis is based suggest, the account given (or not) by the child appears to be the single most significant factor determining the conclusion reached by such professionals as to whether or not child sexual abuse occurred. And the opportunity afforded the child to do so is very narrow. Whilst the directive advises that the number of interviews conducted with the child "...will be decided by the team, based on the child's presentation" (p.11), in this study the number of interviews held with the children varied between one and seven (in a single case), the usual number held being three.

The approach adopted to child sexual abuse assessment interviews in the study site is a phased one, mirroring that recommended by the *Memorandum* and similarly comprises a rapport phase, a free narrative phase, a questioning phase and a closing phase. In general, and in keeping with the *Memorandum* guidance, interviews "...should focus on eliciting as comprehensive and detailed an account of events as possible from the child, in his/her own words, from his/her perspective" (*Child Sexual Abuse Assessment Policy Protocols Forms*, ([Research Site], November 2003, p.12).

According to Child Sexual Abuse Assessment Policy Protocols Forms, the child's interviews

> *...are subjected to a credibility analysis process. The credibility analysis is informed from the following literature: Sgroi (1982) Yuille (1989) [sic, 1988] Wehrspann et al (1987) Klajner-Diamond et al (1987). The outcome of the* [credibility] *analysis is based on a professional opinion, as to whether the child has been sexually abused by a named perpetrator. (pp. 12, 13)*

I return shortly to discuss in more detail the literature cited above used by the state child welfare system in determining credibility, with an especial emphasis on the procedure

known as statement validity analysis (Yuille, 1988, and Yuille, undated). For now, an overview across time and space of adult evaluations of children's allegations of child sexual abuse follows, in which a dominant male discourse of child sexual abuse as a distinct threat to adults is seen to have prevailed.

Lamers-Winkelman (1999) exemplifies how

> *... the criteria which later surfaced in Statement Validity Analysis and other conceptual frameworks proposed for conducting evaluations of alleged sexual abuse in children were first described long ago. (p.62)*

The author traces the history of the adjudication of children's accounts of sexual abuse as to their truthfulness and veracity, from the mid nineteenth century to date. Observing its origins to be in the work of Western forensic medical professionals, Lamers-Winkelman demonstrates how its initial development was concerned with both the identification of child sexual abuse, and in assisting/supporting the accounts of children alleging sexual abuse who might not have physical evidence of such abuse on their bodies. Thus, early forensic medics such as Tardieu, Laccasagne and Walker, working respectively in France and America in the mid to late nineteenth century, challenged the response of their peers towards the sexual abuse of children. This was a response characterised by neglect and denial, and Tardieu, Laccasagne and Walker urged an appreciation of the physical, emotional, verbal and non-verbal presentations and communications of children who may be sexually abused. Indeed, according to Lamers-Winkelman, Tardieu (1857, 1860, 1878) "...repeatedly underlined that *most sexual abuse victims are hardly able to tell what has happened to them* [my emphasis], out of fear of the perpetrator..." (p.60).

Lamers-Winkelman describes how a shift occurred in the research into the statements of alleged child abuse victims, which began at the turn of the nineteenth century. The author observes that while the aforementioned professionals focused on the veracity of the statements of alleged victims of child sexual abuse, later research was "...mostly dedicated to *the suggestibility* [original emphasis] of children, and to the *indoctrination* [original emphasis] *by their more or less hysterical mothers* [my emphasis]..." (p.61). I return to this theme later.

The consequences of this shift were to be far-reaching as Lamers-Winkelman's work demonstrates, in that there came to be a strong emphasis on the unreliability of children

and "...most professionals dismissed the statements of child victims in the first half of the 20th century..." (p.62), on the basis of supposed 'high suggestibility'.

According to Lamers-Winkelman, German psychologists Stern and Stern (1902, 1931) however, advocated strongly in favour of child victims by emphasising that when children are questioned in the right way, by people accustomed to talking with them (Stern and Stern favoured school teachers in this context), their testimony could be of great value. According to Lamers-Winkelman, Stern and Stern (1931) stressed the importance of non-verbal and expressive forms of communication such as children's drawings, as being more reliable than verbalisations, and of more importance for the testimony. Accordingly, Stern and Stern cited in Lamers-Winkelman (1999)

> *... placed a remarkably strong emphasis on the necessity to interview pre-schoolers, "...because in not* [original emphasis] *doing so, we give consent to perpetrators to sexually abuse these young children" (1931, p.174; my translation) (p.62)*

Statement Validity Analysis

Steller and Boychuk (1992) cited in Lamers-Winkelman (1999, p.76), described statement validity analysis as

> *... a method of structuring an assessment of child sexual abuse complaints by systematically collecting and examining information from children's interviews and other relevant case facts. (p.48)*

Statement validity analysis has its origins in the work of German psychologist, Undeutsch (1954, 1967, 1982, 1989) who, cited in Lamers-Winkelman (1999, p. 63)

> *... put forward the principle that it is not the veracity of the reporting person but the truthfulness of the statement that matters, and there are certain relatively exact, definable, descriptive criteria that form a key tool for the determination of the truthfulness of the statements" (1954, p.146)* [original emphases]

Lamers-Winkelman tracks how Steller and Koehnken (1989) organised and systematised Undeutsch's work into specific criteria used to assess the content of the statement, and named the method Statement Validity Analysis.

Statement validity analysis includes criteria based content analysis of the child's interview, and the evaluation of additional case information such as that arising from the interview with the child, motivational considerations and other evidence, all of which are addressed in the statement validity analysis's 'Validity Checklist' (Yuille, undated). I return to this shortly.

Lamers-Winkelman notes that statement validity analysis has been applied for decades in Germany and Sweden, for thousands of cases, and was introduced in the Netherlands in 1991. The author writes "Up until now it has mostly been used by psychologists acting as child interviewers and expert witnesses (in most cases for the prosecution) in criminal court proceedings" (p.64). Faller (1999) also observes that statement validity analysis and its companion methodology criteria based content analysis, as an approach, has been employed less in Canada and the U.S. "...primarily because proponents have employed these methodologies to challenge conclusions of sexual abuse by other evaluators..." (p.8).

Yuille (1988) outlined 19 weighted content criteria for statement analysis (Appendix 8). He organised such criteria under five headings; general characteristics of the statement, specific contents of the statement, peculiarities of the content, motivation-related contents and offense-specific elements. Additionally, Yuille's (undated) 'Statement Validity Analysis Validity Checklist' (Appendix 8) consisting of 18 items, is designed to be employed as part of the statement validity analysis procedure in the evaluation of wider data pertaining to the child's presentation of possible sexual abuse. The checklist incorporates items under three headings; issues arising from the interview, motivational considerations and other evidence.

Wehrspann et al (1987) added further criteria that must be taken into account when assessing the credibility of sexual abuse allegations by children. These included; repetitive sexually specific behaviours (which may be self directed, for example insertion of objects into the anus or vagina and/or compulsive masturbation, or repeated initiation of sexual behaviour with younger children or adults), embedded responses to stimuli which may indicate repressed experience, and response to challenge. Consistency in the face of challenge was considered by Wehrspann et al to add to a child's credibility, as did evidence of the accommodation syndrome (Summit, 1983).

Wehrspann et al (1987) further recommended assessing the child's long-term memory, determining the child's capacity for reality testing and distinguishing truth from lies, and evaluating whether the child has repeated the same basic theme through more than one medium.

Wehrspann et al advised that the 'examiner' should always seek evidence both for, and against, any allegations "...while looking for signs of adult influence such as fear, intimidation, *or evidence of an intensely over-involved mother in an ongoing custody battle* [my emphasis] " (p.617). I discussed mothers' allegations of child sexual abuse against their male partners in the context of custody and access disputes earlier, and will again, in the following chapter.

As we have seen in Chapter 5, documentary analysis of child sexual abuse assessment report archives (from the study site) suggests that quasi-legal professional opinions as to whether child sexual abuse occurred or did not, based on analysing children's verbalisations have assumed precedence in child sexual abuse 'assessment' work.

Specialist professional intervention in cases of child sexual abuse elsewhere in Ireland exemplifies the weight that is attached to the child's account of sexual abuse, specifically as a means of assessing its credibility.

O'Riordan et al (2003) profiled a cohort of child sexual abuse cases referred for assessment to a specialist child sexual abuse centre in Dublin. The study focused upon 171 cases, all of which were judged by professionals to constitute either confirmed or high probability cases of child sexual abuse. The authors write that judgements about whether child sexual abuse occurred or not took account of factors concerning: (1) the child's behaviour, (2) the child's account of the sexual abuse, (3) the child's medical condition and (4) the child's social context. Where many of the features associated with the four factors above were present, cases were classified as confirmed. In cases where there was a high probability that child sexual abuse occurred, a significant number of the features were present, but not as many as in confirmed cases.

Of the four factors determining credibility, those to do with the child's account contain by far the most criteria. O'Riordan et al list 10 "Aspects of the content and form of the child's account which were considered to lend support to the view that sexual abuse had occurred..." (p.193), with a further four criteria closely associated with the child's account.

For example; 'factors concerning the child's social context' are primarily to do with attempts to establish corroboration of the child's account against previous accounts the child might have made, against accounts given by the alleged perpetrator, and against possible eyewitness accounts. 'Factors concerning the child's medical condition' again is concerned with corroboration of the account, "Increased confidence was placed in the truth of a child's allegations if his or her medical condition was consistent with the child's verbal account" (pp.193, 194).

The results of O'Riordan et al's (2003) study reveal "The most common factors supporting the credibility of CSA [child sexual abuse] allegations were labile mood, the child's ability to differentiate fact from fantasy and a detailed disclosure of contextual details" (p.190), together with "...a disclosure statement containing idiosyncratic detail" (p.200). All of these factors are associated directly with the child's verbal account of sexual abuse.

The reliability accorded to the application of analyses of statement content in detecting truthfulness in children's accounts has itself come under scrutiny. Davies and Westcott (1999) note ongoing concerns in this regard, in terms of some of the criteria used, the "...considerable expertise...required to use the system effectively..." (p.13), and its limited suitability.

In regard to the latter, Davies and Westcott (1999), citing Bekerian and Dennett (1992), note that analyses of statement content may be unsuitable for children who provide limited narratives "...because of stress, depression or limited language development..." (p.13). Its suitability in respect of younger children, and children who have certain learning and physical difficulties is questionable also (Westcott, 1999). Research has indicated that older children fulfil more credibility criteria than younger children (Lamers-Winkelman and Buffing, 1996). There may be a cultural dimension too. Lamers-Winkelman (1999) cites research into criteria based content analysis that suggests Dutch children seemed to fulfil fewer such criteria than did American children.

The application of analyses of statement content in detecting truthfulness in children's accounts has adocentric and classist undertones in its emphasis on language, over more expressive forms of communication (for example, demonstrations, play); forms children are generally more comfortable with, and responsive to (Thomas and O'Kane, 1998, Faller, 1999). Central validity criteria such as spontaneity, coherence and capacity to

contextualise abuse over space and time (Yuille, 1988) are extraordinarily difficult criteria to meet for children who have been sexually abused (McGee and Westcott, 1996, Hyden and Overlien, 2005).

The process of assessing the credibility of sexual abuse allegations by children does not appear to take into account the power differential between the interviewer and the child, and the impact that this may have on communication and knowledge. By its very design, the adult as interviewer, determines the structure, pace and content of the communication (what is and is not 'relevant'), and when it is time for the child to 'finish'. In this way, the investigative interview replicates the scientific model and discourse favoured by privileged male 'experts', with the entire sexist and privileged assumptions that underpin its design.

Findings from the 'lived experience' sample in this study indicate that of the very few children who tell at all of their sexual abuse, some proceed to experience key aspects of child sexual abuse assessments and credibility analyses challenging, and at times oppressive. We have seen earlier in this chapter that just three children (Amy, Edward, Finola) spontaneously disclosed sexual abuse to their parents shortly after it had happened. Amy's research participation affords us a direct glimpse into the complex dilemmas children struggle with in deciding whether or not to tell of their abuse, even under what can be considered by professionals to be optimum conditions for disclosure.

Yet Amy's narrative also reveals the further struggles she had to endure in relation to the expectations placed upon her as a seven year old little girl, in the form of the credibility criteria inherent to the child sexual abuse assessment she underwent. Amy recalled:

> *And I had to write it down because I wasn't really happy at telling them* [specialist child sexual abuse professionals] *it was kinda' hard…I kind of didn't really want to say it, it was easier to write it down…I was kind of nervous…at telling them straight out, so I just wrote it down, basically.*

Amy suggested that professionals in this context should accommodate children who find it difficult to answer some of their questions in the following way:

> *… if ye asked a question to them* [children]*…and they wouldn't really like to answer that…'cos they would feel uncomfortable answering that…they should be able to say, 'I'm really…really am kind of uncomfortable saying that'.*

Caroline too, an older child at the time of her child sexual abuse assessment (16) who disclosed to her boyfriend of her own volition, recalled "...I feel like it was just questions and then 'yeah' [brisk tone of voice], and then 'take notes', do you know that kind of way?" Caroline articulated the benefits for her in finally speaking to a school counsellor of her experiences of sexual abuse in a way that was self-determined and self-directed. Caroline described how this occurred shortly before her uncle's criminal court case:

> ... *I never told anyone* [that she attended a school counsellor]...*I was glad I had someone to talk to that my parents didn't know I was going to see...I actually liked it...was something I did myself...I didn't want to be told* [that she needed 'help'], *I didn't... actually go and get help I just went and...it was probably the first time I'd ever actually talken about it, straight out, of my own free will d'you know?*

Hyden and Overlien (2005) in their analyses of discourse about sexual abuse at a detention home for young women (aged 13-21) in Sweden, advocate professionals adopting a narrative approach to the process of confirming or disregarding cases of suspected sexual abuse. The authors suggest that such an approach allows for the development of "...ways of listening to young people and allowing their narratives to provide a point of departure" (p.57). Hyden and Overlien authenticate the child/young person's difficulties in disclosing their abuse, and in so doing, contend that narrative analysis has the potential to open up new possibilities for interpretative investigations into child sexual abuse with its focus on social, discursive and cultural forms of life. The authors cite Mishler (1986) when they write that a narrative-oriented interview process "...makes it possible for the person being interviewed to express him/herself uninterruptedly in lengthy turns and to organize his or her replies into long stories..." (p.58).

In this way, Hyden and Overlien (2005) illuminate one potential for a person centred approach to child sexual abuse (albeit, speech based), thereby transcending the self-imposed restrictions of traditional professional approaches. More generally, Gregory and Holloway (2005) cite various studies which they contend confirm "...that being heard and having one's story understood are crucial to achieving any positive benefit for the service user in most kinds of therapeutic relationship..." (p.39). The authors highlight the crucial dimension of control "What narratives allow for is interpretation and creativity...Crucially for social work, this enables the originators of narratives to have control of their stories" (p.39).

Feminist uses of narrative may additionally indicate potentially beneficial means of assisting children and young people to disclose in their own way, and according to their pace, since such alternative forms of representation as imagery, text, music, performance as well as speech acts, can be unrestrictive. Hoving (2000) writes that feminist narrative

> *… can offer new theories of knowledge…narrative has always been one of the principal ways of gaining knowledge. The paradigm of narrative modes of knowing differs from the dominant paradigm in the sciences, which has been rendered as 'knowing things'…Narrative, in contrast, works within the paradigm of 'knowing other people'. It produces knowledge through interaction, address, performance…. (p.357)*

As is indicated above, professional demands on children who may be sexually abused in terms of the expectations on them to disclose in the first instance to a prescribed norm, within a prescribed time-frame, and whose accounts are then subjected to rigorous credibility analyses, are excessive. A recurring theme throughout this thesis is the fundamentally different way child sexual abuse is conceptualised and responded to in comparison with all other forms of child abuse. In this way, children about whom concerns of a sexual abuse nature exist, have expectations foisted upon them by adults in a distinct way to children about whom concerns exist in relation to all other forms of child abuse. Credibility analyses are particular exemplars of this, and their persistent centrality in this context arguably serves to modernise the myth that children lie about sexual abuse, such that now (in keeping with contemporary dictum) children must 'prove it'. The fact that so few children can 'prove it' according to credibility criteria, arguably fulfils two central functions, firstly the containment of the problem and secondly, the preservation of men's sexual access to children, thus ensuring the perpetuation of the original mythological intent.

In sum, professional judgements as to whether child sexual abuse occurred, or did not, on the basis of analyses of the content of the child's account renders especially vulnerable those children who cannot disclose within the narrow time-frame of specialist intervention, or indeed at all, as well as those children who cannot meet the credibility criteria of professionals in this regard. As this chapter has demonstrated, it is just such children who constitute the groups most likely to present to state child welfare professionals, and for whom 'inconclusive' and arguably, 'assessment ongoing' are the usual outcomes to sexual abuse assessments as they are currently constructed.

Conclusion

This chapter has looked at Irish state child welfare system assessments as to the occurrence of child sexual abuse, grounding the discussion in a consideration of children's complex processes associated with the disclosure of sexual abuse.

Findings support the literature that disclosure of child sexual abuse is not the norm, with only three out of 18 children spontaneously disclosing their abuse to their mothers and fathers, and just five other children/young people disclosing sexual abuse over time, abuse that in three cases had certainly been ongoing for periods of many years. In just one of these 'cases' a child disclosed to a state child welfare system professional, and this too was prior to specialist assessment.

However, this study indicates that state child welfare professionals are over-reliant on disclosures from children – notwithstanding their rarity – in order to reach confirmed child sexual abuse assessment outcomes, and thus in order to officially identify them as being sexually abused.

This chapter has evidenced that child sexual abuse is responded to by the state child welfare system (via sexual abuse assessments) from within a rigid dualistic child sexual abuse occurred/did not occur paradigm. This paradigm operates to the narrow (following Ferguson 2004), 'clock time' strictures of the organisation, and it appears to pay scant attention to the wider circumstances of the children's lives it purports to assess.

The consequences of such an approach are seen here to be such that the majority of those children who do come to state attention because of concerns that they may be sexually abused, are unable to satisfy exacting organisationally driven (credibility) criteria employed in order to determine whether child sexual abuse occurred or did not. The identification of sexual abuse thus unresolved, frequently in the form of inconclusive sexual abuse assessment outcomes, the children remain in possibly dangerous and traumatic states (as do their families), with usually no recourse to further specialist, or indeed any professional intervention. This was evidenced here and in Chapter 6, where 'inconclusive outcomes' to state interventions in cases of suspected child sexual abuse were seen to exclude some children who may well be sexually abused from accessing therapeutic services from a non-statutory organisation equipped to provide same.

Findings from the 'lived experience' sample at large illustrate that so dominant is the drive to definitively deal with the occurrence or not of sexual abuse, that equally valid considerations such as children's and parents needs for timely, sensitive, supportive intervention *throughout* this period of their lives, are swept aside and rarely re-visited. I return to this in the next chapter.

The following chapter moves back a step from the eventuality of child sexual abuse assessments, and concerns itself with the experiences and meanings associated with accessing help in the first instance, when child sexual abuse is suspected. It explores the central role the Irish state child welfare system has carved out for itself in this regard.

Chapter 8 'Gate Keeping'

Introduction

The previous chapter, (Chapter 7) was concerned with state child welfare system assessments as to the occurrence of child sexual abuse, with an especial emphasis on children's complex disclosure processes.

It illuminated *inter alia,* the means by which parents/carers/professionals and ultimately state child welfare professionals came to be concerned that children/young people may have been sexually abused. And it illuminated the responses that ensued in the form of child sexual abuse assessments, largely from the perspectives of such parents/carers and children/young people. It evidenced that notwithstanding the rarity of disclosures from children pertaining to sexual abuse, the state child welfare system is overly reliant upon disclosures in order to identify and 'officially' establish the occurrence of child sexual abuse. For the majority of children who do not, and cannot, disclose within the narrow strictures of the system, and whose 'cases' incorporate serious indicators of concern, their sexual abuse remains unresolved and they, like their many of their parents, are left in most probably dangerous, and traumatic states.

Thus far, this thesis has progressed in a systematic fashion in its explorations of such macro issues as the construction and sustainment of dominant institutions and discourses pertaining to state responses to child sexual abuse. It then proceeded to explore the experiences and meanings these represent for state and social systems, and for individuals in receipt, as well as those who provide services in this context. This chapter draws to a close the pre-eminent focus on the state child welfare system that has been the central concern of the thesis. In so doing, it concerns itself with the impacts of dominant institutional arrangements and discourses upon the very initial 'help-seeking' experiences of individuals when child sexual abuse becomes a feature in their personal and professional lives.

Chapter 6 began to illuminate the interconnectivity between state and social systems in the Republic of Ireland in relation to how child sexual abuse is conceptualised and responded to, and this continues to be evidenced here. The legitimation of a state child welfare system discourse was seen in Chapter 6 in which 'inconclusive outcomes' of state

interventions in cases of suspected child sexual abuse effectively serve to exclude some children who may well be sexually abused from accessing therapeutic services from the non-statutory sector. The present chapter expands upon this theme. It looks at how the state child welfare system determines and restricts access to services in relation to child sexual abuse generally, and it looks at the system's own organisational rules and norms, particularly in the form of eligibility criteria, that govern the provision of state sexual abuse assessment services in the first place. It concludes by looking to the future of state child welfare system conceptualisations and responses to the issue of child sexual abuse, through a consideration of new procedures that have been constructed by the regional branch of the state child welfare system in which the present study was located.

I begin by looking at the 'help-seeking' experiences of parents/carers from the 'lived experience' sample in the present study who had concerns that their child/children may have been sexually abused.

'Help-Seeking'

Research 'cases' from the 'lived experience' sample comprised first time contacts with the state child welfare system, and 'cases' in which families had prior and ongoing contacts with the system in respect of child protection and child welfare concerns generally.

The majority of 'cases' in the present research, nine out of 14, comprised first time contacts with the Irish state child welfare system. There was just one mother from these nine 'cases' who approached a state child welfare professional with her concerns that her child may have been sexually abused. This was Ms. Inglis, who spoke to her local Public Health Nurse after a passer-by had told her that they witnessed Derek being sexually abused by his older brother. Of the remaining eight first time contacts with the system, two 'cases' came to its attention indirectly via An Garda Siochana after parents reported their concerns to them (Mrs. Donohue, Mr. and Mrs. Jones), one 'case' came to the attention of the state child welfare system directly via parents after they sought advice from the non-statutory CARI Foundation, an organisation providing support services for people affected by child sexual abuse (Ms. Osbourne and Mr. Peterson), one 'case' came to the attention of the system indirectly via child mental health services (Ms. Greene) and there was one 'case' in which the state child welfare system initiated contact with a mother in relation to

possible child sexual abuse, because of concerns reported to it by the educational system (Ms. Quinn).

In addition, there were three 'cases' out of the nine first time contacts with the state child welfare system, in which parents initially had no idea of who could possibly help them in relation to their concerns that their children may have been sexually abused. In the previous chapter, I referred to McGee et al's (2002) Irish study concerning the prevalence of child sexual abuse, when I looked at disclosure and non-disclosure processes. We saw in Chapter 7 that the third most frequently cited reason by adult respondents for not disclosing their childhood sexual abuse was that they 'didn't know who to turn to'.

The feeling 'didn't know who to turn to' was experienced by parents Ms. Kennedy, Mr. and Mrs. Nagle and Ms. Jackson when they were faced with the possibility of child sexual abuse in their lives. Mothers and fathers described this as compounding their anxiety and helplessness as they tried to locate appropriate and timely help for their children. Ms. Kennedy recalled, "...I didn't know where to go...I was saying 'who do I contact'...at this stage I was desperate...I just wanted somebody who could deal with this situation...because I didn't want to make any mistakes". In the end, the 'cases' came to the attention of the state child welfare system directly by mothers after they sought advice from the CARI Foundation (Ms. Kennedy, Ms. Jackson), and directly by parents after sharing their concerns with their General Practitioner (Mr. and Mrs. Nagle).

As mentioned above, there were five 'cases' from the 'lived experience' sample where families had prior and ongoing contacts with the state child welfare system in respect of child protection and child welfare concerns generally. Two such 'cases' (Ms. Keane, Ms. Layden) reported their concerns of a child sexual abuse nature however, to An Garda Siochana in the first instance, in Ms. Keane's case because of the unavailability of social workers due to Christmas holidays. There was one 'case' in which parents/carers sought advice from their visiting Public Health Nurse (Ms. Long and Mr. Martin), and finally, there were two 'cases' in which the system initiated contact with a mother and a father respectively in relation to concerns of a possible child sexual abuse nature. The circumstances were as follows, the state child welfare system made direct contact with a mother during a period in which the children had been placed in voluntary state care by her, and the children allegedly were giving cause for concern that something of a sexual abuse nature might have happened to them (Ms. Wall). The system initiated direct contact

with a father in relation to possible child sexual abuse, because of concerns reported to the Gardai by the educational system (Mr. Harney).

For the vast majority of parents/carers then, it can be seen that the possibility of seeking help in the first instance, from the state child welfare system when concerns of a child sexual abuse nature arose for them, was not considered an option. Findings from the participation of parents/carers and that of professionals from within and without the system, indicate that this may be explained by a combination of factors to do with how parents/carers perceived child sexual abuse per se, and factors to do with the system that has been constructed to respond to child abuse generally.

Thus, for some parents their initial view of child sexual abuse was that it was a criminal assault upon their children, and they reported it without hesitation to An Garda Siochana. For other parents, the physiological aspects of child sexual abuse led them to seek medical advice in the first instance. For most of the parents/carers in the present research however, who were faced with the possibility that their children may have been sexually abused, matters were not as clear-cut for them. Some sought practical advice as to what to do from professionals who happened to be known to them, or otherwise involved with their family, and others described being riddled with anxieties as to what to do, and moreover who to go to, to seek help on behalf of their children. I turn now to look at factors concerning the system that has been constructed by the state to respond to child abuse generally.

Public Perceptions and Representations of the State Child Welfare System

We have seen in Chapter 7 that the 14 'cases' from the 'lived experience' sample came to the attention of the regional branch of the state child welfare system in which the present study was located over the decade 1991-2001, with a concentration around the mid to late 1990s. As we have also seen throughout this report, this period of time in the Republic of Ireland was characterised by unprecedented levels of public revelations of child abuse and child sexual abuse, together with high profile child abuse inquiry and media reports which documented professional and system 'failures' to protect children. Still, parents/carers from the present study had very little information about the key role the state child welfare system plays in responding to child sexual abuse, and very little knowledge too about the

services it has constructed in relation to it. Similar findings emerged almost a decade ago as well (Ronan, 1997, unpublished).

The lack of public information about statutory child protection and welfare services generally in the Irish Republic, has been commented upon by Buckley (2005) and earlier, Ferguson and O'Reilly (2001). Buckley (2005) has concerns about the difficulties this raises for members of the general public in relation to accessing services and she, together with Ferguson and O'Reilly, notes the combined potential impact of impenetrable bureaucratic structures and the "...very poor and hostile image..." (p.7) child protection social work services have in certain areas of the country (I return to the latter in relation to child sexual abuse shortly). Buckley concludes "In the absence of any efforts to counterbalance this, it is likely to endure" (p.7).

Indeed, following Buckley (2005) this thesis indicates that the persistent lack of effort on the part of the state to ameliorate perceptions of the state child welfare system as punitive and oppressive, serves very effective 'gate keeping' functions.

Professionals both from within and without the state child welfare system who participated in this study described their experiences of parents who come to their attention because of concerns relating to possible child abuse generally, and child sexual abuse specifically. Their experiences raise fundamental issues in relation to the accessibility of the system for children and families in need.

The regionally based professional who works in the field of child psychiatry, the regionally based therapist from the CARI Foundation, the school principal and the professional who works in a voluntary organisation with women survivors of domestic abuse and their children all pointed to parents' fears that in reporting actual/suspected abuse to the state child welfare system, they are at heightened vulnerability of having their children removed from them and taken into state care. Such findings resonate with the national and international literature on child protection systems, for instance Ferguson and O'Reilly (2001) in the Irish context, Sharland et al (1996) in the U.K. and Scott (1996) in the Australian context. It would appear from research participation with the 'professionals' sample in the present study that many parents feel inhibited from reporting child abuse since they fear that *they* will be blamed by the statutory system for any abuse that may have occurred. This is particularly problematic for the CARI Foundation because it will not

provide services to children and families until the alleged abuse is reported in the first instance to the statutory authorities, and I return to this later. As the therapist observed:

> *… they* [parents] *would see the statutory organisation as having more power* [than a voluntary organisation like CARI] *anyway…around taking their child …more power around seeing them maybe as a bad parent and as being in trouble for… often that's a huge piece of work… to bring them to do that* [report to the state child welfare system]*… because often they're terrified their child is going to be taken off them …this is… larger than anything else… doesn't matter how good a parent they may be its 'social workers, social workers they're going to take my child away', there's that perception.*

Similarly, research participation with the professional who works in a voluntary organisation with women survivors of domestic abuse and their children, suggests that women and children who come to their services feel that they are seriously vulnerable to state child welfare 'mother-blaming' norms (discussed in Chapters 5 and 7), as they pertain to the sexual abuse of children. The professional observed:

> *…it's so kinda' hidden because domestic violence is very prominent here that the sexual abuse…the woman will not go there… because they're so terrified, the women are* <u>*so*</u> [their emphasis] *terrified the children are going to be taken off 'em, that the kids are nearly silenced by both the mother and the father. The minute they come into a refuge…I would see a significant proportion…behavioural wise, that would clearly indicate to me that something of a sexual abuse nature has occurred to this child…because the children… you* [child, mother] *might just say about physical abuse…but you will not talk about the sexual abuse inside in a refuge….*

I turn now to look more specifically at the 'gate keeping' activities of the Irish state child welfare system as they pertain to the restriction of access to services in relation to child sexual abuse generally.

'Gate Keeping' and the Restriction of Access to Services in Relation to Child Sexual Abuse

The Dominant State Discourse Associated with Child Sexual Abuse

Chapter 5 evidenced the construction (via the 1987 revised *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse* (Department of Health)), of child sexual abuse as a very distinct form of child abuse. This has been seen in the establishment of institutional structures and discourses revolving around specialist professional 'validation' of what children 'allege' to have happened to them. Simultaneously, as has been argued in Chapters 6 and 7, child sexual abuse has been constructed as an issue of fear for professionals (and state systems), who are compelled to establish its occurrence or not within standardised assessment procedures and narrow time frames. It has been argued that this in no way permits the prevalence of child sexual abuse in Irish society to be recognised. Children and families' safety and welfare needs are relegated; it has been evidenced, in what has been argued to be a relentless drive towards state containment. I turn now to look at how the dominant state child welfare system discourse associated with child sexual abuse has been extended to, and legitimated by, state and social systems outside that of child welfare.

The Extension and Legitimation of the Dominant Discourse by State and Social Systems Outside that of Child Welfare

The dominant state discourse associated with child sexual abuse, as we have seen in Chapter 5, endures in the state child welfare system directive that succeeded *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse* (Department of Health, 1987), i.e. *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999). Moreover, Children *First* extends on behalf of the Irish state, the responsibility for the protection and welfare of children from all forms of child abuse from the state child welfare system and towards all state and social systems that work with children. This *new* responsibility is authoritatively set out through its location in the document, the use of assertive language and high-status authorship. Thus the Foreword by the Minister of State with Special Responsibility for Children claims:

> *One important point is that everyone has a duty to protect children and that this is not simply the job of social workers and other health professionals. The Government has decided that Children First should be national guidelines which are applied consistently*

by health boards, Government Departments and by organisations which provide services to children. They are intended, in particular, to support and guide health professionals, teachers, members of the Garda Siochana and the many people in sporting, cultural, community and voluntary organisations who come into regular contact with children and are therefore are in a position of responsibility in recognising and responding to possible child abuse [my emphasis]. *I am confident that they will achieve the objective of encouraging and helping people to report child abuse concerns…. (p.9)*

The *Children First* document self-refers to its own production in the context of public revelations of child abuse and system failings, and the document refers to its relationship to previous state directives towards professionals in the field of child abuse "In recent years as a society, we have become very aware of the problem of child abuse…Revised guidelines were urgently needed…" (p.9).

In Chapter 5, I put forward an analysis that the Irish state's rhetoric about extending the responsibility for the care and protection of children out into the community represents a justification for a retreat in social provision, against a backdrop of widespread public revelations of child abuse and blame on state systems.

The new responsibilities are accorded to voluntary and community organisations that are *funded* by the state child welfare system to provide services on its behalf. Central to this is their adherence to a child welfare system discourse which requires of them to report concerns of a child protection/welfare nature in a prescribed way to the child welfare system or to the Guards, in the first instance. Further, that such voluntary and community organisations draw up written policies and procedures documenting their commitment to keeping their organisations 'safe' from child abuse. The production of such policies and procedures (and their inspection upon completion), is assisted by specially designated state child welfare system professionals. It is not unreasonable; I think to speculate that the state's interest in funded organisations in this way may represent a drive to ensure that no further system failures to protect children from child abuse will be attributed to, and paid for on behalf of the state child welfare system, rather that if there is to be blame, it will be re-distributed.

However there are multitudinous organisations in the Irish Republic that are not state welfare system funded and have contact with children, for example; those involved in

sporting, cultural and educational activities. For these organisations, specially designated state child welfare system professionals simply provide one–off 'awareness raising' presentations. Such 'awareness raising' encompasses that to do with organisations' moral duty of care as set out under *Children First* to report concerns of a child protection/welfare nature to the state child welfare system. Additionally, is promoted the desirability of ensuring that organisations are 'safe' from child abuse (Murray, personal communication, March 2006). This approach to non-state child welfare system funded organisations that are in regular contact with children, is, as I see it, entirely consistent with a minimalist approach to the welfare of children generally in the Irish state, as discussed in Chapters 2 and 5.

The dominant state child welfare system discourse associated with child sexual abuse has then been formally extended to, and been legitimated by, state/social systems outside that of state child welfare. I turn now to look at the impact of this on children and families when they come to the attention of such systems for reasons to do with possible child sexual abuse. Effectively is seen the way in which the 'gate keeping' activities of the state child welfare system serve to restrict the access of children who may be sexually abused to services from other state and social systems.

Seeking Help from State and Social Systems Outside that of Child Welfare

As we have seen in earlier chapters, the 'lived experience' sample encompasses experiences of state/social systems interventions in relation to possible child sexual abuse over the decade 1991-2001. As such, experiences are reflective of periods in time after the release of *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse* (Department of Health, 1987), and prior to, during and after the release of *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999). Excluding the three 'cases' from the 'lived experience' sample where the state child welfare system approached parents in the first instance because of concerns of a possible child sexual abuse nature, in six of the remaining 11 'cases' mothers and fathers/male carers described unsuccessful attempts to get help for their children from key related state and social systems. This was the case irrespective of whether parents were disclosed to (Ms. Kennedy, Mr. and Mrs. Nagle, Ms. Osbourne and Mr. Peterson), whether they witnessed (Ms. Long and Mr. Martin), or whether they suspected (Ms. Greene, Ms. Jackson) that their children may have been sexually abused.

Thus medical practitioners, psychologists/counsellors working in private capacities and non-statutory organisations most usually directly advised parents that they would not, or could not see their children until after the state child welfare system investigated whether or not child sexual abuse occurred. This position is officially ratified in, for instance, the *Annual Report 2004* of the CARI Foundation whereby "...CARI can only provide therapy to [a] child once a formal assessment has taken place. Support for the family, however, could be considered at this stage" (p.15). Additionally, in Brenda and Caroline's case, even after state child welfare sexual abuse assessments (which confirmed abuse), the children were unable to access therapeutic services until the criminal court case of their abuser definitively established that they had been sexually abused by him.

In all of these situations (and indeed in the vast majority of 'cases' from the 'lived experience' sample), state child welfare intervention took many months to materialise, during which time no professional spoke to the children. I discuss in greater depth parents' experiences of seeking help from the medical system shortly. For now, I turn to look at the impact the dominant state child welfare system discourse has in relation to professional responses to child sexual abuse, from within the system.

Seeking Help from the State Child Welfare System

Findings from the present research indicate further layers of 'gate keeping' from within the state child welfare system, actualised through organisational rules and norms that adhere to a dominant state discourse associated with child sexual abuse in which only 'specialist' state child welfare professionals are equipped to determine its occurrence or not. The immediate consequence of this is that community-based social workers, and other professional members of social work teams, effectively disengage from providing services to children and families when concerns of a child sexual abuse nature come to their attention. It was clearly evident from research participation with parents of eight children from across the research site (Amy, Elaine, Geraldine, Isobel, Edward, Finola, Derek, Callum), that pending child sexual abuse assessment, no state child welfare system professional spoke to the child in question. Ferguson and O'Reilly (2001) noted the effects of such non-intervention on children, parents and professionals in their study in the Mid Western health board, attributing it to the dominance of 'legalism' in statutory child sexual abuse work, and I return to this later.

For now though, the combined impacts on parents/carers, and children who have possibly been sexually abused, of being unable to access timely, direct professional help either from outside or inside the state child welfare system (as a direct consequence of how the Irish state has constructed the social problem of child sexual abuse), are seen to be profoundly damaging.

I refer the reader to extracts from Dana's narratives in Chapter 7, and for the purposes of the present chapter, I now proceed to detail extracts from research participants' narratives from three of the six 'cases' of the 11 where participants described unsuccessful attempts to get help. In so choosing, I attempt to faithfully represent the experiences of a mother, a young person and a father. Extracts from other research participants' narratives of relevance to this chapter will be documented later here. In addition, extracts from the narrative of the regionally based therapist from the CARI Foundation are detailed for the insights they represent in relation to children and parents who access their services.

Ms Kennedy

Ms. Kennedy, who is Amy's mother, described a fraught and lengthy process of help seeking in respect of her daughter following her disclosure of child sexual abuse. Ms. Kennedy recalled not knowing where to go, and she contacted two non-statutory organisations that suggested she go to the regional branch of the state child welfare system in which the present study was located. Having arrived at a premises, she was advised that she was at the wrong place. The receptionist phoned the relevant community based social workers who duly arrived, and spoke briefly to her in Amy's presence, in a manner Ms. Kennedy described as

> *…clinical…. And that was it…I wanted …help…one thing I would have against it, it's very much that it seems to be all statistics, 'we need it reported we need to do da da da da' and… my child was a victim, but seemingly she was not a threat to society because she comes from a very stable background, a very stable environment she's not in an environment where she would ever be threatened… this* [perpetrator] *was a complete outsider….*

This suggests that Amy's 'case' might have been initially designated by social workers as 'extra familial' child sexual abuse, and therefore not warranting child protection responses on the part of the state. Chapter 6 looked at concerning issues relating to the dichotomisation of child sexual abuse into 'intra' and 'extra familial' categories.

Ms. Kennedy described how there was no follow-up from this initial meeting, and no professional spoke to Amy. She said she had a vague sense of some help promised for her daughter but no idea of the timescale involved, which ultimately ran into "...quite a few months..." Ms. Kennedy outlined her desperation since Amy began to experience significant behavioural difficulties including violent tantrums and rages, which severely provoked her mother, and which Ms. Kennedy described herself as being totally unprepared for. Ms. Kennedy spoke of Amy experiencing nightmares, bedwetting and loss of self-confidence and of her sense generally, that her daughter had changed utterly. A significant concern for Ms. Kennedy was that she would further traumatise and damage her daughter psychologically, by not knowing how to respond appropriately.

Ms. Kennedy sought help from the CARI Foundation, but to her frustration was advised that they could assist *her* but not Amy, until after the state child welfare system had completed a child sexual abuse assessment. Ms. Kennedy found the CARI Foundation to be very helpful and supportive in respect of both her own feelings and in relation to practical matters concerning Amy's behavioural difficulties.

In the end, Ms. Kennedy wrote to the study site outlining her concerns at the lack of services for her daughter. She received a prompt response and shortly thereafter, Amy was assessed. Ms. Kennedy's feeling was:

> *...thank god I'm reasonably well educated and have people who can support me and guide me...but there are many mums out there who would feel the same as I do* [but don't have the same resources]. *It must be so frustrating, because I was cracking up because I couldn't do anything for my child... It's absolutely... diabolical, I think it's disgraceful... the more <u>you</u>* [Ms. Kennedy's emphasis] *know, and the more help <u>you</u>* [Ms. Kennedy's emphasis] *can get... off your own bat, and the more pressure you can apply, it's the only way you can get to get help, the most vulnerable in society cannot apply that... pressure... and I mean again I would have been very vulnerable at the time but I just... luckily enough found the right avenues to go through.*

We have seen in the previous chapter that Ms. Kennedy found specialist child sexual abuse professionals to be exceptionally helpful, skilled and candid in their work in respect of both herself and her daughter, Amy, and she felt that they shared her frustrations at the limited nature of the service they could provide. She observed:

...the minute [Amy] *disclosed, that was it, they* [specialist professionals] *couldn't do anything, they could not give her 'help, help'....they were very upfront about that, that 'unfortunately this is our criteria, this is all we can do'... its pointless* [laughing], *ok, so you get my poor daughter to finally break down and then you leave her in a mess... nervous and emotions and everything and then you walk away...it's... pointless, it's crazy, I mean it's the most vulnerable time for a child....*

Ms. Kennedy likened the formal assessment process to a 'barrier' to her child accessing help, since effectively it meant having to go through it in order to secure any therapeutic intervention afterwards:

...initially, I didn't care. She was finally getting some type of help. Once I got her this, once she disclosed... at least then I could bring her privately to whomever, wherever. I had to get through this barrier before I could do anything to help my daughter, and that was very frustrating. ...she needed to go through that before she could get any help...The very beginning when I could not get my child help was the worst part and I would have done anything, and that is the worst part when it's outside your power there is nothing... you are up against a government agency, a statutory agency and you can do nothing.

Brenda

Brenda described with anger and bewilderment how access to therapeutic services was not allowed her, as she understood it, at the behest of both the state child welfare system and An Garda Siochana until after her uncle's criminal court case (some 12 months after her abuse was discovered). At this point, Brenda attended the CARI Foundation at her mother, Mrs. Donohue's, request. At this stage, Brenda described feelings of acute alienation towards a system, which as she saw it, denied her the opportunity to get help when she was experiencing and exhibiting significant trauma (Chapter 7 discussed Brenda's (enduring) therapeutic needs). After a number of sessions at CARI, she stopped attending. Brenda subsequently attended at her mother's request, a state child welfare clinical psychologist for up to a year, a service that she came to experience as helpful. She described how, at a time when she felt her behaviour was spiralling out of control, "...it did calm me down a lot..."

Mr Peterson

Mr. Peterson, who is Ms. Osbourne's partner and Isobel's father, described himself as not fully understanding the working relationship between the CARI Foundation and the study site in situations of possible child sexual abuse:

> *...I'm not sure what way they* [the CARI Foundation] *work, I still don't know what way they work because they couldn't do anything at the time until after the* [study site] *were finished... I think even at that, it was only if ...there was a case in hand, from my impression... because they dealt a lot with playing with toys...one to one sessions, but we couldn't avail of that because it had to go to the* [state child welfare system] *first...*

It was to be five months after Mr. Peterson and Ms. Osbourne reported their concerns to the study site in respect of Isobel, before they were in a position to access therapy on her behalf.

Research participation with the therapist from the CARI Foundation suggests the worrying effect on parents' interactions with their children of the dominant state discourse associated with child sexual abuse. Such interactions appear to mirror those of community based statutory social workers as observed by Ferguson and O'Reilly (2001), when they too approach children in relation to suspected child sexual abuse.

The therapist began:

> *... kids in general...I don't think have a negative experience...usually they would...speak quite well of...in general of the assessment process...and I* [their emphasis] *actually think that the assessments and if the guards are involved ...the garda interviews, can be really empowering for kids 'cos they really feel they're giving it over to somebody else. Some of the difficulties I would see... for parents more perhaps...number one, often they're terrified to say to the kids where they're going, what they're going there for ...they don't know how to talk to the child about their experience. So often what happens is they* [parents] *get so terrified they're going to say the wrong thing or could be coaching the child that they say nothing at all. So the child's made the disclosure, and it falls into this vacuum while they're waiting for an assessment and they* [child] *think no body's doing anything* [my emphasis] *and they don't know maybe even that they've been made safe, that they're not going to see uncle Johnny or whoever it is and they're ...left in this vacuum and I think there's a real*

need for parents to feel more confident about what they can say and how they can say it.

The therapist spontaneously noted the effects of state child welfare eligibility criteria for parents and children in the context of concerns of a child sexual abuse nature:

> *... how assessments when they don't* [their emphasis] *happen...I don't know what the criteria for deciding whether an assessment is going to take place or not, but often* [their emphasis] *for parents where they really feel there's a legitimate concern and that the assessment then never...social worker comes back and says 'no we're not going to do an assessment'. The child is left in a vulnerable, what the parent considers to be a vulnerable place, rightly or wrongly ...but they're left in a situation....*

So it is I turn now to examine eligibility criteria determining child sexual abuse assessment services from the regional branch of the state child welfare system in which the present study was located. I begin with a brief overview of the functions eligibility criteria serve in state child welfare systems.

Eligibility Criteria as a Form of 'Gate Keeping'

Harris (2003), citing Flynn (1993) observes that social services departments generally are concerned with ensuring that only those people whose needs satisfy certain policy criteria receive a service. Needs, in this context according to Harris

> *...are essentially what the state decides to recognise and provides the resources to meet...As the gatekeepers of resources in these circumstances, social workers regulate the distribution of rights and obligations on behalf of the state.... (p.148)*

Harris sees rules, regulations and procedures as the means by which social workers are involved in determining eligibility for services in the context of rationing and constrained resources on the part of the public sector; and eligibility criteria as being an obvious example of this.

In relation to child sexual abuse, I see eligibility criteria as also compatible with state policies of containment. As this section will demonstrate, they can effectively serve to exclude categories of children who are vulnerable to sexual abuse from being identified, assessed and treated, according to pre-defined criteria which assume, modifying Harris

(2003) a clinical-managerial guise, "...rather than being seen as political decisions" (p.150).

Eligibility Criteria for the Assessment of Child Sexual Abuse

In the study site, the decision whether or not to proceed with a specialist child sexual abuse assessment is based upon 11 eligibility, or what are termed 'Suitability Criteria' ([Research Site] *Child Sexual Abuse Assessment Policy Protocols Forms*, November 2003, p.6) (Appendix 1).

Salient features of the 'suitability' criteria include; professional opinions as to there being 'reasonable' grounds for such intervention, the age of the child (usually 4-18 years) however; 'Exceptions will be considered if there is information to suggest that a child under four years has exceptional ability and his/her verbal and cognitive abilities are highly developed' (see criterion 3a in Appendix 1), parental consent, no contact/supervised contact with the alleged perpetrator during assessment, supports being available to the child whilst undergoing assessment, and the child's access to 'post-assessment professional support'. Additionally, there is a criterion that custody and access details be 'clarified' prior to assessment (see criterion 4 in Appendix 1).

The 'reasonable grounds to suspect that sexual abuse may have taken place' in determining a child's suitability for assessment are listed as 'forensic evidence, a statement from the child or other party, clinical opinion, behavioural symptoms, etc.'.

By way of contrast, the non-statutory Children At Risk in Ireland (CARI) Foundation can provide support services to children and adults who have been *affected* by child sexual abuse, however the client may define that to be so (*CARI Policy Document*, The CARI Foundation, January 2005). This obviates the need for clients to satisfy pre-determined (by the organisation) eligibility criteria, usually associated with state welfare provision.

Crucially, in this instance clients (for example, siblings, child confidantes to a disclosure, witnesses to sexual abuse) do not have to have been sexually abused, or even thought to have been so abused, in order to access a CARI Foundation service. Nor is provision contingent on the client (for example; non-abusing parents/carers, grandparents), reciprocating a 'service', for instance, 'supporting' their child in availing of the service, as is the case in the study site's eligibility criteria (see criterion 8 in Appendix 1). We have seen earlier that the CARI organisation works to a large extent with children and families who

are awaiting, or who have completed, sexual abuse assessments. And as we have seen, four out of the 14 'cases' in the present study readily accessed their services.

State child welfare eligibility criteria governing the provision of sexual abuse assessment services may not only serve to exclude certain categories of children from accessing such services, but moreover may limit such children's opportunities of availing of services from systems outside that of child welfare.

The therapist from the CARI Foundation said that in the event of children being refused a child sexual abuse assessment service from the state child welfare system, they would usually not see the child either, since the provision of therapy is contra-indicated for CARI in situations where a child might be at ongoing risk of abuse. The linking sentence the therapist employed in this context concerning custody and access scenarios, suggests that this type of situation might constitute one in which the state child welfare system refuses a sexual abuse assessment service "...I wouldn't have seen the child, chances are I wouldn't have, particularly if there was some ongoing custody and access battle, I wouldn't, we [CARI] wouldn't, see the child".

Criterion 4 of the 'suitability' criteria employed by the study site, 'Custody and access details must be clarified prior to an assessment', may well then be exclusionary in respect of children in custody and access disputes where there are concerns of a child sexual abuse nature. Findings from the present study from Ms. Jackson's experiences of trying to access services in respect of her daughter Elaine, and from research participation with the community based social work team leader, suggest that women who contact the state child welfare system in such situations may be susceptible to a myth in this regard. Such findings are discussed now and the international literature in this area is overviewed. Further, it will be argued later that regional state child welfare system eligibility criteria are exclusionary in respect of younger children, and I turn to this subsequently.

Child Sexual Abuse in the Context of Custody and Access Disputes

Case Study

Ms. Jackson, who had concerns of a very serious nature that her husband may have been sexually abusing their daughter Elaine, shared with social workers that she was experiencing marital problems as well:

...so I went down to the health board...they just dismissed me...the fact that I was going through marital problems the same time as well, it was put to me that it was a child custody thing...and that it was all about, it was all, it was just me wanting [Elaine] *to myself...yeah, you know, we don't get on but he is still her father...*

Ms. Jackson said that she did not want her husband being with Elaine *on his own*, because of her concerns "Their [study site] whole attitude was that it was a marital separation...and that my whole aim was for him not to see her. Which wasn't it at all. It never was".

At this stage, Ms. Jackson and Elaine's father were living apart, and Elaine was having three overnight access visits with her father per week. No professional spoke to Elaine.

Ms. Jackson then attended the CARI Foundation who agreed with her that her concerns were valid, and advised that she should return to the state child welfare system again, since they (CARI) were not permitted to investigate such matters. "So I had to go back to the health board. So I went back again, and it was only when I said that I was dealing with CARI that people, that they began to listen to me..." However, Ms. Jackson was critical of the response she received from the CARI Foundation, "...but you see CARI, from the Health Board I was getting no assistance, I felt I was being treated like a total ape who only wanted to destroy my husband, and this was the only way I could do it, which wasn't the fact at all. From CARI I was getting, 'oh, he's guilty and there is no question about it'...They were the other extreme altogether".

Ms. Jackson's experience of the study site was that it "...didn't want to go through with it..." and only agreed to proceed to investigate the case in order to "...shut me up, to stop me whinging...'we're only doing it because you want it done'...it was a fight the whole way".

The outcome of Elaine's assessment was inconclusive. Faller (1999) observed similar practices and outcomes on the part of Child Protection Systems (CPS) in the U.S. Faller wrote "...CPS may very superficially investigate or deny the case because the allegation arises in a divorce context" (p.168). She made reference to McGraw and Smith's (1992) case record review of 18 divorce/abuse allegation cases from Boulder County Protective Services. Faller noted that CPS substantiated only two of these cases, and that when McGraw and Smith used criteria for substantiation developed in an earlier large sample

study (Jones and McGraw, 1987), they substantiated eight cases. According to the criteria used by McGraw and Smith (1992), they found only three fictitious allegations, and that seven cases had insufficient information to make a determination. Faller (1999) commented "The latter is not a surprising outcome since these cases were inadequately investigated in the first place" (p.168).

Ms. Jackson said that her solicitor advised her:

> *...the health board are afraid of their lives of being sued, so they can only really come back with inconclusive unless it is so obvious... That's why the health board are so in the background and so unable, 'cos they are not able to give a 'yes' or a 'no'. Because if they say 'yes, the child is abused', the father can sue. If they say 'no', or 'it wasn't abused', the mother can sue or the child can sue, so something like 85% of cases, it's 'we don't know".*

Faller (1999) shared Ms. Jackson's view "...as lawsuits increase in association with findings of sexual abuse (or perhaps, in the future, lack of findings), the evaluator may feel threatened by this possibility of a lawsuit from one or both parents. This can immobilize the evaluator and lead to an "inconclusive" finding or result in biased findings" (p.173).

Following completion of Elaine's sexual abuse assessment, Ms. Jackson proceeded to legally separate from her husband. Ms. Jackson's experiences of the legal system indicate the extent to which a dominant state child welfare system discourse in relation to child sexual abuse influenced the process, in a similar way as we have seen, in relation to responses from the non-statutory sector.

Thus, while Ms. Jackson wanted Elaine to continue to see her father "...I didn't not want him not to see her, because I knew that she loved him, you know..." Ms. Jackson was fearful of Elaine's father seeing her in an unsupervised capacity. Arrangements were made between solicitors that Elaine's access with her father would be supervised by family members, and would not entail overnights. At one point, Ms. Jackson became concerned about the adequacy of the supervision, and she ceased all access visits. Her former husband brought the matter to court, and Ms. Jackson received a seven day jail sentence. She wanted to, but did not serve the sentence, and abided by her solicitor's advice to be cautious

...because the fact that the [assessment] *came back as inconclusive, my solicitor's attitude was the fact that he* [Elaine's father] *is willing to keep the supervised visitations up was a good thing, because he could have fought it, because the fact that it came back inconclusive, 'cos there was nothing...my solicitor's attitude was...if I went to jail for seven days, that he* [Elaine's father] *would have a stronger case to have her all the time, to go for full custody, and that absolutely terrified me....*

At the present time, Elaine sees her father three times a week in an unsupervised capacity and stays overnights with him. The process, greatly influenced by fear of legal sanction was described by Ms. Jackson as follows, "...and he [Elaine's father] kept wanting overnights and overnights, and I kept saying 'no, no, it's fine the way we are'. And up until this year, he finally battered me down...because my solicitor's attitude was, and is, the fact that the [child sexual abuse assessment] report was inconclusive, that if we went to court the judge could say 'she lives Monday to Sunday this week in this house, and the following week in that house', and it could be a full week or a full weekend, and it is very important that she is not with him...two nights or three nights...because...it gives her time to come back to herself".

The community based social work team leader who participated in the present research exemplified how allegations of a child sexual abuse nature from within the context of a custody and access dispute can affect their attitude to a case. They said:

... well certainly...we have had some calls recently, say from people [mothers] *where, you know, their issue is custody and access and...but you'd certainly in your own mind would question where is this coming from, where they're querying...and they're not getting a response around the custody and access, and then they throw in the last sentence* [laughing], *'I wonder are they being sexually abused', or 'they were touched in an inappropriate way' ...Obviously, they have to be followed up from a child protection point of view, but there <u>are</u>* [their emphasis] *some cases like that where you would question the motivation and then...but because of that, there's also very real, legitimate concerns in custody and access disputes that sometimes are tarnished because other people might use those situations in an inappropriate way to get what they want. So I would always keep an open mind about it but... I suppose I'd always tread a little bit more cautiously around situations like that, not because...they shouldn't be given the same response but because often those situations are acrimonious and they're fuelled*

with anger and bitterness etc. as well as probably very legitimate reasons for a separation.

The work of Thoennes and Tjaden (1990) and Hlady and Gunter (1990) revealed that 'false allegations' of child sexual abuse are no more likely to be found in the context of custody and access disputes than in any other context, the occurrence of 'false allegations' being a rarity anyway (Jones and McGraw, 1987, 'Editorial' Irish Social Worker, 1992, Hooper, 1992, Faller, 1999b). Faller (1999) in fact, contended that the research in the area of accusations of child sexual abuse within custody disputes suggests that "...a substantial percentage, between one half and three fourths, have been found to be valid" (p.171).

Faller (1999) wrote that cases in which child sexual abuse is alleged in the context of divorce "...engender disbelief..." (p.9). This is so, she argued partly because the professionals involved in such cases (judges, lawyers, mental health professionals), are "...accustomed to responding with suspicion to assertions made by one party against the other, [and] generally encounter children as objects of litigation (similar to property) rather than parties" (p.9), and moreover "...usually have no particular expertise in investigating child maltreatment" (p.167).

Armstrong (2000) in the U.S. context writes unequivocally of:

> *... a war against women, the mothers of children who spoke of sexual abuse by fathers; mothers who believed the children (as they were widely admonished to do); who acted to protect them (as they were, by law, commanded to do); and who were then vilified, tormented, and often entirely deprived of the custody and company of the children they tried to protect. (p.40)*

The latter legal sanction was observed too in Faller and De Voe's (1995) large scale study of allegations of sexual abuse in divorce cases. Armstrong contends that the 'false allegations' assumption has its origins in "...the medicalised terms of 'psych-science' and 'syndromes' established by the professionals who had usurped the debate from political feminists" (p.42). In turn, its seizure by the media contributed to a generalised belief that such 'custody disputes' were rampant, and that fathers were being persecuted. Faller (1999) supported this view, and urged caution "...the research suggests that evaluators

should approach these allegations with an appreciation that accusations of sexual abuse in custody disputes are not rampant…" (p.171).

The perpetration and perpetuation of the myth of false allegations in the custody and access context (Hooper, 1992) in Ireland, can be seen in an editorial in *The Irish Social Worker* (1992), where 'false allegations' were seen to occur in scenarios that included *inter alia*, "Where an adult 'puts words into the child's mouth' to name an innocent person as having abused them (e.g. in a custody and access situation)" (p.3). The editorial proceeds to outline an example of an attempt

> *… made by estranged parents to mislead. Earlier this year…in a Family Law case known as S-v-S the Supreme Court held that a false allegation of sexual abuse had been made by a wife in a custody dispute. The court eventually granted custody of the children to the husband. (p.3)*

The Senior Counsel from the legal system who participated in the present research recalled just two cases in their career, where mothers "…fearful of losing [their] children in a custody battle…" made false allegations of child sexual abuse against their husbands.

This thesis contends that the concept of women making 'false allegations' of child sexual abuse against their male partners in the context of custody and access disputes is a contemporary myth, and another form of 'mother blaming' to deflect from the pervasiveness of male sexual violence against children. I continue now to explore how eligibility criteria can serve containment functions on the part of the state in relation to child sexual abuse, by looking at the particular position of younger children. In so doing and in a related way, I also revisit the dominant discourse associated with child sexual abuse as it pertains to responses from the medical system to the issue.

The Sexual Abuse of Younger Children

None of the 18 children from the 'lived experience' sample was younger than four years of age when they were assessed by specialist child sexual abuse professionals. There were two cases (Elaine, Tilly), where concerns of a child sexual abuse nature began to emerge when the children were aged approximately two and a half years. In Tilly's case, such concerns were brought to social work attention at that stage. Specialist professionals did not interview her until she was four.

The regionally based professional who works in the field of child psychiatry indicated that their experience of referring younger children for child sexual abuse assessments was not usually successful, "...we've been rather dissatisfied with the assessment on more than one occasion...they either come back to us and say, 'this child is too young to assess'..."

Bacon and Richardson (2000) cite national and international studies, including their own clinical experience in Cleveland in the U.K. in 1987, which indicate the particular risks associated for younger children in relation to child sexual abuse. The authors cite a U.K. study by Hobbs and Wynne (1986), of 35 sexually abused children, 24 of whom were aged five or under, with an age range starting at 14 months. In relation to their work in Cleveland in 1987, Bacon and Richardson found that 32 of the 121 index cases were under the age of three, the youngest sexually abused child being a six-week-old baby. For an analysis of the 'Cleveland affair' and related matters, I refer the reader to Appendix 3.

In the Irish context, McGee et al (2002) found in their retrospective survey, that at onset of child sexual abuse, 3.5 % of females and 1.6% of males were aged 0-4 years, and that 25.1% of females and 17.3% of males were between the ages of 5 and 8 years.

Bacon and Richardson (2000) argue that the role of medical evaluations for very young children in this context is significant, and that they can be the starting point of investigations into possible child sexual abuse. In the present research, Elaine's mother, (Ms. Jackson), said that she requested medical examinations for possible child sexual abuse to be conducted on her daughter on two occasions, but was refused. Ms. Jackson said that when she approached her GP, the doctor advised her that it was the state child welfare system's responsibility to organise such intervention, and when she approached the state child welfare system, they advised her that the procedure was too invasive.

Findings from the present study suggest then that younger children in the study site may be doubly disadvantaged by being denied access to child sexual abuse assessments, *and* medical evaluations. Additionally, findings tentatively suggest that children in general there may be denied access to appropriate medical intervention, when concerns of a sexual abuse nature exist. I turn to this now.

The General Practitioner who participated in the present research expressed considerable unease around intervening in cases of possible child sexual abuse. The doctor said that they had come across very few cases of child sexual abuse in their professional career,

and those that they had, were referred immediately by them for specialist paediatric evaluation. Speaking of time spent professionally in a hospital setting the doctor said:

> *… I don't try to mess around with them* [cases of suspected child sexual abuse] *because …for obvious reasons you wouldn't like to tamper with any particular evidence…I hand it over to the…paediatric services and the social services, they look after that as far as I'm concerned…I actually don't try to go into detail* [with child or presenting parent]*… I don't try to really actually get involved….*

Now working in the community, the approach of the GP to child sexual abuse seems to be similar, and has been influenced by "…some of the controversial stories…" that have highlighted for them what they see as the potential litigious consequences of intervening decisively in such matters. A fear of 'false allegations' of child sexual abuse appears also to be a pressing concern of theirs. The doctor said:

> *I consider any child who have sex abused very serious because if one makes an accusation that will stand up to scrutiny, then it could be very serious…if you* [doctor] *follow it up and it comes out to be that it is a hoax…you* [doctor] *land in trouble, so that's why you try to be very, very cautious.*

The doctor advised that in their current practice, they have not encountered any cases of suspected child sexual abuse, and the ensuing extracts from their research narrative pertain to situations they have encountered heretofore in general practice.

The GP said that they have not had an experience where a child has made a direct disclosure to them, although they have come across concerning signs and symptoms in children. The GP usually refers such cases onwards, child sexual abuse "…always at the back of my mind…" They exemplified one situation in which a child was experiencing vaginal bleeding. However, it does not appear that the doctor shared their concerns of a child sexual abuse nature with the relevant specialists

> *… now I'm sending the child to the hospital…the gynae people are looking after her now and I'm sure they also have that* [child sexual abuse] *at the back of their mind because* [of the nature of the physical symptom].

In other situations, the doctor has encountered vaginal discharge, bleeding, fear exhibited by the child upon medical examination and other signs of concern elicited from the history

taken from the presenting parent(s). The doctor said that depending on the family, he might broach the issue of child sexual abuse with them:

> *… I wouldn't just say it to…someone who I just might not know the background, but people that I know because I'm their GP…I'd say 'look…I hope…nobody is touching the child', and of course…you notice immediately the consternation on the face of the parent, I say it discreetly 'I hope nobody is touching her'…so I don't know what they do, maybe later on they ask the child about, you know. I always say it to those that I'm confident with…but those I'm not…depending on the family circumstances…they may think I'm accusing them, and you know I don't want to go the way, that…Moira Woods….*

I return to discuss Moira Woods in this context shortly.

Findings from the research interview with the doctor seem to indicate that their attitude towards child sexual abuse is markedly different to that in respect of other child health issues, in which they appeared to have no such difficulties around forming a diagnosis, or in sharing their opinion with relevant professionals. They cited examples where they discussed cases of neglect and emotional abuse with social workers, for instance.

The GP stressed:

> *… before, people would stick out their neck…again…this Moira Woods…her case…any doctor before you can stick out your neck, you have to be extremely sure of what you're doing….*

The GP suggested that medical colleagues of theirs might also share this view. The doctor's fear of personal liability was acute:

> *I think there's a very real fear…if you step beyond a certain point, they* [parents] *can take you up* [to sue for damages in court]*…you would not like to interfere in certain times…in what they regard as…interference in their…private family affairs…and anything to do with child sexual abuse is so* [their emphasis] *serious, that as a GP, to contemplate making such a charge you'd better to be sure what you're saying, because they'll take you up on it.*

Throughout the research interview, the GP displayed their awareness of the significant role doctors have to play in child and family health, often being the professional having the "...most background knowledge..." to inform their interventions. In addition, this doctor has had some exposure to cases of possible child sexual abuse and displayed in the course of the research interview a sophisticated knowledge of its physical, behavioural and psychological symptomatology. The GP also felt very strongly that in every case where child sexual abuse is suspected, trained professionals should medically examine children in the first instance. This notwithstanding, it appears that the doctor has made a clear decision to intervene in a limited way in such situations, both medically and by not airing specific opinions in this regard in the first instance.

In this way, the doctor appears to be adopting responses that Wyatt and Higgs (2000) regard as unacceptable to their profession. Wyatt and Higgs were the consultant paediatricians at the centre of the 'Cleveland crisis' in England in 1987. I refer the reader to Appendix 3 in which the Cleveland affair and related matters are discussed in depth. For now, Wyatt and Higgs argue:

> *One* [response] *is for the doctor to avoid making a medical diagnosis at all; the other is to use the medical information to alert the system without giving a medical diagnosis. As doctors we regard both of these options as unacceptable. (p.375)*

Wyatt and Higgs contend:

> *... the doctor should be able to say on behalf of the child that there is a medical diagnosis of sexual abuse. In other cases, on the basis of the symptoms and signs, the doctor may reach the opinion that sexual abuse is a differential diagnosis, but that opinion will fall short of the degree of certainty required to make a medical diagnosis. In this way there would still be flexibility for doctors accurately to express their opinion. If the multidisciplinary framework is strong it should be able to accommodate the full spectrum of medical opinion. This would decrease the risk of scapegoating individual professionals when difficulties arise. (p.375)*

It was apparent from the GP's participation that a multi-disciplinary framework for responding to child sexual abuse was idealised by them. The GP advocated the pivotal contribution of other professionals in this context, and ideally postulated a six member team comprising paediatrics, gynaecology, general practice, social work, law enforcement

and psychology, as best placed to intervene in such cases. In addition, the GP lamented the lack of what they perceived as clear national guidelines to support them in this area of work:

> *... if there is a guideline...I will follow it exactly as it is...written because by then I know that there is, I have a guideline that will support me if anybody takes me on, but at the moment there is none...and you* [doctor] *do it of your own volition, and at your own risk...but something to do with child sexual abuse, there should be something specific for doctors".*

The GP referred on a number of occasions to 'Moira Woods' as an exemplar of the potential negative ramifications for doctors who intervene in cases of possible child sexual abuse. Dr. Woods is widely regarded as a pioneer in child sexual abuse work in Ireland, owing to her work as Director of the Sexual Assault Treatment Unit (SATU) in the Rotunda Hospital in Dublin from the 1980s (Stopper, 2006). In 2002, Dr. Woods was found guilty of professional misconduct by the Medical Council's Fitness to Practise Committee. This related to her diagnosis of sexual abuse of children in three families in the 1980s, and her alleged failure to follow proper procedures when determining victims of child sexual abuse (Stopper, 2006). 55 allegations, relating to five children from three separate families were made against Dr. Woods, that she had falsely accused the individuals concerned of child sexual abuse (Stopper, 2006). Of the 55 such allegations, the Fitness to Practise Committee found Dr. Woods guilty of 13 (Stopper, 2006). Stopper (2006) writes:

> *The Committee found that Woods had not followed the protocols recommended by international experts and adopted by the SATU in a number of the cases. The Committee also found that Dr. Woods had not taken the appropriate approach to validation, in certain cases failing to gather all the evidence that was available, and in others failing to review cases or findings...The Committee did not recommend striking Dr. Woods off the register of medical practitioners, but it did stipulate that she would have to undergo retraining and professional development and that she only engage in the same type of work as part of a multi-disciplinary team. (p.223)*

Stopper (2006) documents Dr. Woods as a founding member of the Irish Women's Liberation Movement (IWLM) in the early 1970s, who proceeded to actively campaign throughout the 1970s and '80s on behalf of women's health issues and women's rights to

contraception. Stopper notes that many of Woods' IWLM co-founders, as well as journalist (now Ombudsman) Emily O'Reilly, have made what they regard as a connection between the allegations of misconduct that were brought against her, and Woods' active campaigning against the 1983 abortion referendum. The author observes, "They believe that Dr. Woods's outspokenness and opposition to the anti-abortion campaigners made her a target" (p.223). Dr. Woods' emergence as a key figure in the 1992 'X' case (to which I referred in Chapter 1), as the doctor who treated the 14 year old girl concerned is seen by commentators as significant in this context. Thus, Stopper cites Emily O'Reilly (February 3, 2003) as maintaining that Woods' role in the case led to her

> *... vilification by elements of the anti-abortion movement, who characterised the controversy as a deliberate attempt to overturn the result of the 1983 referendum... O'Reilly also pointed out that the "X" case became public in 1992, and that the complaints that sparked the lengthy Medical Council investigation into Woods's work at the Rotunda Hospital were made one month later, although the initial complaints related to a case that dated back to 1985. (p.224)*

In Chapter 4, I referred to O'Connor's (1998) feminist analyses in the Irish context where she spoke of the 'bonds of solidarity' between men as being an important element in perpetuating male power and privilege. O'Connor regarded Emily O'Reilly's (1992) earlier work, an "...account of networking among right-wing, anti-abortion groups [as] the most systematic attempt to map their existence in Irish society" (p.8).

Some 13 years ago, in a particularly bleak example of the futility apparently experienced by social workers in their ability to intervene decisively in known cases of child sexual abuse, an editorial in *The Irish Social Worker* (1992) posed the question, 'what does one do?' about the "...significant number of children, many of them as young as two and three years old, who have positive physical signs of penetration...so we know that the abuse in their case has been more extensive than most" (p.3). The editorial concluded, "*These children continue to be at risk. Apart from alerting the children and their carers of the obvious dangers, no other action can be taken to protect them* [my emphasis]" (p.3). The reason, and the responsibility, for such inaction was stated unequivocally, children of this age "...can give no explanation as to how they were abused..." (p.3).

Findings from the research upon which this thesis is based suggest then that a state child welfare system discourse associated with child sexual abuse significantly influences the response of the medical system to the issue. As we have seen, this is a discourse predicated upon children disclosing in the first instance, and one in which caution is urged on the part of the professional. Effectively this results in responses where the 'received risks' for professionals of a court case take precedence over children's needs for decisive intervention on their behalf. The consequences of this are potentially very serious, in that children can remain at risk of ongoing sexual abuse, and in some cases, treatment in respect of possible injury and trauma may be denied them. Concerned parents too, can be left in enduring states of disquiet. More broadly, findings suggest that the response of the medical system generally to child sexual abuse is one that may, in a similar way to the state child welfare system, be characterised by fear and denial. Indicators of all of this can be seen not alone in extracts from the GP's research narrative cited above, and in Ms. Jackson's experiences, but is illustrated from extracts from other parents' narratives from the 'lived experience' sample, to which I now turn.

Mr. and Mrs. Nagle, parents of Geraldine (aged 4) described going to their GP the day after Geraldine's disclosure of interfemoral sexual abuse with ejaculation. Parents did not bring Geraldine to the surgery on this occasion. Parents said that at no time did the doctor ask any specific medical queries in relation to Geraldine's condition. Parents asked if the doctor might examine her but the doctor declined. Mrs. Nagle recalled, 'we asked [doctor] alright but [doctor] asked us to get onto the social services…' Mr. Nagle added, '… it was like [doctor]… didn't want to know about it really…' Mrs. Nagle said, '… [doctor] said there was a doctor specifically that deals with…doing examinations and things like that…[doctor] was helpful but [doctor] didn't …examine her or anything…' Mr. Nagle concluded:

> *… to be honest like, you find a lot of people when they come in contact with this* [child sexual abuse] *they don't want to know about it …there's a certain amount of …they'd rather not hear about it …and I think in fairness the doctor ok, …gave us the details of the people in the health board but* [doctor]*… didn't really want to get involved ….*

Mr. and Mrs. Nagle found the GP to be helpful in pointing them in the direction of who to go to in relation to their concerns about Geraldine, and also in sharing with them in a general way, other similar cases that they had encountered.

Ms. Greene, mother to Brian, said that because of the nature of the difficulties Brian had in relation to his toileting, she had early fears that he may be sexually abused. She said that although she requested he be medically evaluated for possible child sexual abuse, the medical specialist who had been treating him refused to do so, and no such evaluation took place.

Mr. Jones, father of Edward and Finola, had a different experience of medical intervention, however. Mr. Jones described taking Finola (aged 4) to the doctor following disclosure:

> *… so I took the girl to the doctor alright… but I never thought about* [Edward]. *I took* [Finola] *to the doctor on the day she said it to me. I just said to him…'I left 'em in a house', I didn't say where, twas embarrassing like, being my own crowd* [his brother]. *I said it to him that…'I think she's been interfered with', so he looked, he checked her up and he said… 'you're lucky this time…she probably has been …but not in the way you think…*[digital vaginal penetration as opposed to penile vaginal penetration] *if you know the person that's doing it… my advice to you is don't leave him see 'em on their own but if you're with 'em it won't make a matter like…' the doctor suggested I should tell the guards about it…so I went away and I rang the guards….*

I turn finally now back to the regional branch of the state child welfare system in which this study was located in consideration of the experiences and meanings associated with child sexual abuse work that feature for professionals, in the context of an organisational response to the issue that is in transition.

The Enduring Effects of Conceptualising and Responding to Child Sexual Abuse as a Threat

As we have seen, this research was afforded the participation of seven professionals employed within the regional branch of the state child welfare system in which the study was located. Such professionals have direct responsibilities for the delivery of child sexual abuse-related interventions, and work at different grades of the system. They have worked in their chosen fields for periods of 4 - 20 years, the majority had prior experience in related positions and professions, and many had worked in separate jurisdictions as well.

All seven professionals expressed concerns at the way in which historically and contemporaneously, child sexual abuse has been responded to from within the study site.

Some of these concerns have been discussed earlier in this chapter, and in Chapters 5 and 6; others are to be found here. Thus, as we have seen, professionals expressed concerns about younger children not being afforded the perceived benefits of child sexual abuse assessments. They expressed concerns about inconclusive outcomes in pursuant to child sexual abuse interventions, and the lack of resolution and perhaps risk, this poses for children, their mothers, and for other children. Professionals expressed concerns at the procedurally driven, hasty responses to the issue. They had concerns about system-driven criteria that are narrowing what is 'officially' recognised as 'child sexual abuse', with simultaneous implications for the work that professionals undertake, and the interventions children and young people experience. And professionals expressed concerns at the blame the system sometimes places on mothers for the occurrence of 'intra familial' child sexual abuse. They observed the unrealistic expectations foisted upon such women; expectations professionals see as being largely unmatched by service provision. As we shall see shortly, professionals also expressed concerns at the sometimes lengthy waiting periods before child sexual abuse assessments occur. Additionally, at what they see as an over-emphasis upon 'validation' at the cost of providing therapeutic services for children and families affected by child sexual abuse.

When I asked the 'senior strategic manager' why they thought statutory child sexual abuse services developed in the way they did in Ireland, they replied:

> *... there was also a demand from society on us* [health boards] *to do it* [respond to child sexual abuse]. *Like in the 1980s and '90s there was a huge* [their emphasis] *outcry ...not just in this country...we're only a few years behind England, and we went through all the same mistakes as they made. There was the same revulsion, and the same over-reactions...went from society not believing a thing, to society thinking it was happening everywhere....*

It appears that the senior manager may be sympathetic to the myth that child sexual abuse is the behaviour of the deviant few (to which I referred in earlier chapters). They observed:

> *I think to the ordinary parent, it's* [child sexual abuse] *just so abhorrent...so are the other ones* [forms of child abuse] *but I do think the sexual abuse one is more abhorrent to most adults....*

Arguably, and of some concern, related to this belief the senior manager said that in their catchment area (with a population they identified of 63,000), the number of 'severe' child sexual abuse cases coming to their attention was few, thereby not justifying the establishment of a specialist child sexual abuse assessment unit. I return to this shortly.

The participating 'senior practice manager' said:

> *I think there's an anxiety about potential litigation…the …cases in the U.K. where there was adverse media attention and there was questioning of…you know, the Cleveland case and all those. That…had an effect of creating an anxiety, insecurity or uncertainty in the social work profession; indeed I would say psychology, and certainly the medical profession…Moira Woods…all of those cases make people very anxious. The same level of anxiety wasn't certainly there around…confirming or unconfirming or inconclusions or indicators around physical abuse, neglect, whatever... But social workers were more confident and felt more sure of themselves when they were making assessments or conclusions in those areas…There was a feeling that built up that you had to be expert, that you'd be brought into court, although my time, there wasn't many that actually went to court…There was a heightened level of anxiety about court, about litigation, about adverse media…There was also…concerns around… you had to have all this specialist training, if you didn't have this, then you couldn't do it…almost say a hierarchy built up that you had to be an expert to…undertake this work….*

The community based social work team leader who participated in the present research, is responsible for a catchment area in which reported child sexual abuse "…is at a very high level…I'm dealing with it on a consistent basis…" They detailed how at least one third of referrals coming to the team's attention concern child sexual abuse, and they observed that in the year 2004, sexual abuse was the primary reason for one quarter of the children being received into state care from that area. The social work team leader welcomed the possibility that the current changes in the way child sexual abuse is to be responded to within the study site, as per *Procedures For Undertaking Child Protection Needs Assessment (CSA)*, (undated, [Research Site]) (discussed in Chapter 2), may go some way towards following Hudson (1992), 'demystifying' the work. I return to the 'mystification' of child sexual abuse work shortly. The social work team leader felt that community based social workers certainly have a track record in, and further potential to, benefit children and families where concerns of a child sexual abuse nature exist. However, it would appear

that enduring fears remain on the part of social workers in relation to working with child sexual abuse:

> *... more often than not...they* [members of the social work team leader's team] *are generally a very under-experienced team...there's an anxiety for them around dealing with cases like this and...also...some kind of cultural things that exist in the past pass on even to new members of the team about you know, 'you have to be very careful about this', or 'you don't talk to the child' and whatever. So while I feel that barrier is breaking down, people still sometimes, or if they've come from another area or whatever are holding that information really and that's...part of managing the change as well.*

And the social work team leader expressed concern at the manner and pace by which the new procedures are being introduced:

> *My concern is, is this going to be imposed without training, without a proper consultant...framework...without educative work done in the broader systems...and without taking a serious look at what people* [community based social workers] *are managing already....*

Encouragingly, the social work team leader spoke of there being a significant shift recently in their team's approach to child sexual abuse cases, post-assessment. What they termed as a 'new development' in their team's work, is one now in which children and young people are afforded access to services both from within and without the state child welfare system. Thus, for instance, young people have been linked in with non-statutory professionals for direct work that 'might have nothing to do with sexual abuse' but is more about providing a supportive adult ally. In addition, work conducted both by, and on behalf of, the state system in situations where

> *... there was underdetection or we hadn't got a result at the end of it* [child sexual abuse assessment] *but we felt that children needed to be better equipped...whether that's stay safe work or ...one-to-one work with the child....*

The 'senior strategic manager' appears to welcome a move away from what they regarded as a prior over-emphasis in the study site on "...the validation [of child sexual abuse] being the goal, [of specialist intervention] or the...non validation of it...the assessment of the

allegation…" The senior manager sees the recent organisational developments, as per *Procedures For Undertaking Child Protection Needs Assessment (CSA)*, (undated, [Research Site]), as signalling a return to an approach in which

> *… it's our* [state child welfare system] *job to look at the child, see what has happened the child, help the child deal with that, provide that the child is safe, and help the child move on. It's another area of responsibility to deal with what has happened* [the criminal justice aspects of child sexual abuse]*…I think in the past we might have got ourselves a bit too hung up about contaminating the evidence…I wouldn't be for one minute wanting anybody to get away with anything but our thing has to be in dealing with the child not convicting the criminal.*

The 'senior strategic manager' further appears to see the role of specialist child sexual abuse assessment centres as more suited to what they consider to be the more complex type of cases. They exemplified in this regard, 'intra familial' cases of child sexual abuse, and those cases in which "…the power play is very, very intricate…where the person [alleged perpetrator] is a person the child should be able to trust…" (the senior manager exemplified here priests and teachers). Somewhat surprisingly, the heretofore centrality of specialist assessment centres in responding to suspected child sexual abuse in the region is, in the opinion of this manager, happily not warranted since there are insufficient cases of this type coming to their attention requiring such a response:

> *… a population of 63, 000 thousand people* [in this manager's catchment area]*…I'm not sure a population of that size, <u>thankfully</u>* [their emphasis] *provides enough cases to go through, to justify a specialist unit…so therefore…I think maybe a specialist unit between a number of…community care areas…For a specialist unit to work, with that very severe end of maybe the most severe 5 % or something like that, you need a very specialist team, and I would take for that the same kind of approach as the hospitals would take…that if you're a specialist in a hospital, if you haven't got a certain throughput of that area of specialtise your specialism is questioned, so for instance, in* ['senior strategic manager's' catchment area] *we couldn't have a specialist team of that nature because we just wouldn't have the throughput, thanks be to god…to keep up the expertise.*

The 'senior strategic manager' shares the opinion of the community based social work team leader (from a different catchment area), that community based professionals are anxious about the additional child sexual abuse work placed upon them. The senior manager views such anxiety as consequential to the deskilling effect of specialist units:

> *... I think that social workers became deskilled, and that's always the problem when you set up a specialist team in any area, they suddenly become all the experts...and I do think that at the moment now there is...almost, not a panic...but...I do think they've been deskilled, they've been told the others were the people to do it, they weren't able to do it, and now we're suddenly told... Now, I do think there has to be front line training around it and that has to be ongoing...you know to have gone to college 10 years ago is not enough...so I think it has to be ongoing....*

When I asked the 'senior strategic manager' what community based professionals may now need in relation to the additional child sexual abuse work placed upon them, they pointed to the importance of enhancing interviewing skills:

> *I think there's always a need for updating around interviewing skills...'cos our whole understanding of interviewing...our whole understanding of the implications of interviewing change...so there should be constant updating of those.*

It is unclear whether the additional procedures as currently designed in the study site envisage preparatory training and support for other members of social work teams, since not to do so may replicate the hierarchical approach in relation to 'expertise' heretofore characteristic of the state welfare response to child sexual abuse.

The professional member of a social work team who is not a social worker, but who works directly with children and families, was the recipient on one occasion of a disclosure of child sexual abuse from a teenaged female with whom they had been working. The fears apparently experienced by community based social workers in relation to responding to child sexual abuse appear very similarly to apply to this person's experience, as indeed this person suggested they do, to their profession in general.

This professional spoke of their experience of being disclosed to thus:

> *... my...reaction to that was...that I need to discuss this with my...team...our relationship was at, that she* [female adolescent] *didn't see that I was...dropping her*

secret…For me, just the…confidence and the support…I need that because of my role, because I am not a social worker…for my own protection, and I would feel that's very important. I just need not to be handling all of it on my own, and just being very clear that I can't handle this piece on my own. I need to go back and discuss this with the case worker or the team leader, whatever it is…The deepest part of them [fears in relation to handling child sexual abuse disclosures on their own] *would…have to come down to not being a qualified person…I would have confidence in myself that I'd handle it, but I would be always afraid of the powers that be as such, that 'you shouldn't have been doing this piece of work on your own'.*

This professional has been in receipt of inconsistent messages from various managers with whom they have worked over the years as to their 'qualifications' enabling them to receive, or not, disclosures of child sexual abuse from children. The consequences of such inconsistency according to this professional:

… that's a difficult one to juggle, that makes you very wary because it means deep down, 'be careful', because I suppose you learn over the years, 'protect yourself'. 'Child protection' and all that but protect yourself as a worker.

One of the more striking findings to emerge from research participation with the state child welfare system professionals was the extent to which child sexual abuse work, over and above all other child abuse work, evokes the emotion of fear within professionals. As we have seen, four of the seven professionals employed terms such as 'anxiety' and 'panic' when speaking both on behalf of themselves and their colleagues in relation to the work. Four of the seven participants spoke of how state child welfare professionals need 'confidence', 'support', 'back-up' and 'protection' together with specific 'skills' and 'training', and a fifth participant spoke of the desirability of 'experience' in this field. As has been illustrated above, professionals had varying ideas as to what lay beneath people feeling fearful about child sexual abuse work, whilst at the same time communicating a sense of bewilderment as to why this should be the case. This was seen in the words of the community based social worker (which closely echoed those of the 'senior strategic manager' and the 'senior practice manager'), "…the skills that are needed to do child sexual abuse assessments, any child protection social worker would have them, otherwise they wouldn't be able to do their job [laughing]…" Further, as we have seen while such professionals communicated that 'being brought into court', 'potential litigation' and

'adverse media attention' constitute significant fear factors associated with child sexual abuse work, such (what I have termed in Chapter 5 to be) 'received risks', do not seem to be borne out in the routine experiences of state professionals engaged on a day-to-day basis in the work. Thus, the regionally based professional who works in the field of child psychiatry was the only professional in the present research to have been directly called to court on one occasion, in relation to a victim impact report they prepared in relation to a case concerning child sexual abuse. And the 'senior practice manager' was the only professional who spoke of their role in supporting social work staff in giving evidence in a very small number of civil and criminal cases relating to child sexual abuse that came before the courts. They described how very difficult and stressful such experiences were for the professionals involved, since they included cross-examination in which professionals' "...whole...credibility was questioned..." Finally, none of the above professionals spoke of either directly or indirectly (on behalf of their colleagues), experiencing 'litigation' and 'adverse media attention' in relation to their child sexual abuse work.

Previous chapters of this thesis, and Chapter 7 which looked in particular at state child welfare sexual abuse assessments, have evidenced the existence of elements of what Ferguson (2004) (following Wattam and Parton 1999), observes to be "...an absolutist forensic approach to child sexual abuse..." (p.148). This thesis has traced their origins in the language of caution and legalism in state directives, in the establishment of distinct institutional structures and discourses revolving around expert 'validation' of what children 'allege', and in the professional practices constructed in order to analyse the 'credibility' of children's accounts of 'alleged' child sexual abuse.

Chapter 1 outlined findings from Ferguson and O'Reilly's (2001) large-scale evaluation of child care and child protection professional practices in the Mid Western health board, as they pertained to child sexual abuse. Their work examined the effects of what they saw as a narrow, legalistic response to child sexual abuse upon children, non-abusing parents and community based statutory social workers. Findings from the present research suggest that little has changed, certainly for children and parents and perhaps for professionals too, in this context.

Recent developments in the study site in the form of additional procedures for responding to cases of child sexual abuse that come to its attention, as per *Procedures For*

Undertaking Child Protection Needs Assessment (CSA), (undated, [Research Site]), may well have arisen in part as a consequence of the findings emanating from Ferguson and O'Reilly's (2001) research. This is indicated in the emphasis now being placed on the role of community based social work, which is perceived to be in a position to respond in a faster and more holistic manner, than specialist child sexual abuse assessment can. Ferguson and O'Reilly (2001) found that community based social workers in the Mid West "...fear being perceived to interfere by saying the wrong thing to a child and 'contaminating' evidence thereby rendering the child's statement inadmissible in court" (p.131) and to be "...so overcome with fears of 'contaminating' evidence in child sexual abuse cases that they avoid engaging with children altogether" (p.141). This is perhaps consequential to what Hudson (1992) has termed the 'mystification' of child sexual abuse by many professional experts in the area. She wrote "The idea that 'only experts should do this work' has often undermined the confidence and competence of 'ordinary' front-line practitioners, most of whom are women" (p.140), a factor also noted in Colligan and Buckley's (2004) study of community based professional responses to child sexual abuse in Ireland.

However findings from the research upon which this thesis is based indicate, following the organisational theorist Argyris (1990), that management practices employed in organisations such as state child welfare systems that seek to solve difficult/embarrassing/threatening problems by simply changing the actions that led to the problem and designing new actions, are unlikely to be successful in the long term. According to Argyris (1990), this is so because such practices fail to examine why the problems exist in the first place, and more fundamentally, fail to critically address the governing values that produce the problems. When I refer to 'difficult problems' in this context, I am alluding to the exposure by Ferguson and O'Reilly's (2001) research of the extent to which 'legalism' has come to dominate Mid Western health board procedures and practices in relation to child sexual abuse, to the detriment of child and family safety and welfare. Ferguson and O'Reilly starkly pointed out the problems with such an approach, not least as we have just seen for community based social work, but for specialist child sexual abuse work, for children, and for parents.

Thus, Ferguson and O'Reilly (2001) found

> *... social workers who specialise in work with CSA are deeply concerned about how to conduct interviews in a legally acceptable way, to the extent that they even feel restricted in offering comfort to suspected abused children.... (p.140)*

However, notwithstanding the "Huge efforts...put into gathering evidence that is 'forensically sound'..." (p.131), on the part of professionals working with child sexual abuse in the Mid Western area, prosecutions and convictions in this area are extremely low. This is reflected in the present study and at a national level too (McGee et al, 2002, Colligan and Buckley, 2004). Crucially, Ferguson and O'Reilly (2001) pointed to issues of child safety:

> *Parents are, rightly, perplexed at the extreme caution with which the legal system and the health board approach suspected abusers and the fact that nothing seems to be done to protect the children with whom the suspect abusers continue to have contact. (p.131)*

In his recent work, Ferguson (2004) concludes that the overall result of such extreme caution towards suspected abusers is that

> *... not only is justice not served, but also many sex offenders remain free and untouchable in the community, which has huge implications for child protection since this is a compulsive form of behaviour which offenders don't give up voluntarily.... (p.160)*

Consequently, as the recent organisational developments appear to indicate, the study site has sought to solve its problems in relation to what is perceived as the dominance of 'legalism' in child sexual abuse work, by attempting to move cases away from specialist assessment centres and by allocating them instead to community based professionals. It must be stressed however that the new procedures with minor alterations, retain the same (as findings from this thesis indicate) highly problematic approach to the child sexual abuse assessment *per se* as previously, in that the same eligibility criteria, interview format and credibility analyses are employed in order to determine whether child sexual abuse occurred or did not. The new actions that have been designed however, fail to address why 'legalism' features in the system's response specifically to the *sexual* abuse of children in the first place, but moreover fail to alter or even engage with the values that

govern the state child welfare system response to child sexual abuse generally, which in turn are the reasons why 'legalism' features so prominently.

This chapter and the others that precede it, have contended that the governing values underpinning the state child welfare system response to child sexual abuse are those that are concerned with the threat that it is perceived to pose to adults and institutions, 'legalism' simply being one overt manifestation of this. 'Legalism' in this sense then, can be understood to constitute fear and denial-based actions/responses on the part of child welfare professionals towards child sexual abuse, that ultimately serve to contain the problem on the part of the state. It is argued here that by failing to address why fear and denial-based responses to child sexual abuse exist in the first place, and more fundamentally by failing to even engage with the perception that child sexual abuse poses a threat to adults and institutions *before* new professional procedures are employed in the organisation, their ethics and efficacy are seriously in question.

Conclusion

Chapter 7 exemplified how pivotal state child welfare responses to child sexual abuse in the form of sexual abuse assessments and credibility analyses, actively inhibit the identification and treatment of children who may be sexually abused.

This chapter has sought to further demonstrate that the influence of state child welfare organisational rules and norms, primarily in the form of eligibility criteria for child sexual abuse assessment, can militate against the identification, assessment and treatment of children who may be being sexually abused. This is so essentially because they can exclude key vulnerable groups of children for example, younger children and children in custody and access disputes where there are concerns of a child sexual abuse nature.

This chapter has also illuminated the interconnectivity between Irish state and social systems in their adherence to, and legitimation of, a dominant state child welfare system discourse associated with child sexual abuse. Thus, key relevant professionals (both from within and without the state child welfare system), refuse to provide services in the first instance to children in respect of whom there are concerns of a sexual abuse nature, rather await to do so until specialist state child welfare professionals have investigated its occurrence or not.

We have seen here however, that some children may not meet state child welfare eligibility criteria allowing them access to child sexual abuse assessment. In such cases, further professional intervention by way of therapeutic services from the non-statutory sector may also be denied them if on-going risk is considered to exist.

For the majority of children awaiting specialist sexual abuse assessments, the process takes many months during which time no professional speaks to them. There is also disturbing evidence to suggest that the family system may be so influenced by the fear based responses of professionals, that parents too are inhibited from speaking fully to their children about the abuse they may have experienced.

We have seen in Chapter 6 that specialist assessments are unable, to a large extent, to determine the occurrence of child sexual abuse since they frequently result in inconclusive outcomes. In this case, children may still not be eligible for some therapeutic services if on-going abuse is suspected, and evidence from this thesis indicates that this may well be an all too frequent scenario.

Findings from the present research tentatively suggest that the highly problematic nature of inconclusive state child welfare sexual abuse assessment outcomes may extend to the Irish legal system. This was seen in the context of custody and access disputes, an area already cloaked in 'mother blaming' myths. In this chapter we witnessed one woman's experience (which mirrors all too many others in the U.S. literature), where she was expressly advised by her lawyer that the particular fact of the inconclusive outcome to her daughter's assessment rendered her vulnerable to losing custody to the alleged perpetrator.

Previous chapters in this thesis together with the present have contended that the state child welfare system response to child sexual abuse is one that is characterised by fear and denial of the epidemic extent to which children in Irish society are sexually abused by 'ordinary' males. I have argued that such a response has been actively fostered by the state, since it has constructed the social problem of child sexual abuse as a threat in order to contain the material and ideological repercussions to the stability of a patriarchal capitalist social order that widespread recognition of its pervasiveness poses. I have demonstrated that such conceptualisations and responses have been reinforced and perpetuated at legislative, social policy, organisational and professional practice levels.

I have further contended that patriarchal capitalist imperatives transcend state and social systems. I have noted that in the Irish Republic, as elsewhere, heads of state and social systems, legislators, policy makers and those in management positions in the private as well as the public professions are predominantly men (O'Connor, 1998). In this context and in keeping with such interests, this chapter has suggested that the response of the medical system to child sexual abuse is one that may, in a similar way to that of state child welfare, be characterised by fear and denial, with similar profoundly negative ramifications for the safety and well being of children and families.

This chapter concluded with an appraisal of recent developments in the regional branch of the state child welfare system in which the present study was located. These constitute additional procedures that have been designed to respond to cases of child sexual abuse, in an effort to ameliorate an approach to the work seen as hitherto dominated by 'legalism'. The chapter contended that the governing values that underpin the state child welfare system response to child sexual abuse are those that are concerned with the threat that it is perceived to pose to adults and institutions, 'legalism' simply being one overt manifestation of this. It argues that unless and until the sexual abuse of children is no longer conceptualised and responded to as a source of threat and fear to adults and institutions, such actions on the part of organisations like the present are predisposed to fail. Accordingly, children and parents in this context will continue to meet systems based on fear, and that ultimately deny the widespread sexual abuse of children in Irish society.

The subsequent chapter (Chapter 9) continues with the theme of the mutually reinforcing and interconnected nature of state systems' responses to child sexual abuse. It closely examines how the educational system conceptualises and responds to the issue, beginning with an analysis of the Irish child abuse primary prevention schools-based programme, *The Stay Safe Programme* (MacIntyre and Lawlor, 1991) which seeks to prevent child abuse through the training of children in personal safety skills.

Chapter 9 The Responses of the Educational System to Child Sexual Abuse

Introduction

The previous chapter (Chapter 8) evidenced the mutually reinforcing and interconnected nature of Irish state and social systems' conceptualisations and responses to child sexual abuse. Originating from a state constructed and sustained conceptualisation of child sexual abuse as a threat to adults and institutions, the 'received risks' associated with child sexual abuse ensure responses towards children and their parents/carers in these contexts that are characterised by fear, and that serve ultimately to contain the problem.

Thus, findings from the present research suggest that from both within and without the state child welfare system, service provision to children and families in contexts where child sexual abuse is suspected is highly restricted and inadequate to their needs. The fear and denial that surrounds the issue is seen as having been actively constructed and justified by state and social systems through state directives, organisational rules and norms, and through the attitudes of key professionals. As a consequence, children about whom concerns of a sexual abuse nature exist are not engaged with at critical points, and their safety and well being is seriously compromised.

We have seen throughout the data that emerged from the interview samples and from the social texts in this research, that a critical dimension of the dominant state child welfare system discourse associated with child sexual abuse is the onus placed on children to tell adults of their abuse in prescribed ways, within narrow organisational time-frames; their accounts then being subject to rigorous credibility analysis procedures. This is a peculiarly adocentric form of 'child protection' from child abuse, and as has been evidenced in the preceding three chapters, it is inherently unsuitable to the identification, assessment and treatment of children who may be sexually abused. Simultaneously, this approach effectively serves to protect adult abusers from apprehension. And notwithstanding the new procedures for responding to child sexual abuse that have been developed from within the regional branch of the state child welfare system in which the present study was located, this approach is set to endure. The prevention of child sexual abuse then is

seriously compromised as a consequence of such conceptualisations and responses to the issue of child sexual abuse, and to the children who may be sexually abused.

This chapter continues with the theme of interconnectivity across state systems in relation to how child sexual abuse is conceptualised and responded to. It conducts a more detailed examination of aspects of one such system, that of the educational. I begin with an analysis of the Irish child abuse prevention programme, *The Stay Safe Programme,* a joint initiative from the Departments of Education and Health.

The Stay Safe Programme

The Stay Safe Programme (MacIntyre and Lawlor, 1991) is a primary prevention schools-based programme that seeks to prevent child abuse through the training of children in personal safety skills. The format of *The Stay Safe Programme* is as follows; (1) teacher training workshops, (2) parent education meetings and (3) personal safety education/training for children at school. The latter component comprises lessons which cover five topics: (a) feeling safe and unsafe wherein children are encouraged to recognise when they feel safe/unsafe via what are termed 'yes feelings' and 'no feelings', (b) friendship and bullying, (c) appropriate and inappropriate touches which incorporates the topic of touches and secrecy, and the 'Stay Safe Safety Rules': 'say no, move away tell', (d) secrets and telling wherein children are taught to recognise 'good' and 'bad' secrets and to tell about a 'no feeling', (e) strangers and telling.

The Stay Safe Programme incorporates standardised lesson plans in conjunction with written, video and audio teaching materials. Class discussions and role plays are facilitated by teachers, and homework sheets to be signed by parents, are distributed to the children. *The Stay Safe Programme* (MacIntyre and Lawlor, 1991) is a developmentally-staged child sexual abuse prevention programme, thus there are separate sets of personal safety skills lessons (and guidance for teachers) for senior infants, 1st and 2nd class, 3rd and 4th class and 5th and 6th class children. However, lessons follow a similar format throughout in their attention to the five topics, feeling safe and unsafe, bullying, touches, secrets and telling and strangers. Each set of lessons is also designed to stand-alone in the event that a class has not participated in the programme before.

This section of my thesis is concerned with examining *The Stay Safe Programme* as to its ethics and efficacy in relation to its central goal of *preventing* the sexual abuse of children. I adhere to Kelly et al's (1991) concise definition of prevention in this context, i.e. that it is about stopping abusers from abusing.

MacIntyre and Carr (1999) found that primary schools in Ireland teach *The Stay Safe Programme* more frequently to older classes, and that very few schools teach the programme to Senior Infants (five and six year olds). They observe that this is particularly the case for single sex girls' schools.

Such gaps in implementation can be considered surprising given that (a) national and international child sexual abuse prevalence data conclude that females are sexually abused in greater proportions to males (Finkelhor, 1984, Hooper, 1992, Hicks and Tite, 1998, Kelly et al 2000, Bolen et al 2000, McGee et al, 2002). In the Irish context "...almost one third of women and a quarter of men reported some level of sexual abuse in childhood" (McGee et al, 2002 p.xxxiii) and (b) at onset of child sexual abuse, 25.1% of females were between the ages of 5 and 8 years and 17.3% of males were aged between 5 and 8 years (McGee et al, 2002). In the present study, out of the 18 children/young people in respect of whom there were concerns of actual or possible sexual abuse, 13 were female and five were male. I turn now to look at the language and concepts pertaining to child sexual abuse that underpin *The Stay Safe Programme*.

Language and Concepts Pertaining to Child Sexual Abuse in *The Stay Safe Programme*

The language used throughout the personal safety skills lessons for children at senior infant level to 6th class is predominantly gender neutral, thus obscuring the fact that the vast majority of child sex abusers are adult males (Finkelhor, 1979, 1984, Sharland et al, 1996, Itzin, 2000a, McGee et al, 2002). In the present research, the alleged perpetrators in relation to 13 of the 18 children were related and known adult males; there were four cases where the alleged perpetrators were male children and adolescents and there was one case in which the recognition of an identified alleged perpetrator remained unclear. Of the nine 'cases' in this study where the outcomes to state child welfare sexual abuse assessments were to confirm abuse, seven of the abusers were related and known adult males, two were male adolescents.

Illustrations of the use of gender neutral language across *The Stay Safe Programme* include, " If anyone ever asks us to keep a touch a secret, that is a bad secret" (*Personal Safety Skills for Senior Infants*, p.19), " Do you think that you can say "No" to someone who touches you in a way you don't like? Yes, you can. Your body belongs to you" (*Personal Safety Skills for 1st and 2nd class*, p.17), "There are times when it's right to say "No" to an adult (p.17), "No one has the right to touch you there" (p.18), "It might be hard to tell if it was someone you loved and you didn't want to get them into trouble, but you should still tell to make yourself safe again" (*Personal Safety Skills for 3rd and 4th class*, p.22), " If someone asks you to keep a touch a secret, you should use the safety rules even if it was a person you knew well, *even if* [my emphasis] it was someone in your own family" (*Personal Safety Skills for 5th and 6th class*, p.18). It can be argued that by not clearly identifying who it is children are most at risk from, their vulnerability is heightened (Itzin, 2000d).

Where *The Stay Safe Programme* does gender potential perpetrators, it is in the context of stories or examples where the perpetrators are predominantly portrayed as older male and female children. Notably, no stories or examples incorporate siblings or extended family members, for example cousins, as possible perpetrators. Recent research indicates that the perpetrator was another child or adolescent in one in four cases of child sexual abuse (McGee et al, 2002), and that the vast majority of adolescent sexual abusers are male (Hackett, 2004, Print and Morrison, 2000, Travers, 1999). In the present research, as we have seen, four of the 14 alleged perpetrators were children and adolescents, and all were male. Significantly in terms of their relationship to the children, two were siblings and one was a cousin. Of the nine 'cases' where the outcomes to state child welfare sexual abuse assessments were confirmed, one of the abusers was a brother who sexually abused his sister, and one abuser sexually abused his female cousin.

Instances where *The Stay Safe Programme* illustrates perpetrators as older children are as follows, *Personal Safety Skills for 1st and 2nd class* under the topic 'Secrets and Telling' has a story about a 'bad secret' whereby an 'older boy' tries to touch John's 'private parts' after swimming. *Personal Safety Skills for 3rd and 4th class* gives examples of 'unsafe touches' as follows, "Some older girls offer you money if you will let them touch your private parts" (p.19) "...older boy offers you sweets if you touch his private parts" (p.19). *Personal Safety Skills for 3rd and 4th class* under the topic 'Secrets and Telling' have an example of a 'bad secret' where an 'older boy' touched Jason's 'private parts', "He gave

Jason sweets and told him that he had to keep it a secret" (p.21), and an example of threats: "Older boys warned…that if he tells they will really hurt him" (p.23).

When adults as perpetrators of child sexual abuse are exemplified, they are represented as a stranger, a woman who is known and liked by the child, a man who is known to the child and family, and a father of a school girl's friend. We have seen above that in *Personal Safety Skills for 5th and 6th class*, the concept that an abuser might be a family member is introduced (albeit prefaced with the cautious 'even if'). However, it is notable once again, that such scenarios are not included in the stories or examples used in *The Stay Safe Programme*, thereby potentially limiting the efficacy of the message.

Instances where adults are exemplified as perpetrators of child sexual abuse in *The Stay Safe Programme* are as follows, *Personal Safety Skills for 3rd and 4th class* under the topic 'Touches' has a story about "…touches that we might find confusing" (p.18) whereby Michael is on the school bus and a vaguely familiar man starts chatting to him about having seen him on the football pitch.

> *Michael was enjoying the chat but then the man started touching him in a way that made him feel very frightened and unsafe. He was embarrassed and wondered what to do…. (p.18)*

Examples of 'unsafe touches' are given in the same document as including, "…a woman you know and like wants you to touch her private parts" (p.18). *Personal Safety Skills for 5th and 6th class* under the topic 'Secrets and Telling' gives an example of a 'bad touch' whereby:

> *A man you know touched you on your private parts. He said, 'There is no need for you to tell Mam and Dad because I have told them already'. You said "No" and he threatened you" (p.20). In the same document under the same topic there is a story, "Mary's friend's Dad was always very kind to her and Mary used to like him a lot. But now that she is maturing he has tried to touch her in a way that she finds very uncomfortable and confusing. She has promised him that she won't tell any one. What can Mary do? (p.28)*

The power dynamics of child sexual abuse and such key processes inherent to it as the relational nature of child sexual abuse, grooming, exerting control, ensuring compliance

and secrecy, and assigning guilt and responsibility are inadequately dealt with in *The Stay Safe Programme*. Further, what appears to be an over-emphasis on what children would do if a perpetrator *asks* if they can touch them, or *asks* if the child will touch them assumes an element of choice in a sexually abusive dynamic that does not exist, and moreover has the potential to ascribe responsibility on children for their abuse. Purported child sexual abuse scenarios are typically portrayed as context-stripped, one-off incidents as illustrated above, and arguably, could alienate some children from recognising the abuse specific to their situation. Child sexual abuse is rarely incident based, and usually occurs within the context of relationships wherein offenders consciously plan how to gain compliance and prevent children from disclosing "...having first disempowered or manipulated people who might protect the child" (Eldridge, 2000, p.317). McGee et al (2002) corroborate this when they found in the Irish context that in four fifths of cases of child sexual abuse the perpetrator was known to the child, and they write "Abuse in childhood in the SAVI study typically occurred in children's own homes or familiar environments and it typically involved people known to them" (p.279).

Eldridge (2000) writes:

> *... the essence of ...grooming effectively is to persuade the child that it is 'something about you (the child) that made me do it'* [and that the essence of grooming those who might protect the child]*...is to persuade them that 'I am not the sort of person who would do these things' or failing that, 'It's your fault if I did them, and hence you can't tell'. (p.318)*

The Stay Safe Programme advocates telling children "Firstly remember it is not your fault [if anyone ever touches your private parts and asks you to keep it a secret]" (*Personal Safety Skills for 1st and 2nd class*, p.18), "...it's never your fault if you get a "No" feeling" (p.21). It instructs teachers "Remind the child that they can say "No" to a touch they do not like" (*Personal Safety Skills for Senior Infants,* p.3):

> *It is important that children should not feel that they have failed <u>if they can't be assertive</u>* [my emphasis] *and say "No", because in reality, children are small, and their abusers, large and powerful. The teacher can encourage the child to say "No" in their heads however. This will reinforce the message that it's not their fault. (Personal Safety Skills for 5th and 6th class, p.18)*

This tactic is unlikely to counter the impact of a concerted and sustained grooming strategy, and could unwittingly reinforce self-blame.

Throughout this thesis, I have discussed universalist and dualistic forms of thinking, identifying them as androcentric, and thereby implicated in systems of power and privilege. Such forms of thinking it was argued are problematic in relation to what we think about child sexual abuse. An insistence on dichotomising the (universal) child's reality of child sexual abuse into either 'safe/unsafe', 'yes feeling/no feeling' experiences at the core of *The Stay Safe Programme*, is limited conceptually since it does not make allowances for scenarios where children, particularly at the early stages of victimisation, may feel otherwise. In so doing, it is possible that some children may not identify their situation as being abusive since their feelings may not fit within the prescribed either/or categories. Additionally, in this way, it is also possible that some children may feel blame or guilt for experiencing feelings beyond the good/bad dualism. As Bailey (2000) writes:

> *... child protection programmes that depend on children's assertiveness, or their recognition of unwanted touching are unlikely to be effective in stopping abuse which may not, in its early stages, be viewed as unpleasant. (p.207)*

How the abuser exerts control, ensures compliance and secrecy and assigns guilt and responsibility can be a multi-adaptive, systematic and highly exploitative process that is frequently characterised by coercion and violence. Elliott et al (1995) in their study of 91 child sex offenders, found that 39% of the abusers were prepared to threaten or use force, whilst McGee et al (2002) found that 10.6% of men reported experiencing physical force during an experience of abuse in childhood, and 17.4% of women reported experiencing physical force in this context. "The extent of this force ranged from being pinned down, to being bitten, slapped and thumped" (p.94). *The Stay Safe Programme* does incorporate components in relation to secrecy, threats and bribes. However, in the absence of a more robust conceptualisation of child sexual abuse, their efficacy is limited, and arguably have the potential to reinforce some victim self-blame. Indeed the following examples from the text- based and video representations that comprise *The Stay Safe Programme* illustrate, through their use of language, the extent to which responsibility upon children to 'resist' child sexual abuse is ascribed and reinforced.

Thus

Children need to learn that they don't have to keep secrets about anything that is worrying or upsetting them…children who refuse to participate, or to keep quiet [my emphasis] *about what is happening to them are less likely to be victimised. (Personal Safety Skills for Senior Infants, p.19)*

…children learn that they can get rid of "No" feelings by asking an adult for help [my emphasis] *(Personal Safety Skills for 1st and 2nd class, p.1)*

It is important to give children permission to say "No" to adults when appropriate. Blind obedience is one of the reasons children are so vulnerable to abuse [my emphasis] *(p.17)*

[Ask children]…what would they do if someone asked them to keep a secret and offered them a treat if they stayed quiet…Explain that this is not a treat; it is a bribe to try to get them to do something they shouldn't do [my emphasis] *(p.21)*

As children become more independent, their responsibility for personal safety increases [my emphasis] *(Personal Safety Skills for 3rd and 4th class, p.1)*

It might be hard to tell if it was someone you loved and you didn't want to get them into trouble, but you should still tell to make yourself safe again [my emphasis] *(p.22)*

It may be very difficult to say "No" because of threats or bribes, and sometimes it might even be dangerous to do so. It may not be possible for you to get away, but you can always tell Mum, Dad or any adult you trust, even if you have promised to keep it a secret [my emphasis] *(Personal Safety Skills for 5th and 6th class, p.18)*

If it's dangerous or wrong even if it's an adult doing it, it's ok to tell…If someone touches you even an adult in a way you don't like you can ask them to stop [my emphases] *(The Stay Safe Video)*

In her large-scale review of international child sexual abuse prevention programmes MacIntyre (1997 unpublished), described how the terminology and examples employed represented caution on the part of programme designers. For example, few used anatomically correct terms, and many programmes were not explicit when it came to the details of sexual abuse. MacIntyre considered this to be a feature of the "…controversial nature of the topic" (p.108). She proceeded

> *Sex education is still contentious in many communities and many programmes appear to have compromised on sexual explicitness in the interests of acceptance and implementation. (p.108)*

Mac Intyre was of the opinion that such caution was merited:

> *The examples of sexual abuse do not need to be graphic or explicit and the fact that they fall well short of known reports of sexual abuse is appropriate…. (p.108)*

Arguably, the ambiguous nature of the language purportedly to do with the actuality of sexual abuse that characterises *The Stay Safe Programme* ('touches you in a way you don't like', 'touch your private parts', 'touch her private parts', 'tried to touch her in a way that she finds very uncomfortable and confusing'), notwithstanding the recommendation of its designers that teachers should use anatomically correct terms if children have already learnt them; serves to severely understate the manner and means by which perpetrators sexually abuse children. It is questionable whether such opacity in this context can actually equip children to 'recognise and resist' child sexual abuse, and supports Wyre's (2000) view "Much of the child protection training that goes on in schools does not give children a sense of what it is offenders want to do" (p.61).

Findings in respect of the 18 children who came over a wide number of years to the attention of the regional branch of the state child welfare system in which this study was located have suggested, and in the case of the nine 'confirmed' abuse outcomes have evidenced, the relational nature of child sexual abuse and its occurrence in the homes and familiar places of the children.

Extracts from the narratives of young people who participated in this research (Brenda, Caroline, Dana), reveal the physical reality of sexual abuse (see also Amy in Chapter 7), which in no way compares to the obscure 'touches on private parts' conceptualised by *The Stay Safe Programme*, as well as revealing the manipulative and highly exploitative processes that can accompany it. Brenda's and Caroline's narratives illuminate the concerted and sustained multiple strategies that were simultaneously employed by their abuser in order to ensure their compliance and silence over many years, which included financial bribes, exhortations to secrecy, the assignation of responsibility for the abuse because of how 'special' the child was, coercion and physical violence. Brenda's and Caroline's narratives further crucially reveal how inordinately difficult it was for them to

extricate themselves from their uncle's entrapment, because he had created an environment which made his actions appear unremarkable. The sustained nature of the abuser's strategies was such that for Brenda, as she grew up and realised fully what his actions meant, she still could not tell anyone because he had deeply implicated her in their occurrence.

Findings from the participation of parents from the 'lived experience' sample whose children had confirmed outcomes to their sexual abuse assessments, further reveal the powerlessness of children who encounter people who want to abuse them sexually. Edward and Finola's parents, Mr. and Mrs. Jones, described how their children told them that they had been removed from the beds in which they were sleeping by their uncle who proceeded to sexually abuse them both, and how Finola's pleas that he stop because he was hurting her were unsuccessful. Geraldine's parents, Mr. and Mrs. Nagle, worried in retrospect about the access her abuser had to their daughter and other children, since he was the childminder's husband and worked only at nights outside the house in which the children were being cared for. I turn now to look at evaluations of *The Stay Safe Programme*, beginning with an early one conducted on behalf of the Department of Education. In so doing, I also look at wider opinions of *The Stay Safe Programme*, including those of opponents to its introduction into Irish schools and those of print media journalists.

Report on the Survey of The Child Abuse Prevention Programme (Stay Safe) Department of Education, 1995

In May 1994, the Department of Education conducted a survey in the form of a postal questionnaire in order to ascertain; 1. The extent to which *The Stay Safe Programme* was being implemented in schools in Ireland, and 2. The opinions of chairpersons, school principals, parents of children participating in the programme and members of *The Stay Safe* team as to the suitability of the programme and its effectiveness in meeting its stated objectives. Disappointingly, the opinions of children participating in *The Stay Safe Programme* were not sought.

The report on the survey contextualised that while *The Stay Safe Programme* seemed to be welcomed by the majority of parents and schools, "...its suitability in the Irish context was a matter of some controversy. The topic received considerable coverage in the media" (p.8).

For the purposes of the present research, I examined a selection of coverage from some four years of Irish print media archives (local, regional, national and special interest) in relation to *The Stay Safe Programme*, as well as some anti 'Stay Safe' literature. In so doing, I observed the degree to which its introduction into Irish schools was contested at that time.

As discussed in Chapter 2, *The Stay Safe Programme* was introduced in Dublin schools on a pilot basis in 1991, and thereafter nationwide. Print media reporting from around this period, and for a number of years afterwards, suggests the extent to which citizens in Ireland were polarised on the issue. Opponents to *The Stay Safe Programme* included some parents, teachers, members of the Catholic hierarchy and national and international academics. An anti 'Stay Safe' organisation/support group for parents evolved, known as 'PASS' (Parents Against Stay Safe), which was involved in producing alternative literature and staging public demonstrations of its considerable disaffection.

From my overview of the dissenting literature (detailed in Chapter 3), it appears that opponents' concerns in relation to *The Stay Safe Programme* very broadly revolved around some eight key arguments; (1) that *The Stay Safe Programme* was amoral, based on spurious humanistic psychology emphasising 'yes' and 'no', 'safe' and 'unsafe' feelings on behalf of the individual child, as opposed to values of 'right' and 'wrong'. In so doing it was argued a liberal agenda was being promoted, ultimately serving to destroy the fabric of a Christian Catholic society, (2) that *The Stay Safe Programme* was alienating of parents; fathers in particular, fear-inducing on the part of the child and probably leading to 'false allegations' of child sexual abuse and indiscipline, (3) that the programme was invasive of private family life through role plays and group discussions of private matters in a public setting (the child's school), (4) that prevalence statistics of child abuse and child sexual abuse in particular, employed in order to justify the introduction of *The Stay Safe Programme*, were grossly exaggerated, (5) that the prevention of child abuse and child sexual abuse was better aimed at adults – parents (as guardians of the young) in particular – rather than the children themselves, (6) that *The Stay Safe Programme* was destructive of children's innocence and may corrupt and sexualise them, (7) that the programme was intentionally misrepresented to parents; the issue of bullying being seen to be used as a smokescreen for child sexual abuse/sex education and (8) that such programmes do not succeed in preventing child abuse, as per the perceived failings of

'lifeskills' programmes elsewhere such as 'Kidscape' in the U.K. and similar programmes in the U.S., to do so.

It appears on the basis of the Irish print media coverage of *The Stay Safe Programme* I examined, that reporting in some cases may have served to further polemicise the issue of the implementation of the programme in primary schools in Ireland. Highly emotive language use in editorials and special features articles in local, regional and national newspapers appeared to appeal to the reader to respond to the issue in ways that precluded little other than positions of outright approval/disapproval. Thus, newspapers like *The Irish Democrat* and *The Tipperary Star*, strongly opposed *The Stay Safe Programme* throughout 1993, and gave significant coverage to that effect. The editorial in *The Tipperary Star* on 30 June 1993 allied the newspaper with a number of the arguments against the programme as outlined here above, and stated unequivocally:

> *... the programme contains some initiatives which are unacceptable...It is our contention...that the strategy employed in the Stay Safe programme could create equally devastating problems to those it seeks to remedy...The parents who have campaigned to highlight the defects in this programme are to be complimented on their initiative and perseverance. They have done their bit....*

Many of the national broadsheet newspapers on the other hand, appeared to strongly favour the implementation of *The Stay Safe Programme* in schools in the Irish Republic. Newspapers such as *The Irish Times*, *The Irish Independent* and *The Sunday Tribune* appeared consistently over the years to advocate on its behalf. *The Irish Times* journalist Fintan O'Toole appeared as one of its more earnest supporters, and one particular story devoted to the issue was accompanied by the somewhat baffling headline, 'Zealots are empty vessels when they pontificate on child-abuse'. Lee (1984, cited in Watson, 1997) argued that newspaper headlines work actively in three ways:

> *...(a) to attract readers' attention to particular stories; (b) to persuade them to read those stories; and (c) to predispose them towards a particular way of reading the following story, a particular way of making sense of and understanding the contents of the story. (p.85)*

Watson (1997) wrote that many newspaper headlines secure the attention of the reader through what he termed 'puzzle formats', and how "The headline directs us towards the

story in order to find a solution to the puzzle…Puzzle-solution formats abound in newspaper headlines…" (p.85). O'Toole's headline and the text that followed it, through the use of dramatic if not combative language, actively imparted a slant to the story in which "good" Irish citizens, "the vast majority" of whom are provoked to "revulsion" by child sexual abuse, must stand up to the "bullying" antics of the anti-Stay Safe campaign, or otherwise be regarded as condoners of abuse. Thus:

> … *with links to the extreme fundamentalist right…their* [the anti-Stay Safe campaign] *own bizarre ideology…the arguments themselves are so grotesque and spurious…From here on, let no one tut-tut about the attitudes within communities which allow child-abuse to go on for years without being stopped. Those attitudes didn't just drop from the skies, and they are being created and reinforced right now by misguided zealots. If they didn't exist before, they are certainly being forged now in the blithe ignorance of this campaign. Those who are doing the forging should be made to take responsibility for the shape of what they are making. (The Irish Times,* Wednesday, June 30, 1993)

Returning to the Department of Education survey (conducted in 1994), 269 primary schools were included with a response rate ranging from 42% (parents), 64% (teachers), 77% (principals) and 52% (chairpersons). 98% of responding parents supported *The Stay Safe Programme*, and 87% were of the opinion that the programme was having a beneficial effect on their child. The majority of respondents believed that *The Stay Safe Programme* was achieving its stated objectives in equipping children with personal safety skills. 82% of parents thought that they were being educated simultaneously as their children were acquiring personal safety skills. Further, the majority of respondents were of the opinion that *The Stay Safe Programme* served to heighten awareness of child abuse. One in 10 teachers (including school principals), reported that there was an increase in the number of allegations of child abuse since the programme was introduced.

Some of the respondents (generally, not the parents), were reported to be in favour of modifying *The Stay Safe Programme*. The report stated that in this context further measures were felt needed in order to help "…in dealing with child abuse" (p.13). This was not further clarified. In terms of remodelling *The Stay Safe Programme*, the development of a broad life-skills and sexuality education section in the programme was recommended by some respondents. The survey report concluded:

The programme is effective in educating school personnel, parents and children regarding prevention of child abuse and in heightening their awareness of the subject. Only time will tell whether it is effective in the long term in preventing child abuse. (p.16)

Evaluating the Efficacy of *The Stay Safe Programme* in Preventing Child Sexual Abuse

MacIntyre and Carr (1999) examined safety skills acquisition on the part of seven year old and 10 year old children who completed *The Stay Safe Programme* in three Dublin primary schools. The aim of their study was to evaluate the effectiveness of the programme in relation to the prevention of child sexual abuse.

A variety of psychological instruments and measures were employed in the study in order to assess children's, parents and teachers responses across a range of issues pertinent to the study. The researchers concluded that the children who completed *The Stay Safe Programme* showed significant improvements in safety knowledge and skills and consequently, that the programme is a valuable intervention in the primary prevention of child sexual abuse. Further, that both parents and teachers showed significant improvements in their knowledge of, and attitudes towards, child abuse and protection over the course of *The Stay Safe Programme*.

MacIntyre and Carr reviewed the research literature on school based primary prevention programmes for child abuse, and concluded that it supports their view that such programmes are particularly effective in enhancing children's assertiveness skills. They contend, on the basis of studies of male sex offenders "...enhancing children's assertiveness is one of the best ways of preventing sexual abuse..."(p.1308).

The authors write that school based primary prevention programmes to date, vary in terms of their design, teaching methods and efficacy. According to MacIntyre and Carr, a feature of the most successful programmes is the maximisation of parental involvement so that parents can reinforce concepts at home, whilst simultaneously facilitating children to practice new skills learnt. This, the authors point, out is a key feature of *The Stay Safe Programme* which "...teaches simple strategies for dealing with potentially dangerous situations including bullying and child sexual abuse" (p.1308).

772 children participated in the research, 358 of whom received the 'Stay Safe' training whilst 414 children from two separate schools comprised a control group. Of the 772

children included in the study, 727 were administered *The Children's Safety Knowledge and Skills Questionnaire* (Kraizer, 1986), on two occasions, pre-test and post-test. This is an 18 item instrument designed to assess knowledge of safety related concepts, as well as specific safety skills. MacIntyre and Carr concede that methodologically, reliance on children's self reported knowledge and skills is a limitation of the study, and consequently "...[has a] bearing on the confidence we place in our conclusions..."(p. 1323) since there is no clear link between what children say they know and do, and how they actually would behave in "...situations where the use of safety skills would be appropriate to prevent child abuse" (p.1323). This indeed is a limitation of the study design, since there is evidence to support that both validity and reliability can be improved upon through participatory research with children "...by allowing children an active part in determining their participation in the research and how the subject matter is approached" (Thomas and O'Kane, 1998, p.345). This, together with participatory techniques of communication can, through sensitive interviewing, facilitate children to communicate fully both verbally and non-verbally and is thus responsive to the needs and preferences of individual children (Thomas and O'Kane, 1998). In addition, 11 out of 18 items of *The Children's Safety Knowledge and Skills Questionnaire* inquired about what safety knowledge respondents would use in various hypothetical situations. The use of hypothetical questions to seven and 10 year old school children in the form of a self reported questionnaire is also problematic, since there is an implicit expectation that some answers are 'right' and some are 'wrong'.

Further, MacIntyre and Carr cite research which indicates that scoring on *The Children's Safety Knowledge and Skills Questionnaire* (Kraizer, 1986) is predictive of resistance to stranger abduction. Indeed, five out of 18 items in the questionnaire refer to strangers. The authors extrapolate from this that children who self-reported improvements in safety knowledge and skills as a result of *The Stay Safe Programme* would use such skills in situations of potential child abuse. This extrapolation is flawed since stranger abduction and child sexual abuse are fundamentally different in two critical ways: (1) child sexual abuse is rarely incident based, and (2) child sexual abuse usually occurs within the context of relationships wherein offenders consciously plan how to gain compliance and prevent children from disclosing "...having first disempowered or manipulated people who might protect the child" (Eldridge, 2000, p.317, Finkelhor, 1984).

Itzin (2000) reviewed a range of international incidence and prevalence data concerning child sexual abuse, and found that the majority of sexual abuse "...occurs in the home of the child by known adults, and only a small proportion (ranging from 10 to 25 per cent in different studies) is perpetrated by strangers" (p.94). This is consistent with studies in the Irish context (McGee et al, 2002), and indeed here. In the present research as we have seen, out of a total of 18 children/young people, 13 'cases' comprised suspected or confirmed 'intra familial' child sexual abuse. Of the remaining five 'cases', one involved alleged child-child sexual abuse. Three comprised cases of suspected or confirmed 'extra familial' child sexual abuse. It was not possible on the basis of research participation with one parent (Mr. Harney), to ascertain who the alleged perpetrator was. All of the alleged perpetrators in this study were known to the children they were suspected to have abused.

The Children's Safety Knowledge and Skills Questionnaire (Kraizer, 1986) employed by MacIntyre and Carr as the key determinant in establishing the extent to which seven and 10 year old children could prevent themselves from being sexually abused, is further questionable. The type of questions asked, and the language used in doing so, are ambiguous and do not approximate the range of children's actual experiences and responses to sexual abuse. Nowhere are there explicit questions asked about child sexual abuse, and only three out of 18 items can be interpreted as obliquely referring to it, 'If someone touches you in a way you don't like, what do you do?' 'What if someone touches you in a way that makes you feel uncomfortable or funny inside and you ask them to stop but they don't. What would you do?' 'What if a grown-up is touching you in a way you don't think they should. You say "No" and they say "I'm sorry, please don't tell, and I'll give you some cake and ice-cream". What would you do?' (p.1315). Furthermore, the above questions are gender-neutral: 'someone', 'a grown-up', and in this way the language used in the Kraizer (1986) questionnaire is very much reflective of that used in *The Stay Safe Programme*.

Thomas and O'Kane (1998) write of children's responsiveness to the "...vivid, graphic and concrete" (p.342) participatory techniques of communication that they employed in their research on decision-making by looked-after children in the UK. Whilst acknowledging the very different context of Thomas and O'Kane's work, there is merit in communicating with children in regard to child sexual abuse in a more explicit and authentic manner, a point upon which I expand in the concluding chapter of this thesis.

There is no allusion made in *The Children's Safety Knowledge and Skills Questionnaire* to non-contact child sexual abuse, defined by Travers (1999) as including:

> *... age-inappropriate sexual comments made to a child...*[including] *obscene phone calls, exhibitionism, voyeurism...*[which] *also includes exposing children to pornographic pictures, videotapes or films. (pp.9,10)*

McGee et al (2002) found that 10 per cent of Irish women, and 7.4 per cent of Irish men reported experiencing non-contact sexual abuse in childhood. This omission is perhaps unsurprising since *The Stay Safe Programme* does not address non-contact child sexual abuse either, which in itself is a limitation to its efficacy. In this study, there was one situation where a child was considered to have been exposed to pornographic material (Dana), and another in which the state child welfare system's belief that children had been exposed to their male carer's pornography was rejected by their mother (Una and Vincent).

MacIntyre and Carr use the items in the Kraizer questionnaire which inquire 'If you have a problem, who can you go to?' and 'If you have a problem and you tell someone but they don't listen, what would you do?', to assess whether children would disclose child sexual abuse, and what they would do if they are "...disbelieved following disclosure" (p.1310). Such simplistic phraseology and assumptions are unlikely to capture the complex, and what at times appear to be the contradictory processes of disclosure, which most sexually abused children go through, as evidenced in this thesis (Chapter 7) and in the literature (Sgroi, 1982, Summit, 1983, Bacon and Richardson, 2000), thereby casting doubt on the authors findings of significant gains in safety knowledge and skills in this regard.

A primary school principal (of some 11 years) of a co-educational school participated in the present research in which *inter alia,* their observations of *The Stay Safe Programme* were discussed. The school implements the programme through all classes, and the view of the principal is that it is "...very good...", specifically:

> *... the whole aspect of me* [the child] *feeling safe, me having my space, me deserving my space, my negative and positive feelings. I think it is very, very good because again our children* [coming from what the school principal described as an economically disadvantaged area] *mightn't be used to having their space and to be able to call the tune and say, 'well, I don't like that'.*

The school principal described how the teachers implement the programme in their specific context by adapting the language and pacing it more slowly, "they [the teachers] do certainly like the framework…they wouldn't water it down, they wouldn't actually tamper with the contents, it would be more about the 'how'".

The school principal felt that while none of the teachers considers *The Stay Safe Programme* overtly explicit, some of the parents have, and consequently approximately 2 % of the children have "…opted out…".

Specifically in relation to child sexual abuse, the school principal identified centrally important messages that *The Stay Safe Programme* delivers to the children as follows:

> *That they* [children] *have rights…when it comes to how others treat them. They have duties to themselves as well as rights…*[duties] *to protect themselves, or to …just not take what they don't want, really. It helps them to know what they oughtn't to accept which they may not have been very clear on. I think it gives them a courage to say, or even to write….*

The school principal was of the opinion that *The Stay Safe Programme* is "…a bit general…" when it comes to concepts such as who it is children are at most risk from, in the context of child sexual abuse. However, they reflected that:

> *Now, we* [the school] *wouldn't have…yes, I'm being truthful, we wouldn't have the courage to say 'it might be your brother', 'watch how your brother treats you', because parents, our parents are terribly, terribly sensitive around family, and if we were explicit enough…you'd imagine there'd be many a knock on my door, so we wouldn't go that far.*

The school principal felt that *The Stay Safe Programme* has successfully assisted some children to tell about being bullied at school, and has heightened children's awareness towards the potential dangers that strangers pose.

According to the school principal, it has been their school's experience that not a single disclosure of child sexual abuse has occurred as a consequence of *The Stay Safe Programme*. In a concluding consideration of *The Stay Safe Programme*, I turn now to look at critiques of child abuse prevention programmes generally. As outlined in Chapter 2, MacIntyre (1997, unpublished) wrote that the child abuse prevention movement has been

the subject of some controversy both because of the form of intervention it advocates (i.e. school based programmes), and the focus of this intervention (i.e. school children). In addition, child abuse prevention programmes have been critiqued as to their efficacy in achieving their stated objective of preventing child sexual abuse. I now discuss each of these in turn.

Critique of the Form of Intervention Child Abuse Prevention Programmes Advocate

MacIntyre (1997, unpublished) rebutted the notion that the emphasis on school-based programmes may unintentionally contribute to blaming the victim. In so doing, she cited research from Finkelhor and Dziuba-Leatherman (1995a), and Finkelhor, Asdigion and Dziuba-Leatherman (1995b). This research took the form of a retrospective (telephone) survey of a nationally representative sample of 10-16 year old children in the USA. The survey found that children, who had participated in the more comprehensive prevention programmes, were more likely to feel that they had been successful in protecting themselves from threatened or actual victimisation (broadly defined).

Bagley and Thurston (1996) wrote about the "...pseudo-empowerment..." (p.7) of children that pervades child abuse prevention programmes. Examples of this from *The Stay Safe Programme* include:

> *Do you think that you can say "No" to someone who touches you in a way you don't like? Yes, you can. Your body belongs to you* (*Personal Safety Skills for 1st and 2nd class,* p.17)

> *There are ways you can let someone know that you don't like what they're doing. One way is with your voice and the other way is with your body...Ask the children to role-play asserting their right to refuse a touch they don't like by saying "No", by moving away and by being firm* (*Personal Safety Skills for 3rd and 4th class,* p.17)

> *... you look them straight in the eye and say "No" in a good loud voice* (*The Stay Safe* Video).

Bagley and Thurston (1996) wrote that such 'pseudo-empowerment' is likely to fail. Corroboration of this view comes from studies of the opinions of incarcerated and convicted child sexual abusers in relation to child sexual abuse prevention programmes

(Budin and Johnson, 1989, Conte et al, 1989). Such studies revealed that the saying 'no' strategy is largely ineffective when pitted against the range of selection and coercive strategies offenders employ in order to both ensnare and silence children. Further, Elliott et al (1995) in their study of child sex offenders, concluded that (indiscriminately) teaching children to say 'no' is potentially dangerous, particularly once the abuse has started, since a sizeable percentage of offenders were prepared to threaten or use force. Bagley and Thurston (1996) were also concerned about whether such 'pseudo-empowerment' might impose responsibility and guilt on children for failing to prevent their own abuse.

I have critiqued issues to do with language and conceptualisation in child sexual abuse prevention programmes above, arguing that such programmes are limited in their ability to protect children, and may even contribute to children feeling blameworthy for not stopping abusers abusing them.

Critique of the Focus of Intervention

MacIntyre (1997, unpublished) cited a range of literature that questioned the appropriateness of targeting children as an audience for prevention in the first instance, since it is unclear that they are "...truly capable of changing the outcome of victimising encounters..." (p.98). This notwithstanding, MacIntyre advocated a place for child abuse prevention programmes, within the broader context of targeting "...the conditions that cause and support or maintain it [child sexual abuse]..." (p.99).

MacIntyre alluded to the contentious debate around whose responsibility it is to prevent child sexual abuse, when she took into consideration whether child sexual abuse prevention training places too much of an onus on children by making them, rather than the offender, responsible for preventing their abuse. Nelson (2000) unequivocally believes that it does. She contends that prevention programmes underplay the power relationships in child sexual abuse, in the way that they target victims rather than perpetrators. The peculiarity of this approach does not escape Nelson "...five-year-old school pupils are not expected to prevent physical violence, burglary or murder, but they are asked to stop sexual abuse and to 'keep themselves safe'" (p. 389). Itzin (2000) succintly writes "...[children] do not have the power to stop abusers abusing..." (p.443). She advocates that this policy of prevention be discontinued, and the focus of responsibility shifted from children to the perpetrators.

Critique of the Efficacy of Intervention

To date, there is no evidence to suggest that child abuse prevention programmes prevent the sexual abuse of children.

MacIntyre (1997, unpublished) cited research that indicated that many children acquire some knowledge from programmes, and that some children are prompted to disclose past or current victimisation. However, in relation to the former, she noted that gains in knowledge of sexual abuse prevention concepts have not been equally distributed across either concepts, or participants. For example, children have been found to have most difficulty in accepting the (central) idea that sexual abuse can be perpetrated by someone they know or are related to. In addition, amongst younger children, (core) concepts such as secrets and inappropriate/confusing touches, often remain misunderstood. MacIntyre saw this as being related to the abstract material used in many earlier prevention programmes.

MacIntyre argued that evaluations of prevention programmes over time have consistently and unambiguously demonstrated their disclosure-prompting effects. Indeed she asserted:

> *Even those who doubt that sexual abuse prevention programmes have any primary prevention utility, admit that these programmes hold strong promise in obtaining earlier disclosures. (p.132)*

MacIntyre and Carr's (1999) study supports MacIntyre's (1997, unpublished) assertion. The former undertook a documentary analysis of 588 cases of primary school age children who had been assessed for suspected sexual abuse, 145 (24.7%) of whom had participated in *The Stay Safe Programme* prior to referral. MacIntyre and Carr found that "Significantly more children who had participated in the Stay Safe Programme prior to referral made disclosures of sexual abuse" (p.1333). Thus, of the 'Stay Safe' participants, 92.4% disclosed child sexual abuse, and of the non-participants, 80.4% did so ($p < .01$).

MacIntyre (1997, unpublished) concluded:

> *... research needs to follow children out into the real world and the field of prevention must begin to address the task of demonstrating the links between prevention programmes and children's reduced victimisation.... (p.142)*

Print and Morrison (2000) have a different perspective on prevention, and the role of research:

> *Primary intervention, which would involve societal based strategies aimed at changing familial and cultural understanding, attitudes and behaviours…There is…a need for research to develop further insight into the role of pornography, patriarchy, and oppressive attitudes towards sexuality in promoting and maintaining sexually aggressive and abusive behaviour. (p.304)*

Bolen et al (2000) similarly believe

> *In a society in which child sexual abuse is epidemic, understanding causality is paramount for implementing appropriate prevention strategies…the role of the culture in which the child lives and especially the societal influences that promote child sexual abuse must be carefully scrutinised. Only when we understand the different pathways to child sexual abuse can we hope to reduce its prevalence. (p.192)*

I turn now to look at further dimensions to how child sexual abuse is conceptualised and responded to from within the educational system, through an examination of research participation in the present study with a school principal, and state directives as they pertain to child protection guidance for teachers. I begin with the former.

Fear and Denial Based Responses to Children who may be Sexually Abused

The primary school principal, who participated in the present research, communicated acute fear around the whole area of child sexual abuse, over and above all other forms of child abuse and neglect. The most graphic representation of this fear may be observed in the fact that in 11 years as school principal, despite stated awareness that child sexual abuse may be indicated/present, at no time did they, or any of the teaching staff report such concerns to the statutory authorities. This is not in keeping with how the school treated other forms of suspected child abuse, such as physical abuse and neglect. A process was described as follows:

> *Then you see, when it comes down to the crunch, and we chat out and we talk out, and then we begin to…maybe it suits ourselves to rationalise, we begin to rationalise…and we can say 'ah but like, maybe', and you know, and 'maybe'. Maybe tis letting ourselves*

off the hook, but we are slow to report. [In exploring this with the school principal they said that this is about] *Fear…our own skins…the having to be named…because teachers and parents…need a good relationship. We need it for the child.*

The school principal described how while neither they, nor any of the teaching staff has ever been directly disclosed to by a child:

There would have been times when we would have had doubts, but it…was never actually in front of us to deal with…I didn't ever formally come across it so I didn't ever as such have to deal with it….

It would appear that there is a reliance on more direct indicators that children may have been sexually abused, such as explicit disclosures from children, before action from the school might be contemplated. Thus for example, it has been brought to the school principal's attention by a member of their team that certain (perceived to be troubled) children with whom they have worked closely, have produced drawings and paintings which have been of some concern to this professional. This was so, because such drawings were perceived to represent emotional turmoil, and/or because of the sexually explicit nature of their content. In addition, this colleague has raised their concerns of a sexual abuse nature in respect of some children directly to the school principal:

… at times, a number of times she would have come and said, 'I wonder, I wonder'…she may have been able to read between the lines…but she would never actually have had anyone actually say this happened…sometimes it would have been [children] *verbally skirting around the…perimeter. It would just be a hunch.*

According to the school principal, the latter scenarios were not discussed with the statutory authorities, or with parents.

The school principal spoke about situations that have come to their attention "…a number of times…" in which "…very explicit sexual drawings…" have been made by children. Such drawings have incorporated representations of erect penises, breasts and naked figures, and have come from boys and girls usually around the ages of nine and 10. The principal said that in these circumstances school personnel have had discussions with parents, and that parents typically reacted as follows:

> *Oh, the parent is shocked…the parent couldn't possibly know where this came out of, 'out in the street she's getting this'…there would absolutely be a blank wall and the child would never* [their emphasis] *go any farther than that.*

Finally, the school principal ideally wished for a situation in which

> *I would love us, I would love people to feel free enough to do that* [report, disclose], *to realise the real seriousness of it, because ...people, I, certainly don't still understand the awful trauma that people who have been sexually abused...I would love us all to really understand the awfulness of it. I would like families to feel freer around the saying it.*

Child Protection Guidelines and Procedures (Department of Education and Science, 2001)

In 2001, the Department of Education and Science issued guidance for primary schools entitled *Child Protection Guidelines and Procedures*, self-referred to as "…in keeping with…[and] based on…" (p.3) *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999), and replacing those previously issued to teachers in 1991. Indeed, the intertextuality (Atkinson and Coffey, 1997), between the Department of Education and Science document and the earlier *Children First* document, is evident throughout the former text where similar, and in some cases the same language and concepts are employed as those in *Children First*, and I return to this below.

The primary aim of Child Protection Guidelines and Procedures is outlined thus:

> *… to give direction and guidance to school management authorities and school personnel in dealing with allegations/suspicions of child abuse. In addition, they also aim to provide sufficient information to school management authorities and school personnel to enable them to be alert to and to be aware of what to do in situations where child abuse may be a concern or suspicion. (p.5)*

A copy of the *Children First* document accompanied the guidelines, and the schoolteacher as reader is directed towards sections of it in which indicators of possible child abuse are outlined.

Chapter 2 of *Child Protection Guidelines and Procedures* sets out the responsibilities of school personnel when they suspect child abuse. Remarkably, the term (child) sexual

abuse is not used at all, even though terms to describe other forms of child abuse such as 'emotional and physical neglect', 'physical injury' and 'neglect' are.

Where the term 'sexual abuse' is employed, it is in the final chapter of the document, Chapter 5, which is entitled 'Peer Abuse And Bullying'. This chapter is mostly concerned with sexualised behaviour between children, and sexual abuse by children and young people. In an oblique, and arguably 'hands-off' reference to child sexual abuse (and in keeping with the dominant state approach to it in terms of specialist assessment by state child welfare 'experts'), the document advises:

> *Sexualised behaviour may also be indicative of a situation that requires assessment by the health board. Children who are abusive towards other children require comprehensive assessment and therapeutic intervention by skilled child care professionals. It is known that some adult abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively more serious. Early referral and intervention is therefore essential. (p.19)*

The latter commentary appears to align itself with what is termed the 'cycle of abuse' model, evident both implicitly and explicitly in the 'User's Handbook' (1998) of *The Stay Safe Programme*, which advise teachers "Sexual abuse can have very serious consequences for the child. Difficulties may persist into adulthood, making relationships with partners and children problematic" (p.22). In a section entitled 'The Determinants of Abusive and Neglectful Parenting', the handbook advises:

> *There is no predictive profile of an abusing parent or guardian. The ability to parent children in a caring and effective way is passed from one generation to the next. Similarly, cycles of abusive behaviour are also passed from one generation to the next. (p.22)*

The 'cycle of abuse' model proposes that if one is abused as a child, then one will in turn proceed to abuse others (Kelly et al, 2000). Kelly et al (2000) observe in the U.K. context, that it is now usual for supportive and therapeutic work with children to be 'justified' through 'cycle of abuse' in order to prevent them from becoming abusers. The authors are strongly critical of this, since "This denies children's need for, not to mention right to, support because they have been hurt or are in distress" (p.79). Furthermore, the authors

question the model's usefulness at conceptual, explanatory and practice levels, pointing to the extensive literature about the gendered nature of sexual victimisation and offending. Put simply:

> *We know that girls are between three and six times more likely to experience sexual abuse, yet the vast majority of sexual abuse (including sexual exploitation) is perpetrated by males. (p.79)*

Kelly et al contend that there is, as yet, no evidence to demonstrate that there is an obvious 'cycle' even within samples of convicted offenders, and they point with some caution to the literature in this area which demonstrates that convicted offenders reporting childhood abuse varies between 30 and 80 per cent. The authors demonstrate that there are many methodological differences between studies in this area, which account for such variation in findings, principally around how abuse in childhood is defined. They exemplify that some studies restrict their data as to whether the individual was abused in the same way as he has subsequently abused children, whilst others include any form of child abuse in the individual's childhood, while focusing on sexual offending in adulthood. Finally, Kelly et al (2000) observe that the specific psychological mechanisms involved in a victim of child sexual abuse becoming a victimiser have seldom been explored, and that this is central "...since this is not simple repetition, but a reversal of roles" (p.79).

It can be seen then that the Irish educational system through its directives, through the child abuse prevention programme it implements in the majority of its schools, and as encapsulated in the attitudes, norms and beliefs of one of its employees (the school principal who participated in this research), approaches the issue of child sexual abuse from a position of denial and fear. The intertextuality between the earlier *Stay Safe Programme* and the Department of Education and Science *Child Protection Guidelines and Procedures*, is evidenced in a concerted focus upon 'older' children as perpetrators of child sexual abuse to the denial of the far more widespread occurrence of child sexual abuse by related and known adult males. Simultaneously, the onus is placed upon primary school children to 'recognise and resist' conceptualisations of child sexual abuse that bear little relationship to the experiences of children who are being sexually abused, and which have serious potential to blame them for its (re) occurrence. Finally, the educational system legitimates the dominant state discourse associated with child sexual abuse. This is seen in its expectation that children verbally tell of their abuse to adults, before adults

can protect them. And it is seen in the directives it issues to school employees, in which caution is advocated in intervening in situations where children are suspected to have been sexually abused, since such children require 'comprehensive assessment' by 'skilled' state child welfare professionals. I turn finally now to revisit the contemporary construct of 'false allegations' of child abuse (as discussed in Chapter 5), as it pertains to how the educational system conceptualises and responds to the issue of child sexual abuse in this jurisdiction, and elsewhere.

Protecting Teachers from 'False Allegations'

Chapter 5 argued that the 'false allegations' construct represents the modernisation of the myth that children lie about sexual abuse, a construct that reflects the ideological and material interests of a contemporary capitalist patriarchal social order increasingly beset by the threat that child sexual abuse poses to its stability. Whilst Chapter 5 illuminated that the myth of 'false allegations' features significantly in state child welfare system responses to children, as it may also do in those from sections of the non-statutory sector, its presence in the educational system is also a matter of serious concern. Further, it highlights how state and social systems in Ireland conceptualise and respond to child sexual abuse in very similar ways.

In a very similar way to directives issued by the state child welfare system pertaining to voluntary work with children and foster care, a recurring theme in current professional directives issued to teachers, both nationally and internationally, is the minimisation of opportunities for allegations of child abuse to be made against the teacher/school, by advocating the adoption of cautionary procedures when interacting with children. Such procedures are focused on ensuring that personnel do not place themselves in situations that either could be misconstrued, or situations that could leave personnel vulnerable to allegations. Similarly, there is a lack of explicitness in key areas of the guidance issued to teachers. Thus, as I see it, there is an assumption that 'false allegations' will be made, but it is not usually stated by whom. Similarly, the cautionary procedures advocated when interacting with children, do not specify precisely what the nature of the risk inherent to the proscribed activities is. Implicit arguably, is the shared allegiance between adults to the myth that it is children who make malicious allegations against them, and that these are of a sexual nature. Thus the primary teachers' trade union, the Irish National Teacher's Organisation (INTO) in its *Guidance for Teachers* (1996), specified that there are 'special situations' such as those in 'special' schools or 'Early Start' educational programmes

> *... where children require assistance with toileting or showering, there should be a clear school policy which protects adults and children alike. Teachers should endeavour to balance the need for assistance with the child's rights to privacy and should continually strive towards helping the child to acquire independence. (p.9)*

Chapter 4 of the Department of Education and Science directive for primary schools *Child Protection Guidelines and Procedures* (2001), is entitled 'Allegations Or Suspicions Of Child Abuse By School Employees'. The intertextuality between this document and the *Children First* (1999) document is clear in this chapter, whilst is also demonstrated the emergence of new terms and concepts in state directives. Thus, the earlier *Children First* document in a similarly themed chapter entitled 'Allegations of Abuse Against Employees and Volunteers', does not include the terms 'or suspicions' in its chapter heading. A new concept then has 'officially' entered state directives in relation to child abuse; that employees can be subject to *suspicions* of child abuse. The concept of 'suspicions' in the Department of Education and Science document is used in the context of school employees "...who form suspicions regarding the conduct of another school employee..." (p.16), and similar actions on the part of the school are prescribed as when 'allegations' of abuse against a school employee are made. Very similar concepts and in some cases the same language as that used in *Children First* are employed here in the Department of Education and Science document, the implied reader is merely replaced "The primary aim of Boards of Management is to protect the children within the school to whom they have a duty of care. However, school employees may be subject to erroneous or malicious allegations. Therefore any allegation of abuse should be dealt with sensitively and the employee fairly treated. This includes the right not to be judged in advance of a full and fair enquiry" (p.15). *Children First* advised:

> *Staff/volunteers may be subjected to erroneous or malicious allegations. Therefore any allegation of abuse should be dealt with sensitively and support provided for staff including counselling where necessary. However, the primary goal is to protect the child while taking care to treat the employee fairly. (p.109).*

The 'false allegations' construct in the field of education has an international dimension too. Thus for instance, in the late 1990s in New Zealand, the primary teachers' union the New Zealand Educational Institute (NZEI) issued their members with a code of conduct which explicitly advises teachers to avoid being alone with a child, and to keep physical

contact to a minimum. Such measures as installing mirrors over doors, and having glass-panelled doors in schools in order to ensure 'visibility' at all times are proposed. NZEI president Colin Tarr is reported as agreeing that the code of conduct guidelines were 'cautious', but that in his view they were important in order to safeguard teaching staff against a 'small minority of people who were prone to making false allegations' (*Suff. NZ*, Saturday, December 11, 2004).

Baginsky and Macpherson (2005) looked at student teacher training in the subject of child protection in the U.K., in particular at an evaluation and subsequent survey relating to a course developed by the National Society for the Prevention of Cruelty to Children (NSPCC) in order to support such efforts. A questionnaire survey seeking the views of initial teacher training (ITT) providers on a proposed NSPCC training pack was sent to higher education institutions and school-centred initial teacher training courses. With response rates of 71 per cent and 65 per cent respectively, responses were returned from a total of 156 ITT courses. Respondents' views on the proposed NSPCC child protection training pack revealed over half mentioning three issues as requiring particular attention in any materials pertaining to child protection for use by student teachers. The issues concerned children's safety when using the internet,

> *How teachers deal with allegations against colleagues and how they protect themselves from unfounded allegations,* [and] *The particular difficulties which male teachers may face in primary schools. (p.325)*

Baginsky and Macpherson observe the latter two issues as featuring prominently in a survey of newly qualified teachers, which looked at their experience of training in child protection and of dealing with child protection cases post-qualification (Baginsky, 2003). The authors write that two thirds of the newly qualified teachers identified at least one area where they wanted further training:

> *The most frequently mentioned area was how to deal with allegations against members of staff, and many of the male respondents referred to their concerns about being particularly vulnerable to allegations. (pp 325, 326)*

Baginsky and Macpherson (2005) speculate:

It would seem more likely that teachers will be in a better position to safeguard children if they are confident about what to do if they are concerned about a colleague's behaviour and how they should behave to protect themselves [my emphasis]. *(p.326)*

The authors proceed to observe that the issue of allegations (of child abuse) against teachers is one that has received a significant amount of media coverage in the U.K. They note:

... high-profile cases alongside a reported increase in the number of 'false' allegations made against teachers have fuelled concerns. The reality is that there is no existing information on the number of false allegations, although some parties have wrongly labelled all those cases which have not proceeded to a prosecution as 'false'. (p.326)

In her review of the related literature Murray (2005, unpublished), cites from *The Guardian* newspaper (09/02/05) in the U.K., which described forthcoming research in the field of education observing adults to be behaving in 'ludicrous' ways around children. She says:

... some adults in pre-school settings are reluctant to put plasters on a child's scraped knee. Other findings...suggest that teachers will not change a child's wet pants unless there are two adults present. (p.68)

Murray further cites from *The Guardian* newspaper of 09/02/05 in which Professor Alison Jones of the University of Auckland, suggests that

...'stranger danger' in relation to the issue of the abuse of children has been redefined as 'adult danger'. She comments that teachers see themselves 'not just as dangerous for the child but the child as dangerous for them'. (p.68)

Conclusion

This chapter has sought to explore aspects of the responses of the (Irish) educational system to child sexual abuse.

It has detailed an approach to the issue that transcends state systems in its focus upon acquiescing to imperatives that are less concerned with its identification and prevention, and more to do with ensuring adult sensibilities are not offended or threatened by its occurrence. Accordingly, in a similar way to other state and social systems as we have

seen throughout this thesis, specifically child welfare, the medical system, the cultural system and sections of the non-statutory sector, the approach effectively serves to contain the problem. Meanwhile, children's needs in the context of child sexual abuse for safety, understanding, empathy and well-being remain unmet.

The Irish child abuse prevention programme, *The Stay Safe Programme* (MacIntyre and Lawlor, 1991), conducted in the vast majority of primary schools in the Republic of Ireland for some 13 years now and fully supported by the state, is seen here to be ethically dubious and predisposed to fail in its stated objective of preventing the sexual abuse of children. This is so, not least because of its patent reluctance to engage in the specifics of who children are most at risk from sexually, and what exactly are the kinds of behaviours that children need to be aware of, and protected from, but more fundamentally in the ascription of responsibility to primary school children of between approximately 4 and 12 years of age to stop abusers from abusing them.

Research participation with a primary school principal of 11 years standing suggests that the opacity of *The Stay Safe Programme* may suit them, since they are eminently fearful of ever having to deal directly with child sexual abuse.

State directives, here in the form of professional guidance to primary school personnel illuminate both the interconnectivity, and legitimation of, a dominant state discourse within and without state systems in relation to how child sexual abuse is responded to. Thus, for children who are suspected of being sexually abused, intervention by professionals from outside of the state child welfare system who have not been assigned to conduct specialist assessments is precluded. The embracing by the educational system of the 'false allegations' construct, which I have argued earlier is an exemplification of one of the 'received risks' that child sexual abuse poses to adults and institutions, represents a further means by which it, in common with other state systems effectively denies the widespread nature of this form of child abuse, and overtly testifies its allegiance to adults.

The following chapter revisits all of these themes as it draws the thesis to a close.

Chapter 10 Child Sexual Abuse: Underneath the State Response

Introduction

The purpose of this research has been to examine at a very fundamental level, how the social problem of child sexual abuse is conceptualised and responded to from within the Irish state.

Originating from my professional experience as a state child welfare system employee who had been engaged primarily in child sexual abuse work in the Republic of Ireland from1994-2001, it appeared to me that the sexual abuse of children was being responded to in a fundamentally different way to all other forms of child abuse. So it was that I began to question whether this was evidentially the case, and if so why, and what meanings this represented for the children, young people, parents/carers and professionals who experienced and delivered child sexual abuse-related interventions. Essentially, the thesis sought to evidence whether the needs of children who may be sexually abused and their non-abusing parents/carers were being met, through their involvement in a system that has been designed by the state to form the dominant response to the issue.

The Established Assumptions about Child Sexual Abuse and the State Response

Chapter 1 documented what I saw as the assumptions that existed about the Irish state and the ideological and theoretical presuppositions, systems, practices and institutions that emerged from it in relation to child sexual abuse. I argued that such assumptions largely remained untested, for instance, the appropriateness of responding to child sexual abuse primarily as a welfare problem, which in turn necessitated questioning the systems, practices and institutions on which that premise is founded. I illustrated the assumptions that existed about the children who may be sexually abused and who come to state attention, i.e. that they can/should tell of their abuse to state child welfare professionals in ways that can enable professionals to determine whether or not child sexual abuse occurred. And I pointed to the assumptions about state child welfare professionals, i.e. that they can determine whether or not child sexual abuse occurred through specialist

assessments conducted, analysed and concluded to a prescribed format, assuming in so doing that this is a necessary prerequisite for the safety and welfare of the children.

Simultaneously, from my anecdotal observations over time of the high-profile reports of Irish state and social systems' (outside that of child welfare) responses to the issue of child sexual abuse, the possibility of there being commonalities across state/social systems pointedly in relation to the *sexual* abuse of children began to emerge for me. Thus for instance, the narrow incident-based legalistic type responses that did not take into account the wider needs of the child and family (the political and legal systems' handling of the 'X Case'). Responses that were more concerned with protecting adults/systems than protecting children (the political inaction, and suggestion of collusion between church and state that surrounded the Fr. Brendan Smyth affair). Or no responses at all, characterised by processes which included denial, disbelief and silencing (the negligent practices on the part of the educational system to the abuses occurring in its industrial schools). Or responses that combined the prioritisation of the protection of adults/systems with the active denial, disbelief and silencing of children and young people (the role of Catholic Church authorities in the Diocese of Ferns). And responses that deny the pervasiveness and cause of child sexual abuse by focusing on individual case features and the 'pathology' of perpetrators (the cultural system in the form of media coverage of the issue).

Chapter 1 evidenced from the literature the dissatisfaction of citizens and professionals, both nationally and internationally, with state child welfare system responses to child sexual abuse. Moreover, it demonstrated the recurrence of such disaffection over time. For instance, narrow incident-based legalistic type responses that do not take into account the wider needs of the child and family (in particular the mother). Additionally, responses that are system-centred rather than child-centred in their focus upon ensuring the work is conducted in a legally acceptable manner. And premature case closure and lack of follow-up for children suspected or at risk of sexual abuse.

It seemed plausible then to conceptualise that there was a link between the enduring and recurring difficulties associated with (Irish) state responses to child sexual abuse, and the assumptions upon which they were based. This seemed justified since the 'solutions' that ensued following the research into professional responses to child sexual abuse left unquestioned the assumptions that were at the core of such practices.

The Research Methodology

Research of this nature then, had at its centre a questioning stance towards the established assumptions about child sexual abuse, and the institutions and practices that have evolved in relation to state responses to the issue. Accordingly, it necessitated a methodological approach that could accommodate their interrogation in a way that would facilitate the emergence of sound, rounded insights and explanations at the very fundamental level. For instance, as to how state responses to child sexual abuse developed, what purposes they served and to what effect, how they are perpetuated, and the connections they might have with other undeniably similar phenomena, such as adult rape, sexual assault, and violence against women.

Qualitative research, structured, informed and guided by a critical feminist perspective was chosen as the most appropriate approach to a study such as the present. This was so, because it rendered it unproblematic to situate children's oppression by means of sexual abuse within a wider societal context of structural inequality predicated upon the oppression of those with less power. From this position, phenomena such as child sexual abuse and the state could be looked upon anew in following Dean (1994), the 'tireless interrogation of what is held to be given, necessary, natural, or neutral'. In so doing, the research act is scrutinised too:

> *...insurgent researchers ask questions about how what is has come to be, whose interests are served by particular institutional arrangements, and where our own frames of reference come from. (Kincheloe and McLaren, 1994, p.154)*

The latter had particular relevance to the study at hand, since in many ways it was an inquiry conducted from 'the inside'. The research site was a regional branch of the state child welfare system encompassing three counties in the Republic of Ireland in which I am employed, and as detailed earlier, one in which I spent seven years as a social worker primarily in the field of child sexual abuse assessment.

The implications of a critical feminist theoretical paradigm for the strategies of inquiry and the methods of data generation chosen to address the research questions guiding the study, were such that a full, rounded, multi-faceted picture of Irish state responses to child sexual abuse emerged, which was acutely sensitive to the emotionality inherent to its production.

Thus, in examining how child sexual abuse is conceptualised and responded to within Irish state and social systems, a multi-method approach to data generation was employed, enabling following Mason (1996), 'the studied use and collection of a variety of empirical materials'. Thus the lived experiences of 24 individuals, who experienced state child welfare intervention over a wide span of years (1991-2001) in relation to child sexual abuse, were sought. The individuals comprised 13 mothers and one female relative foster carer, four fathers and two male carers, a female child, and three young women (who experienced state child welfare system intervention in relation to sexual abuse as teenagers). Research participation took place over the period July 2001-July 2003. In addition, seven state child welfare system professionals, of both genders, working at different grades of the system with direct responsibilities for the delivery of child sexual abuse-related interventions, participated. Such professionals participated in the research over the period November 2004-March 2005. Further, seven professionals, of both genders, from a wide range of relevant state and social systems outside that of state child welfare such as law enforcement, the legal system, the medical system, the educational system and the non-statutory sector (including organisations concerned with child therapy, male violence against women and children in the home, and adult rape), participated. Such professionals participated over the period October 2004-March 2005. Finally, a range of social texts — documents and cultural records produced over time (1987-2005) in this jurisdiction including national, regional and local policy documents, professional guidelines, procedurals and protocols, programmes, official reports, print media and special interest publications and documents, official records, and corporate newsletters — were selected and interpreted for the individual and collective meanings they represented in relation to how child sexual abuse is conceptualised and responded to by the Irish state. Social texts emanated from the Department of Health and Children and its predecessor, the Department of Health, from the Department of Education and Science, from non-statutory organisations, from the research site, from the research site in conjunction with the Irish Foster Care Association and from national, regional and local newspapers.

Elements of phenomenology, and a broad hermeneutical approach to the interpretation of social texts, were the strategies of inquiry in the present study. Accordingly, in-depth, loosely structured, face-to-face interviews were chosen as the most appropriate means by which to facilitate understandings of people's direct experiences of state and social systems' interventions in the area of child sexual abuse, from their particular perspectives

including *inter alia,* as 'consumers' and 'providers' of services. Hermeneutics (and to a lesser extent, semiotics), as an approach to analysing texts in order to understand underlying meanings, afforded following Hodder (2000), 'patterned similarities and differences' to emerge which simultaneously took full account of the contexts from which both the texts and the researcher emerged.

Interpretive research practices informed by critical and feminist theories in respect of both the interview data and the data that was generated from the social texts, combined then to produce holistic social explanations in relation to how and why child sexual abuse is conceptualised and responded to in the ways that it is, by Irish state and social systems. The essential, recurring features of the phenomenon being studied (Janesick, 1994) were represented in model format. Termed the 'power, privilege, patriarchy triptych' (Figure 1), its delineation formed the contents of the remaining chapters of the thesis.

The power, privilege patriarchy triptych located the state child welfare system at its core, since this was the central system of inquiry to the study. Three interlinked phenomena were found to be contained within this sphere; (1) state directives (legislation, policy, professional guidelines, procedurals and protocols), (2) organisational rules and norms ('gate keeping', eligibility criteria, professional conduct around child sexual abuse (the latter incorporating (a) fear-based responses, (b) disclosure-reliant child sexual abuse assessments, (c) credibility assessments and (d) dualistic paradigms) and (3) 'official' knowledge production and presentation.

Chapters 5 - 8 inclusive discussed each of the three phenomena in depth, and observed their key points of convergence. In so doing, the core assumptions underpinning state responses to child sexual abuse (as overviewed in Chapter 1) were deconstructed. Indeed, as were the ideological and theoretical presuppositions, systems, institutions and professional practices that have emerged from the state in relation to sexual abuse, as overviewed in Chapter 2. In this way following Pohlman (2005), 'new ways of thinking' about the social problem of child sexual abuse and the state response were opened up.

In utilising a framework of reciprocal spheres of influence, the state child welfare system was situated in relation to other state and social systems (for example; the political system, the legal system, the family, the educational system, the voluntary sector, the religious system, the cultural system, the medical system and the social welfare system), and their

interconnectivity in relation to how child sexual abuse is conceptualised and responded to, was explicated throughout the thesis.

Ultimately the state child welfare system, and the state and social systems that surround it, were seen as being overarched by the combined impact of a mutually reinforcing and interconnected triptych of influences, those pertaining to power, privilege and patriarchy. The influence of this sphere was seen as all pervasive, and as mediated through a sphere of influence concerned at the interrelated levels of thought, language, discourse and myth. Utilising this framework, the thesis overall illuminated why the systems, institutions, procedures and practices that comprise the dominant state response to child sexual abuse in the Republic of Ireland, have assumed their particular shape. It illuminated the way in which child sexual abuse is conceptualised and responded to in this context, as well as how such responses are justified and sustained, and at times, challenged and modified. I revisit all of this now, and I return to the power, privilege, patriarchy triptych again later, as I draw the thesis to a close.

Child Sexual Abuse: Underneath the State Response

State directives (legislation, policy, professional guidelines, procedurals and protocols) were considered within the context of their production, distribution and consumption. They were examined on a number of different levels; ideologically, theoretically and so for their significance in shaping knowledge, meanings and experiences in relation to child sexual abuse and the state response. Attending to the influences of the phenomena thought, language, discourse and myth was fundamental here in illuminating the construction of dominant 'authoritative' texts and versions of the 'social realities' of child sexual abuse, and the far reaching consequences they represented for Irish state and social systems' responses to the issue. As Atkinson and Coffey (1997) contended, a "...dense network of cross-referencing, and shared textual formats, creates a powerful version of social reality" (p.61). The thesis then related the 'patterned evidence' (Hodder, 2000) that was accumulated from the data generated from the social texts, to the full range of information available to the study (i.e. to the data generated from qualitative interviews, and the knowledge gleaned from extensive reading of the work of others). In so doing, a picture emerged of a state-constructed and sustained conceptualisation of child sexual abuse as a threat to adults and institutions, actualised through fear and denial-based responses to the

issue, that ultimately serve to contain the problem on behalf of a capitalist patriarchal social order.

State Welfare, State Child Welfare Systems and the Construction of Dominant Discourses

This thesis illuminated the influence of capitalism upon contemporary state responses to child sexual abuse (and child abuse more generally). In this way, the state child welfare system was situated within state welfare systems generally and a global economy in which nation states are pressured to become more business-like and competitive (Harris, 2003). As the critical theorist Harris (2003) evidences, this has huge implications for state welfare services, and social work in particular. Accordingly, the political strategies of contemporary governments (1980s to date) in the U.K. and the U.S. in reforming and positioning social welfare in relation to the global economy, have resulted in a 'quasi-capitalist' ideology to prevail, and a 'quasi-business' discourse to dominate social work (Harris, 2003).

Signalling in no uncertain terms a retreat from state provision, but couched in ideological and rhetorical terms promoting individual self-sufficiency and the 'care/support' of informal carers, the "...broad individual and social issues arising from social work" (Harris, 2003, p.58) are driven out. Simultaneously, in the relentless drive towards economic efficiency, corporate objectives rather than the quality of social workers' practice begin to assume priority for managers (Harris, 2003). Thus the rhetoric of 'quality' and 'business excellence', the emphasis on standards, regulations, eligibility criteria and audit represent ways in which social work is depoliticised "...and represented as a neutral machine for the production of services, divorced from wider questions about equity and social justice" (Harris, 2003, p.99).

Specifically for state child welfare system responses to child sexual abuse, this thesis exemplified that corporate/managerialist agendas have come to influence professional intervention to the extent that the problem of child sexual abuse is considered amenable to either/or determinations as to its occurrence or not, through the application of standardised procedures within narrow, organisationally-driven time frames. I return to this in greater depth later.

Critical feminist analyses of state welfare systems, and the global and national influences shaping welfare services, were seen in this thesis to have applicability more generally to the Irish situation. Set against a context in which the state through such directives as the

Constitution (1937) and the primary child care legislation (the Child Care Act, 1991), has relegated the 'family' to the female sphere of the 'private', an understanding began to emerge as to why and how child care and child protection have been accorded low priority by the state, certainly in material terms. Supported by an ideology in which women as mothers are regarded as the main carers of children, it became possible to see why the state child welfare system intervenes and targets mothers in the main for state sponsored child care and welfare services including 'family' support, only when the 'family' is seen to fracture, as when child abuse becomes 'public' i.e. presents itself to the state. This was considered to be consistent with the state's minimalist approach to children generally, and issues to do with child disadvantage and abuse. Accordingly, matters concerning cause are occluded, as are the significant structural changes true prevention of abuse and disadvantage demands.

The interests of the Irish state to, following Ferguson (1996), 'control child care policy and contain the child abuse problem' led to the development of a state child welfare system in which, following Rodgers (1996), the debate about child abuse and neglect was enclosed within the parameters of a male medical discourse. Successive state directives in the form of policy and professional practice guidelines and procedurals, at both national and regional levels, from 1980 to date have thus pathologised and individualised discrete incidences of child abuse. This avoids tackling the recognition of, and costly actions required to ameliorate the factors and conditions that conspire to render children vulnerable to adversity and abuse. In this way, commonalities can be seen in how the state responds to child sexual abuse and how it responds to other forms of child abuse, and I return to this shortly. In the case of child sexual abuse, conceptualising it in this way precludes recognition of its pervasiveness as well as of its cause; a discourse antithetical to survivors and feminist activists in the area. As we have seen, radical feminist theory focuses on the 'private' sphere specifically sexuality, sexual violence, motherhood and bodies as critical sites of (male) oppression for women (Beasley, 1999). Accordingly, a radical feminist discourse unequivocally links child sexual abuse to issues of male power, and the prevalence of men's sexual and physical violence against women and children (Itzin, 2000a). This thesis aligns itself with Itzin (2000b) who proposes that unless child protection policy and practice addresses the sexual abuse of children as an issue of men's violence, as an issue that must be recognised, addressed and resolved, child sexual abuse will not cease. The power of men in privileged positions to sweep aside such

dissenting discourses was seen in this thesis, to not solely be as a consequence of their dominance numerically and culturally in 'public' institutions. It was seen as compatible with the fact that women's contributions to mainstream western social and political thought have not been afforded equal weight to those of men's (Beasley, 1999, Connolly, 2003). This clearly reflects the combined operations of power, privilege and patriarchy, and relates more generally to (following O'Connor 1998), the devaluation of women relative to men. Such findings afforded an insight into the fundamental and colossal transformations to the social order that are necessary in order to ensure that all individuals, irrespective of age, gender, social class, race/ethnicity, sexual orientation and ability, are freed from oppression in all of its forms. I return to this later specifically as it pertains to child sexual abuse prevention.

Yet this is not to deny the positive developments within the state child welfare system that have come about as a result of feminist campaigning on the issue of child sexual abuse; fundamentally, that the 'official'/'public' recognition of the existence of child sexual abuse has been achieved. In this way, it is possible to see that there are potentialities for change within the dominant social order, and I return to this later.

Constructing and Sustaining 'Social Realities' Pertaining to Child Sexual Abuse

Data generated both from the interviews and the social texts in this thesis, pointed to the 'social realities' in respect of child sexual abuse that have been constructed by powerful elites and supported by organisational hierarchies across state and social systems. Thus, for instance, the state child welfare system was seen to have actively constructed child sexual abuse as distinct from all other forms of child abuse through the establishment of institutional structures (child sexual abuse assessment units) and discourses, revolving around the expert/specialist professional 'validation' of what children 'allege' about their abusive experiences. It was argued that the 1987 *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse* (Department of Health) as a document, was a crucially important one serving to establish, on the part of the state child welfare system, a dominant discourse in relation to child sexual abuse that endures to date. It is one in which child sexual abuse is constructed as a distinct social problem, requiring caution on the part of the professional in responding to it, and which centres on the responsibility accorded to children to tell of their 'alleged' abuse. It is a discourse that

ascribes responsibility to state child welfare professionals to 'validate' what children tell, through specialist procedures normally conducted within purpose built facilities or 'units'.

It was beyond the scope of this study to look in depth at professional intervention as it pertains to the investigation of child physical abuse, emotional abuse and neglect. From my professional perspective as a state child welfare system social worker however, it appears that there may be elements of commonality in how the system responds to these forms of child abuse, as it does towards child sexual abuse. Thus, for instance, I am aware that professional investigation of child physical abuse and emotional abuse may incorporate medical and psychological validation of what is alleged to have occurred. In the absence then of comparative research, comments below about the distinctive character of child sexual abuse *investigation* should be regarded as tentative.

It was argued in this thesis that the universalist and dichotomous forms of thinking at the core of state conceptualisations and responses to child sexual abuse, are deeply implicated in systems of power. This is so, because they privilege that which is included over that which is not. Accordingly, as accounts from the 'lived experience' sample evidenced, the experiences of children who did not, and could not, disclose their abuse in prescribed ways were discounted. As a consequence, such children (and families) were relegated in terms of professional help and support. Simultaneously, 'official' reports from the regional branch of the state child welfare system in which this study was located, documented the system's dissatisfaction with its professionals who 'failed' to fit cases of child sexual abuse into what the thesis would contend to be a rigid 'child sexual abuse occurred/did not occur' dualistic paradigm. I return to these themes shortly.

Ascribing Responsibility to Children

This thesis evidenced the peculiarly adocentric concept of 'child protection' from child sexual abuse that is a characteristic feature of the state child welfare system response to the issue. This was seen in the onus placed upon children to tell adults of their sexual abuse in (what would ensue as) prescribed ways, and to do so within narrow organisational time-frames. And it was seen in the subjection of children's accounts of sexual abuse to increasingly exacting 'credibility' analysis procedures. As an approach, this was evidenced to be inherently unsuitable to (and to fail significantly in) the identification, assessment and treatment of children who may be sexually abused. Effectively, it was seen to silence children whilst simultaneously serving to protect adult

abusers from apprehension. The extension and legitimation of the concept of child responsibility in the context of child sexual abuse by state and social systems outside that of child welfare, was exemplified in the Irish schools-based child abuse prevention programme, *The Stay Safe Programme* (MacIntyre and Lawlor, 1991), a joint initiative between two state departments (Education and Health). It was seen to enshrine the concept of ascribing responsibility to children, in this case training them in 'personal safety skills' to 'recognise and resist' child sexual abuse. The programme was considered to be ethically dubious and predisposed to fail in its stated objective of preventing the sexual abuse of children. This was so, not least because of its patent reluctance to engage in the specifics of who children are most at risk from sexually, and the kinds of behaviours children need to be aware of and protected from, but more fundamentally in the ascription of responsibility to primary school children of between approximately four and 12 years of age to stop abusers from abusing them. Fundamentally, pitting powerless children against powerful perpetrators in these ways was seen in this thesis to be profoundly unjust. This was so, because it effectively absolves professionals (and indeed such state systems as child welfare, the educational system, the medical system and the legal system) from responsibility when *children* 'fail' to stop abusers from abusing them by *inter alia,* not telling in the 'right' way. It is recommended here that the policy and practice of placing the onus on children to do what is the rightful work of adults, that is to protect them from sexual abuse and to prevent it from occurring, must cease.

It was further argued that the concerted focus upon 'older' children as perpetrators of child sexual abuse in *The Stay Safe Programme*, a position later echoed in the Department of Education and Science directive to primary school teachers (*Child Protection Guidelines and Procedures*, 2001), served to obscure the far more widespread occurrence of child sexual abuse by related and known adult males. The sexual abuse of children by related and known adult males was seen in this thesis to be evidenced consistently and unequivocally both in the literature (Finkelhor, 1979, 1984, Sharland et al, 1996, Itzin, 2000c, McGee et al, 2002), and in the experiences of the 'lived experience' sample. Thus, the alleged perpetrators in relation to 13 of the 18 children and young people in the present research were related and known adult males; there were four 'cases' where the alleged perpetrators were male children and adolescents, and there was one 'case' in which the recognition of an identified alleged perpetrator remained unclear. Of the nine 'cases' where the outcomes to state child welfare sexual abuse assessments were to

confirm abuse, seven of the abusers were related and known adult males, two were male adolescents. The thesis contended that acquiescing to imperatives concerned with ensuring adult sensibilities are not offended or threatened by publicly detailing the true nature and extent of child sexual abuse, is one overt means by which such state systems as the educational, testifies its allegiance to adults. In so doing, the pervasiveness of the problem, as well as the pain and risk that children and young people are exposed to in these contexts, is denied.

This is not to suggest that there is no value in schools-based, or indeed community-based (such as for example, youth clubs, or sporting/cultural organisations) programmes that are dedicated to the topic of child sexual abuse. Such programmes should indeed incorporate some of the more important principles associated with *The Stay Safe Programme*, for example, that (safe) adults need to be receptive to the reality that children and young people are susceptible to sexual abuse, as well as the message that it is never the child/young person's fault if they are so abused. What is tentatively suggested here is that child sexual abuse programmes need to develop beyond the concept of *prevention* through the training of children in personal safety skills, to a concept of *protection* through awareness-raising and dialogue within the context of protective local communities. I return to protective communities later.

Conceptualising and Responding to Child Sexual Abuse as a Threat

The interconnectivity between Irish state and social systems in relation to how child sexual abuse is conceptualised and responded to endures in the adherence to, and legitimation of, a dominant state child welfare system discourse associated with child sexual abuse. 'Patterned similarities' (Hodder, 2000) were evidenced across such directives as policy documents, professional guidelines, procedurals and protocols from 1987 to date, and across such state and social systems as the educational and elements of the voluntary sector. These legitimated the construction by the state child welfare system of child sexual abuse as distinct, as a matter to be feared by professionals (via the language and tone of caution and legalism), and as the realm of experts or specialists to assess. State directives were seen to pave the way for key related Irish state and social systems' interventions and responses characterised by fear, and that effectively deny the widespread extent to which children are being sexually abused by (following Itzin 2000a), 'ordinary' men in Irish society. This was evidenced from the experiences of young people and parents/carers from the 'lived experience' sample. It was evidenced from the organisational rules and

norms that characterised the state child welfare system response to the issue, and from the attitudes, norms and beliefs of key professionals both from within and without the state child welfare system, who participated in the study. The interests that are served in these ways were considered in this thesis, to be intrinsically bound up with containment of the threat that true recognition of the pervasiveness of child sexual abuse poses to the material and ideological stability of a capitalist patriarchal social order.

Fear, Denial and Containment

Thus the thesis illuminated that the majority of mothers and fathers/male carers from the 'lived experience' sample (who came from across the three counties of the research site and spoke of experiences that occurred at a range of different times), could not secure help in the first instance for their children from key related state and social systems. This was so irrespective of whether parents were disclosed to, whether they witnessed, or whether they suspected that their children may have been sexually abused. Medical practitioners, psychologists/counsellors working in private capacities and in non-statutory organisations, most usually directly advised parents that they would not, or could not, see their children until after the state child welfare system investigated whether or not child sexual abuse occurred. This was seen in the thesis as one of the more striking effects of the appropriation by the state child welfare system of child sexual abuse work, of its 'gate keeping' functions that essentially restricted access to services in relation to child sexual abuse.

Further, when 'cases' of possible child sexual abuse entered the state child welfare system, a similar situation prevailed such that for certainly half of the 'lived experience' sample, organisational rules and norms were such that no professional spoke to the child in question pending specialist child sexual abuse assessment. In the vast majority of 'cases' from the 'lived experience' sample, state child welfare system specialist intervention took many months to materialise during which time no professional spoke to the children concerned. The thesis illuminated the feelings of deep anxiety, helplessness, bewilderment, frustration and anger parents/carers experienced in these situations (and which for some mothers and fathers endure to date), as well as the potential and actual dangers such non-intervention posed for children's safety and well-being.

The thesis documented the stark extent to which child sexual abuse work, over and above all other child abuse work, evoked the emotion of fear within professionals, those both

from within and from without the Irish state child welfare system. In this way, it further evidenced the interconnectivity between state and social systems in relation to how child sexual abuse is conceptualised and responded to.

In relation to the state child welfare system 'professional sample', as we have seen, more than half employed terms such as 'anxiety' and 'panic' when speaking both on behalf of themselves and their colleagues about child sexual abuse work. They spoke of how state child welfare system professionals needed 'confidence', 'support', 'back-up' and 'protection', together with specific 'skills' and 'training', and of the desirability of 'experience' in this field. Professionals sometimes communicated a sense of bewilderment as to why such emotions featured in relation to the work. This was seen on two fronts. Firstly, as the thesis evidenced, the 'received risks' associated with child sexual abuse work did not match the reality 'on the ground' for professionals. In employing the term 'received risks', I adapted the language and concept associated with the term 'received wisdom'. Accordingly, the 'handed-down' fears associated with, for instance, professionals 'being brought into court' in relation to their work are not borne out, not least because prosecutions (and convictions) in this area are extremely low, internationally, nationally and regionally (Itzin, 2000b, Ferguson and O'Reilly, 2001, McGee et al, 2002, Colligan and Buckley, 2004). In the present study, there were just two perpetrators convicted, and a single adolescent prosecuted under the Garda Juvenile Diversion Programme. Similarly the 'received risks' associated with professional error, litigation and adverse media attention bear no reality to the routine experiences of state child welfare system professionals engaged on a day-to-day basis in child sexual abuse work. The second source of bewilderment for professionals as to why they should feel fearful about child sexual abuse work centred around their belief that (in this case) social workers, have in the main already the requisite education, training and skills to engage in child sexual abuse work as they by necessity would have in relation to any other form of child abuse work. Professionals in this study often attributed their own and their colleagues lack of confidence in relation to child sexual abuse work to be consequential to the deskilling effects of 'specialist' units. This is a process as we have seen Hudson (1992) to term the 'mystification' of child sexual abuse. This refers to the concept that the work belongs in the specialised sphere of professional 'experts', and which often as Hudson put it, undermines the competence and confidence of ordinary front line practitioners, the majority of whom are women.

The thesis evidenced then that the twin construction of child sexual abuse as a matter to be feared by professionals, and as being the sole realm of 'experts' (a construction that is legitimated across state and social systems), need not comprise the reality of professional experiences of the work for state child welfare system professionals. However, it equally evidenced that at an emotional level, the power and endurance of such a construction cannot be overestimated. In this context, the report looked at the development of new procedures for responding to child sexual abuse, as per *Procedures For Undertaking Child Protection Needs Assessment (CSA)*, (undated, [Research Site]). Designed in an effort to ameliorate an approach to child sexual abuse work seen as hitherto dominated by 'legalism', it attempts to move such cases away from specialist assessment centres and allocate them instead to community based professionals. The thesis documented this as a welcome endeavour, and it is suggested here reflective too of the capacity for positive change over time, on the part of the state child welfare system. It is important however, to remember that the same eligibility criteria, interview format and credibility analysis procedures inherent to child sexual abuse assessments in the study site are retained, in order to determine whether sexual abuse occurred or did not. I return to this shortly. The thesis contended that the governing values that underpin the state child welfare system response to child sexual abuse are those that are concerned with the threat that it is perceived to pose to adults and institutions. Such values are actualised through fear and denial-based responses to the issue (such as 'legalism'), which ultimately serve to contain the problem on the part of the state. Accordingly, the thesis argued that by failing to examine why fear and denial-based responses to child sexual abuse exist in the first place, and more fundamentally by failing to critically address the perception that child sexual abuse poses a threat to adults and institutions *before* new professional procedures are employed in the organisation, their ethics and efficacy were seriously questionable. One challenge then for the study site as I see it, is to actively engage with the emotion of fear that permeates professional child sexual abuse work, to address it and to resolve it. Not to do so, it is argued here, means that children, young people and their families in these situations will continue to meet repressive systems that offer little by way of meeting such needs as expressed repeatedly by people from the 'lived experience' sample, for timely, sensitive, supportive, empathic, non-judgemental and protective *human* contact.

The thesis documented the extent to which child sexual abuse work, over and above all other child abuse work, evoked the emotion of fear within professionals from systems

outside that of state child welfare as well. Again this was evidenced on a number of levels. Paving the way were the 'patterned similarities' (Hodder, 2000) between the educational system national directive (*Child Protection Guidelines and Procedures*, Department of Education and Science, 2001), and the 'official' position adopted by elements of the voluntary sector (here in the form of the CARI Foundation *Annual Report, 2004*). Thus, the construction by the state child welfare system of child sexual abuse as distinct, and as the realm of state child welfare system experts/specialists to assess in the first instance, was legitimated. The emotion of fear in relation to child sexual abuse was embodied in the attitudes, norms and beliefs of key professionals from state systems outside that of child welfare, who participated in the study.

Thus, research participation with the General Practitioner (GP) revealed that once again, a dominant state construction of child sexual abuse as a threat influenced their approach to the issue. We have seen the considerable caution that was exercised by them in responding to possible child sexual abuse, and how the 'received risks' (for professionals) of a litigious court case appeared to assume precedence over children's needs for decisive intervention on their behalf. A fear of 'false allegations' of child sexual abuse appeared also to be a pressing concern of theirs, and I return to this shortly. In what would continually be evidenced throughout this thesis as a fundamentally different approach to the issue of child sexual abuse, over and above all other forms of child abuse, in this case the GP was seen to actively avoid forming diagnoses or sharing their opinions with relevant professionals and in certain cases, parents. I reiterate here that this approach is in no way akin to how the GP responds to other issues concerning child health, for example neglect and emotional abuse. Interestingly, as we have seen, the GP felt very strongly that a national directive from their governing body, the Irish Medical Council, would serve to protect doctors when encountering cases of possible child sexual abuse in their practice.

Further as the thesis documented, research participation with the primary school principal revealed them to be acutely fearful around the whole area of child sexual abuse. This was unequivocally verbalised by them, and seen in the denial-based responses that they and their colleagues have constructed in order to avoid directly engaging with the issue. These included 'talking themselves out of' reporting to the statutory authorities, and most certainly to parents, what can be regarded as concerning indicators suggestive of child sexual abuse that they have encountered. Justification of this was seen in the adoption of a position in which not being in receipt of a direct verbal disclosure of sexual abuse from a

child, served to absolve the school from the responsibility of having to respond. Crucially of course, as the thesis confirmed and to which I return shortly, the direct disclosure by a child of their sexual abuse is a rarity. Once again, this approach on the part of the school is fundamentally different to the one it adopts towards other forms of suspected child abuse, such as physical abuse and neglect.

Finally, the implications for the responses of the family system to child sexual abuse of a state constructed discourse revolving around the professional 'validation' of what children 'allege' about their abusive experiences and the legalism that surrounds such a construct, were seen to be deleterious. The experiences of a long-standing regionally based therapist from a non statutory organisation providing support services for people affected by child sexual abuse (the CARI Foundation), pointed to worrying (non) interactions between parents and their children pending state child welfare system specialist child sexual abuse assessments. Such interactions were seen in the thesis to mirror those of community based statutory social workers as observed by Ferguson and O'Reilly (2001), when they too approach children in relation to suspected child sexual abuse. This was so because they were seen to be dominated by fears associated with 'contaminating' children's 'statements', rendering children's immediate needs for reassurance, empathy and sense of safety, as secondary. This thesis aligns itself with the view of the CARI therapist that there is '*...a real need for parents to feel more confident about what they can say and how they can say it*', when child sexual abuse features in their lives.

In a related way, from the 'lived experience' sample the experiences of Ms. Layden, mother to Tilly, were such that she felt inhibited from speaking fully to her child about the sexual abuse she experienced, since her repeated experience of the state child welfare system from the beginning was the clear message not to do so. It is important to remember that Ms. Layden remains to date in receipt of state child welfare system services, and her fears of being reprimanded for talking openly to her child as she had been previously, are very real. It was seen in this thesis to be deeply concerning that as a consequence, Tilly has been effectively silenced, and her own and her mother's recovery has been significantly compromised. The literature cited in the thesis clearly exemplified the enormous therapeutic value associated with parents affording opportunities to their children to talk about their abuse (Farmer and Owen, 2000). The silencing effects of fear, denial and containment based responses to child sexual abuse on children and their parents/carers, are clearly anti-therapeutic as they most certainly are anti-protective. This

points overwhelmingly to the urgent need for such Irish state and social systems to reprioritise the safety and welfare interests of children, young people and their non-abusing parents/carers over the interests of powerful professionals and their associations and the systems in which they work. After all, as the thesis illuminated, it is the former group of people who have so much more to fear in reality about sexual abuse.

Conceptualising and Responding to Child Sexual Abuse as a Threat: the 'False Allegations' Construct

This concluding chapter began by contending that state directives (legislation, policy, professional guidelines, procedurals and protocols), construct dominant 'authoritative' versions of the 'social realities' of child sexual abuse, with far reaching consequences for Irish state and social systems' responses to the issue. Thus far, we have looked here at the construction and consequences of a version of the 'social reality' of child sexual abuse that sees it as distinct, as a matter to be feared by professionals, and as the realm of state child welfare system experts who 'validate' what children 'allege'.

The thesis evidenced the construction of another dominant 'social reality' in respect of child sexual abuse. Thus, the construct that children make 'false allegations' of child sexual abuse was established in the more recently produced directives emanating from across state and social systems. This came accompanied by another new concept relating to state sanctioned protective strategies that adults/institutions were urged to adopt in response. Attending to the influence of the phenomenon of myth was fundamental here in illuminating the origins and functions of such constructs at this particular point in Irish history. The thesis contended that myth is a means through which the interests of power, privilege and patriarchy are prioritised, and through which a dominant gendered ideology is perpetuated that minimises (and thus facilitates), the sexual abuse of children by males. It argued that myths play a heightened role when the social order is faced with the material and ideological repercussions attendant to widespread public revelations of the extent to which children are being sexually abused by 'ordinary' men in Irish society, i.e. when containment of the problem on behalf of a capitalist patriarchal social order, assumes a new urgency. The 'new' concepts associated with 'false allegations' and adult protective strategies appeared in Irish state and social systems' texts from the late 1990s and early 2000s, against an Irish societal/cultural context in which unprecedented numbers of children and adults were publicly declaring their experiences of having been sexually abused, as well as their experiences of state systems that failed to protect them (see for

example, Raftery and O'Sullivan, 1999). Additionally, is an international context in which the dubious phenomenon of 'false memory' of child sexual abuse had emerged (a decade earlier) as a concerted challenge to children and adults' declared recollections of abuse (Armstrong, 2000, Itzin, 2000b).

The thesis evidenced the remarkable number of myths that have been constructed around the issue of child sexual abuse, their prevalence across the English-speaking world, their durability, and their amenability to modification over time. This was considered to be one of the more startling reminders that the sexual abuse of children is regarded in a fundamentally different way to all other forms of child abuse. The thesis contended that the core function of myths concerning child sexual abuse is to deflect recognition of the routine occurrence of sexual violence against children, from the 'ordinary' men who perpetrate it. In this context, the established construct of 'false allegations' in the directives issued by state and social systems, was seen simply as the modification of the age-old myth that children lie about sexual abuse. Re-vamped in more palatable socio-legal terms in order to reflect contemporary patriarchal interests, the myth of 'false allegations' has been actively promulgated by the state as a response to the threat that child sexual abuse poses to it. It's legitimation by such state and social systems as child welfare, the educational system, teachers trade unions and elements of the voluntary sector, represented further evidence of the interconnectivity between state and social systems in relation to how child sexual abuse is conceptualised and responded to. The thesis also argued that the modernisation of the myth that children lie about sexual abuse was entirely compatible with the enduring powerlessness of children in Irish society (Murphy, 1996, Shannon, 2005), sustained through cultural narratives in which children (and female children in particular), are represented as not of equal status to adults, as unreliable, and as the inventors of 'false allegations' of child sexual abuse against well meaning adults for malicious or attention-seeking reasons.

As before, this version of the 'social reality' of child sexual abuse was neither evidenced in the literature, nor in the findings of the present study. Thus, national and international data from incidence and prevalence reports, community surveys, clinical research, community studies and survivor accounts over some 25 years have consistently evidenced that children do not lie about sexual abuse (Sgroi, 1982, Summit, 1983, Wehrspann et al, 1987, Bagley and King, 1990, Hooper, 1992, Hudson, 1992, Parton and Wattam (eds.) 1999, Nelson, 2000, McGee et al, 2002). In the present study, just one of the seven state child

welfare system professionals was seen to have encountered a single case in which a child was thought to have lied/made a 'false allegation' of child sexual abuse.

The thesis evidenced how steadily, and over a relatively short period of time, the state child welfare system constructed this version of the 'social reality' of child sexual abuse. In so doing, national child protection guidelines aimed at professionals and community/voluntary organisations that provide services for children (Department of Health and Children, 1999, Department of Health and Children, 2002), together with national and regional directives concerned with lay and professional practices in relation to children requiring state care (Department of Health and Children, 2001, [Research Site] and Irish Foster Care Association, 2003), were seen to have profoundly deleterious implications for adult-child interactions generally, and responses to children who may have been sexually abused, specifically.

Deeply stigmatic and blaming-type responses were advocated in both the regional *Safe Care In Foster Care (*[Research Site] and Irish Foster Care Association, 2003), and the national *Report of the Working Group on Foster Care (*Department of Health and Children, 2001) documents, towards children who have suffered sexual abuse. As we have seen, *Safe Care* cautioned against the teenaged sons of foster carers babysitting child victims of sexual abuse expressly, 'as a protection for their [foster carers] own children against allegations'. And the *Report of the Working Group on Foster Care Foster Care A Child Centred Partnership (*Department of Health and Children, 2001), included the following as a contributory factor towards child abuse in the foster home:

> *... children who themselves have experienced abuse can exhibit behaviour that provokes an abusive response from others. Children who have been sexually abused can be particularly challenging to deal with and often display highly sexualised behaviour. (pp 79, 80)*

Both statements of course, were also considered to serve to deny the true nature and extent of child sexual abuse, whilst at the same time implicitly ascribing responsibility on children for the sexual abuse perpetrated on them. Thus for instance, the particular risks posed to *children* by adolescent males in relation to sexual abuse (Glasgow et al, 1994, Travers, 1999, Print and Morrison, 2000, McGee et al, 2002, Hackett, 2004), were not

alluded to. In the present study as we have seen, four of the 14 alleged perpetrators were male children and adolescents.

In this way it is contended here that such statements are entirely compatible with prevailing myths that abound about child sexual abuse; about the children so abused, about children who are at risk of abuse, and about the perpetrators of child sexual abuse. For instance, the myth of 'seductive' female adolescents can be considered to be a modification/contemporary incarnation of earlier myths that represented daughters/girls as being the seducers of fathers/innocent men. Similarly, the myth of the aberrant nature of child sexual abuse as a distinct form of pathological behaviour and therefore linked with 'paedophilia', can be considered to be a modification/contemporary incarnation of another early myth that represented child sexual abuse as being the deviant behaviour of the 'lower' classes. Findings from the 'lived experience' sample, together with those from the literature as cited in the thesis, consistently and unequivocally evidenced the falsity of such constructs (Summit, 1983, Hudson, 1992, Stewart, 1996, Hicks and Tite, 1998, Eldridge, 2000, Kelly et al, 2000, Itzin, 2000c, Kitzinger, 2004, Madden, 2005). In this way, such constructs reinforce the contention of this thesis that myths about child sexual abuse have an important ideological hegemonic function in deflecting recognition of the pervasiveness of male sexual violence against children.

The concept of adult protective strategies against 'false allegations' of child sexual abuse was evident with both the national and regional foster care directives advocating the adoption of 'house rules'. Once again, the directives were seen to pave the way for fear and denial-based responses to the issue of child sexual abuse. Thus, as we have seen, research participation with the 'senior practice manager' revealed state child welfare system-led practices and responses to cared for children under the banner of 'house rules' to be so pre-occupied with 'false allegations' of sexual abuse, that they have serious potential to adversely impact the nurturance so crucial for healthy child development generally. It was further argued that such responses to children known, or suspected, to have been sexually abused have significant potential to isolate them, and to reinforce notions of their inherent 'bad', corrupt and culpable natures.

Once again, the thesis evidenced that the 'received risk' posed by 'false allegations' of child sexual abuse against foster carers did not match the reality, but rather obscured a different one. Thus, the 'senior practice manager' did not recall ever encountering a case

where a child made a false allegation of child sexual abuse against a member of a foster family, yet they have encountered a number of allegations of child sexual abuse against members of foster families that have resulted in confirmed abuse outcomes.

Managerialist Agendas and Responses to Child Sexual Abuse

The thesis evidenced how in the Irish Republic from the late 1980s to date, state intervention in child abuse has become much more prescriptive and procedural, characterised by limited professional discretion and heightened accountability. This was seen to be partly attributable to the role of high-profile child abuse inquiry reports in Ireland over the past 12 years or so, where the state child welfare system has been perceived to have publicly demonstrated organisational failure. Viewed in a wider context of global capitalist imperatives, limited professional discretion and heightened accountability are also hallmarks of the 'quasi-business' discourse dominating state welfare systems elsewhere, and the practice of social work specifically (Harris, 2003). Current health services reforms and the establishment in January 2005 of the Health Service Executive (HSE)– the legal body with responsibility for the delivery of personal health and social services in Ireland – were seen to indicate the extent to which a 'quasi-business' discourse has become integral to the public sector in this jurisdiction, bringing it, following Harris (2003), 'into line with the modern practices of capitalist enterprises'. Further, as we have seen, in keeping with the gendered nature of managerialism (Lupton, 1992), HSE filled posts to date reflect a male dominated organisational culture.

Accordingly, the thesis tracked how from the 1990s, state directives emanating from central government and corresponding state child welfare organisational structures and systems in relation to the management of child abuse, have become increasingly concerned with definitive 'outcomes' to child abuse cases, as indicators of professional performance. Directives from the regional branch of the state child welfare system in which the present study was located, highlighted that for professional responses to child sexual abuse, the impact of this was to impose interventions based on managerialist assumptions that child sexual abuse was a matter that could, and must be, definitively dealt with within standardised procedures and narrow time frames. It was argued that the combination of state conceptualisations of child sexual abuse as a threat together with managerialist prescriptions, were to have particular ramifications for (state child welfare system) organisational rules and norms in respect of child sexual abuse. Accordingly, *inter alia*, the definitive 'official' establishment of the occurrence/not of child sexual abuse within

standardised procedures and narrow time frames has assumed precedence over children and families' needs for safety and well being. Termed in the thesis as a 'child sexual abuse occurred/did not occur' dualistic paradigm, it would be evidenced as ultimately containing the problem of child sexual abuse on behalf of a capitalist patriarchal social order increasingly beset by the ideological and material repercussions attendant to public revelations of the extent of male sexual violence against children. In this way, a rigid 'child sexual abuse occurred /did not occur' dualistic paradigm would also be evidenced to have serious consequences for the production of 'official' knowledge pertaining to the nature and extent of child sexual abuse coming to state attention.

Eligibility Criteria for the Assessment of Child Sexual Abuse as a Form of 'Gate Keeping'

This thesis, as we have seen, located the Irish state child welfare system within a global capitalist patriarchal context in which managerialism and (following Argyris 1990), 'organisational defences' have assumed primacy. Accordingly, eligibility criteria for the provision of child sexual abuse assessment services in the first instance were viewed as compatible with state policies of containment. This was so, because they can effectively serve to exclude categories of children who are vulnerable to sexual abuse from being identified, assessed and treated, according to pre-defined criteria which assume, modifying Harris (2003), a clinical-managerial guise, "...rather than being seen as political decisions" (p.150).

Thus as we have seen, none of the 18 children from the 'lived experience' sample was younger than four years of age when they were assessed by specialist child sexual abuse professionals, even though in two cases, Elaine and Tilly, concerns of a child sexual abuse nature began to emerge when they were aged approximately two and a half years. As we have seen, in Tilly's case, concerns were brought to social work attention at that stage, although specialist child sexual abuse professionals did not interview her until she reached four. And as we have seen, the experience of the regionally based professional who works in the field of child psychiatry when referring younger children for child sexual abuse assessments was similar, since such referrals on their part were not usually accepted.

The thesis evidenced the particular risks associated for younger children in relation to child sexual abuse (Bacon and Richardson, 2000, McGee et al, 2002), and the significant role of medical evaluations for very young children in this context. As we have seen earlier here

though, the experiences of some parents from the 'lived experience' sample were such to suggest that younger children in the study site may be doubly disadvantaged by being denied access to child sexual abuse assessments *and* medical evaluations. Furthermore, children in general in the study site may be denied access to appropriate medical intervention when concerns of a sexual abuse nature exist. The consequences of this were seen as very serious, in that children can remain at risk of ongoing sexual abuse, and in some cases, treatment in respect of possible injury and trauma can be denied them. Concerned parents too were left in enduring states of disquiet.

The thesis tentatively suggested that eligibility criteria for child sexual abuse assessment in the study site may well also serve to exclude children in the context of custody and access disputes where there are concerns of a child sexual abuse nature. The existence of criterion 4 of what are termed 'suitability' criteria, 'Custody and access details must be clarified prior to an assessment' ([Research Site] *Child Sexual Abuse Assessment Policy Protocols Forms*, November 2003, p.6), together with research participation with Ms. Jackson (mother to Elaine), with the regionally based therapist from the non-statutory CARI Foundation, and with a community based social work team leader from the study site suggested that women who contact the system in such situations may be susceptible to a myth in this regard.

Once again, attending to the phenomenon of myth was significant here in illuminating the origins of what appears to be a predisposition to disbelieve the occurrence of child sexual abuse in certain contexts. Hooper (1992) observed the emergence of what she termed as a 'new' myth, that of women making false and malicious allegations of sexual abuse against their ex-partners in the context of custody and access disputes. The thesis documented that this myth, like all of the others that surround child sexual abuse, is not accompanied by supporting evidence (Thoennes and Tjaden, 1990, Hlady and Gunter, 1990, Faller and De Voe, 1995, Faller, 1999b). It argued in fact, that the myth of false allegations of child sexual abuse in custody and access scenarios was a contemporary modification of 'mother-blaming' myths generally, which function to deflect recognition of the pervasiveness of male sexual violence against children.

The thesis found that state child welfare system eligibility criteria governing the provision of child sexual abuse assessment services may not only serve to exclude certain categories of children from being able to access these services, but moreover may limit such

children's opportunities of availing of services from systems outside that of state child welfare. Illustrating once again the legitimation of a state child welfare system discourse in relation to responses to the issue, organisational rules and norms were such within the non-statutory CARI Foundation that in the event of children being refused a child sexual abuse assessment service from the state child welfare system, it would usually not see the child either. This is so because the provision of therapy is contra-indicated for CARI in situations where a child might be at ongoing risk of abuse. This position of course is entirely reasonable, but in the context of findings to date in the thesis vis a vis professional non-engagement with child sexual abuse generally, it raises fundamental questions about what happens to such children at what may well be critical points.

The 'Child Sexual Abuse Occurred/Did Not Occur' Dualistic Paradigm

This thesis contended that the regional directive from the study site, *Child Sexual Abuse Assessment Policy Protocols Forms* ([Research Site], November 2003), formalised managerialist-type expectations that the problem of child sexual abuse should be rendered amenable to either/or determinations as to its occurrence or not through the application of standardised professional procedures in narrow, organisationally-driven time frames. Practitioners in the field of child sexual abuse assessment, as we have seen were directed to provide one 'definite conclusion' to the assessment from within two possible dualistic options; child sexual abuse occurred or it did not.

As we have seen though from analysis of the data both from within and without the study site (particularly in the form of annual 'official' reports documenting child protection activity), a dualistic approach to child sexual abuse is fundamentally flawed, evidenced unequivocally in the outcomes professionals reach pursuant to their assessments. Thus, at regional and national level, child sexual abuse was evidenced to have consistently the highest rates of 'inconclusive' and 'assessment ongoing' outcomes compared to all other forms of child abuse, together with the lowest rates by far of 'confirmed' outcomes. And as we have seen, the organisational knowledge base of the study site highlighted their problematically uncertain nature, by negatively evaluating such 'outcomes' against outcomes in respect of other forms of child abuse. This was so, it was argued because at the core of the contemporary Irish state child welfare system is a drive to be seen to effectively manage child abuse and to restore faith, in the context of a social-political climate preoccupied with the failures of state systems (in relation to child abuse and child sexual abuse specifically). This is against a backdrop of a need to avoid the implications

engendered through public exposure of system 'failures'. The consequence of this for 'official' knowledge in relation to child sexual abuse is such that the 'official' identification of children who may be sexually abused, together with that of the perpetrators of abuse, is an all too infrequent occurrence. It was argued that this effectively serves to contain the pervasiveness of the problem.

The implications of a dualistic 'child sexual abuse occurred/did not occur' paradigm for children, parents and professionals both from within and without the state child welfare system were considered in the thesis on a number of levels. Specifically in relation to inconclusive outcomes following child sexual abuse assessments (of which there were seven in the present study), some mothers and fathers from the 'lived experience' sample remained in enduring states of anxiety and dubiety. These related to their own, and their children's ongoing access to alleged perpetrators as well as in relation to their perceived status as fit parents. Anxieties endured in relation to the legal ramifications of an inconclusive outcome in the context of a custody and access scenario, as well as for their relationship with their partner where there was disagreement as to the meaning of the outcome. For most other mothers and fathers/carers though, inconclusive outcomes appeared to have been (re) interpreted to fit preferred non-abuse outcomes. This was considered concerning too, since the children of such mothers and fathers/carers may continue to be at risk of sexual abuse, and the trauma that that entails. It is crucially important to remember, that for the vast majority of parents and children in these situations, once an inconclusive outcome to child sexual abuse assessment was determined, despite what was seen in the thesis as concerning indicators suggestive of child sexual abuse, there was no further input from professional services.

Findings from interviews with professionals both from within and without the state child welfare system, also pointed to the negative ramifications of child sexual abuse assessments that ended in inconclusive determinations. It was considered deeply concerning that some children were believed by professionals to be left in dangerous situations and further, may have no recourse to, for example, professionals who are equipped to provide therapy. In regards to the latter, once again the legitimation of a dominant state child welfare discourse by state and social systems outside that of child welfare was such that for the non-statutory CARI Foundation, the provision of therapy for children who have had inconclusive child sexual abuse assessments was contra-indicated if ongoing risk was deemed by the organisation to exist. As we have seen, the therapist

from the CARI Foundation speculated that very approximately 15-20 % of their cases could fit within this scenario. Again, this approach on the part of an organisation providing therapy is understandable, but it is important to reiterate here that the thesis revealed such levels of professional non-engagement generally with the issue of child sexual abuse as to suggest that children's safety and well being in these circumstances may well be seriously compromised.

Further, the thesis tentatively suggested that the highly problematic nature of inconclusive state child welfare sexual abuse assessment outcomes might extend to the Irish legal system. This was seen in the context of custody and access disputes, an area already cloaked in mother-blaming myths, as we have seen earlier here. Thus Ms. Jackson's experience (which mirrored all too many others in the U.S. literature), was such that she was expressly advised by her lawyer that the particular fact of the inconclusive outcome to her daughter's sexual abuse assessment rendered her vulnerable to losing custody to the alleged perpetrator.

Child Sexual Abuse Assessments and Credibility Analyses

This thesis contended that the high rates of 'inconclusive' and 'assessment ongoing' outcomes pursuant to professional child sexual abuse assessments, have as much to do with the complexity of child sexual abuse itself (specifically that pertaining to children's disclosure processes), as they have to do with the state child welfare system procedures and practices that have been constructed to respond to it. And it argued that a rigid 'child sexual abuse occurred/did not occur' dualistic paradigm as a state child welfare system approach to professional intervention in this area is associated with increasingly exacting assessment and credibility analysis procedures. Thus, in a drive to meet managerialist agendas that have little to do with child and family safety and well-being, and more to do with indicators of professional performance, the effect is to actively inhibit the identification, assessment and treatment of children who may be sexually abused.

Disclosure of Child Sexual Abuse and the 'Official' Identification of its Occurrence

The thesis evidenced that the state child welfare system is overly dependant on disclosures from children in order to reach confirmed child sexual abuse outcomes and thus, in order to 'officially' identify them as being sexually abused. This was seen as consistent with a dominant state child welfare system discourse which centres upon the

responsibility accorded children to tell of their abuse, and upon state child welfare system professionals to 'validate' what children 'allege'. However, as the literature consistently evidences (Sgroi, 1982, Summit, 1983, Finkelhor, 1984, Travers, 1999, Bolen et al, 2000, McGee et al 2002), and as findings from the present study corroborated, the disclosure by children of their sexual abuse is a rarity. Thus in the present study, only three children out of the 18 children/young people spontaneously disclosed their abuse to their mothers and fathers, and just five other children/young people disclosed sexual abuse over time, abuse that in three cases, had certainly been ongoing for periods of many years. In just one of these 'cases' a child disclosed to a state child welfare system professional, and this too was prior to specialist assessment. All save one such 'cases' had confirmed abuse outcomes. The exception was one in which an inconclusive outcome was reached by state child welfare system professionals. This thesis went some small way in the important quest towards understanding (following Jones, 2000), the factors that lead some children/young people to disclose, and others to remain silent. Thus the research participation of one child (Amy) and three young women (Brenda, Caroline, Dana), afforded insights into the process of disclosure and the complex, and what can appear at times to be, the contradictory nature of it. It was certainly the case that Amy, Brenda, Caroline and Dana experienced a range of feelings in relation to their decisions to tell, or not to tell, of their abuse, and indeed to whom they would disclose. Such feelings included embarrassment, feelings that the abuse was too trivial to talk about, not wanting to cause pain to family members, not wanting others to know, fear of rejection, concern that the family would be ruptured, and the compromising and self-blaming feelings associated with bribery, secrecy and fear. It was interesting to find that three of the four females described not knowing that what was being perpetrated upon them at the time could be regarded as sexual abuse, and it was seen that this severely inhibited their ability to disclose. Of course, there were many elements to this, but it also does suggest the need for "Ongoing, easily accessible information..." (Irish Council for Civil Liberties, 1988, p.42)/community education, that is explicit about the true nature and extent of child sexual abuse; concrete information that is geared expressly towards children/young people and which is age, gender, ethnic and ability sensitive. The present report also found that Amy and Dana for instance, made clear considered judgements as to whom they would disclose their sexual abuse. Amy stressed the importance for her of talking to experienced people, who by virtue of the fact that they had spoken to many other children about *their* experiences of sexual abuse, would truly *understand* her in this context. For Dana, issues to do with

kindly, caring, non-judgemental and trustworthy personalities were associated with her decisions to whom to disclose.

The thesis documented that there were five 'cases' in which the children concerned made no disclosures prior to, or during, child sexual abuse assessment. All of these cases, save one resulted in inconclusive assessment outcomes. The exception was one in which a confirmed non-abuse outcome was reached by state child welfare system professionals. And in the case of siblings Una and Vincent, where it was unclear whether disclosure of abuse took place, the outcomes professionals reached pursuant to child sexual abuse assessments were inconclusive.

The Implications of the 'Child Sexual Abuse Occurred/Did Not Occur' Dualistic Paradigm for the Assessment of Children who may be Sexually Abused

I have documented earlier here the implications of a rigid 'child sexual abuse occurred/did not occur' dualistic paradigm for (the majority of) children and families who come to state child welfare system attention because of concerns in relation to child sexual abuse, and for whom the outcomes to professional assessments are inconclusive. The thesis illuminated that such an approach, driven as it is towards the determination of whether or not child sexual abuse has occurred, has become an 'end' in itself. It pays scant attention either to the complexities inherent to the ways in which children disclose-or do not-of their abuse, or to the wider conditions of children's lives which *inter alia*, crucially influence the ways in which they can engage in child sexual abuse assessment interviews, as presently structured.

The narrow organisationally-driven window afforded to children/young people by the state child welfare system was seen in this thesis *inter alia*, in the fact that on average, they had three assessment interviews within which to tell of their possible sexual abuse. And certainly for one third of the 18 children in the study (Callum, Derek, Elaine, Francesca, Una and Vincent), it appeared that insufficient consideration was given to the factors that can act as pressures on children to remain silent, including ongoing proximity to the alleged perpetrator, threats and fears that they would be taken into/remain in state care, and loyalty to the alleged perpetrator/family system. I remind the reader that all save one of these 'cases' had inconclusive outcomes to assessments; the exception was Francesca's case where a confirmed non-abuse outcome was reached.

Both Caroline and Dana spoke of the need for state child welfare system professionals generally, to give them more time to tell their stories. For Caroline, as we have seen, the benefits for her in finally speaking of her own volition to a school counsellor about her experiences of sexual abuse were significant. This was so, in her words, because '...it was probably the first time I'd ever actually talken about it, straight out, of my own free will....'

For the vast majority of children and parents, assessment interviews were to be the only intervention they would ever receive in relation to suspected child sexual abuse. Certainly for 11 of the 14 child sexual abuse 'cases' in the present study, the thesis found that parents, siblings and the children themselves were left with enduring therapeutic needs that were never adequately addressed either at the time of investigation, or after an 'official' outcome was determined.

'Credibility Analyses' and the Hegemonic Function of Child Sexual Abuse Myths

The thesis overviewed adult evaluations of children's allegations of child sexual across time and space, and a dominant male discourse of child sexual abuse as a distinct threat to adults was seen to have prevailed. In keeping with this, rigorous credibility analyses of children's verbal accounts during state child welfare system child sexual abuse assessment interviews were seen as exemplifying all that is adocentric and disbelieving of children generally, actively contributing to their silencing in this context. This thesis contended that credibility analyses represent particular exemplars of the fundamentally different way child sexual abuse is conceptualised and responded to, relative to other forms of child abuse. In this way, children about whom concerns of a sexual abuse nature exist, it was argued, have expectations foisted upon them by adults in a distinct way to children about whom concerns exist in relation to all other forms of child abuse. The thesis contended that professional demands on children who may be sexually abused to disclose in the first instance to a prescribed norm, within a prescribed time-frame, and whose accounts are then subjected to exacting credibility analyses, are excessive. It argued that the centrality of credibility analyses in the context of child sexual abuse assessments serve to modernise the prevailing myth that children lie about sexual abuse, such that now (in keeping with contemporary dictum), children must 'prove it'. It contended that the fact that so few children can 'prove it' according to credibility criteria, fulfils two central functions, firstly the containment of the problem, and secondly the preservation of men's sexual access to children, thus ensuring the perpetuation of the original mythological intent.

Viewing myth in the context of child sexual abuse and the state response as a particular ideological hegemonic tool, opened up then the possibility of understanding why the appropriateness of the need for specialist state child welfare system professionals to analyse children's accounts as to their 'credibility' is rendered unremarkable.

The suitability accorded to the application of analyses of statement content in detecting truthfulness in children's accounts, was seen in the thesis to have come under question. The literature has pointed to its unsuitability in respect of children who provide limited narratives because of stress, depression or limited language development (Davies and Westcott, 1999), and its unsuitability for younger children and children who have certain learning and physical difficulties (Westcott, 1999). Core validity criteria such as spontaneity, coherence and capacity to contextualise abuse over space and time were seen as extraordinarily difficult criteria to meet for children who have been sexually abused (McGee and Westcott, 1996, Hyden and Overlien, 2005). The thesis looked at the 'scientific' and classist underpinnings of credibility analyses, relating them to the "...hierarchical discourse of mainstream science, with its cult of the expert" (Kincheloe and Mc Laren, 1994, p.149). Simultaneously, it commented upon more expressive forms of communication than speech-based language such as demonstrations and play, that children are more comfortable with, and responsive to (Thomas and O'Kane, 1998, Faller, 1999a). A feminist paradigm of narrative, following Hoving (2000), was seen to offer new ways of gaining knowledge, beyond the scientific mode of 'knowing things' to that of 'knowing other people'. Accordingly, narrative-oriented interview processes (Hyden and Overlien, 2005), although speech-based, were highlighted too for their capacity to afford young people control in expressing themselves, where *their* stories rather than the interviewer's agendas (following Hyden and Overlien, 2005) 'provide the points of departure'.

It seems timely to briefly revisit the key problematic points associated with state responses to child sexual abuse where change ought to occur. In so doing, I will offer some tentative ideas for positive change within and without the state child welfare system.

Summary of Problematic Points Relating to State Responses to Child Sexual Abuse and Initial Ideas for Change

Data generated both from the interviews and the social texts in this thesis have indicated that responding to possible child sexual abuse is associated with the emotion of fear for

professionals. This has been seen to overarch all stages of the 'help-seeking' processes that children, young people and their parents/carers engage in, with, as we also have seen, deleterious consequences for timely, empathic, protective responses. The data indicate that this is as much a policy issue as it is a practice one, and clearly something that requires change. It is therefore suggested here that the emotion of fear be actively engaged with, addressed and resolved on the part of policy makers and the various cohorts of professionals that may, and do, come to encounter child sexual abuse. This could take the form, for instance, of facilitated small-group meetings of peer professionals where awareness-raising and dialogue might provide a means by which the 'received risks' for adults and institutions associated with child sexual abuse, together with the myths that prevail, could begin to be de-bunked. Training, for key professionals located both within and without the state child welfare system, could constitute another such means. It is suggested here that professional training on child sexual abuse ought to situate this form of abuse alongside other forms of child abuse - not least because of their frequent co-occurrence - and for professionals, this may have a 'de-mystification' effect. Crucially though, training should ensure that professionals acquire a clearer understanding of the ways in which children disclose – more often – do not disclose sexual abuse. This is so that professionals can moderate their expectations of such children and in turn perhaps, become more therapeutically available for them.

The thesis evidenced the problematic effects associated with the 'gate keeping' activities of the state child welfare system in relation to access to services both within and without the system for children, young people and their parents/carers when child sexual abuse features in their lives. Again, this constitutes both a policy and a practice issue, and as such requires addressing at both levels. It relates too to the legalism that characterises the state child welfare system response to child sexual abuse, and this, as I see it, represents a fundamental issue for change. Thus, it is suggested here that a more positive way forward may lie in a state child welfare system *approach* to child sexual abuse that eschews forensically dominated prescriptions for intervention in favour of public health and welfare type interventions. This should have a corresponding impact both for professional intervention within the system, and for organisations outside that of child welfare that are in a position to provide vital services at key points, but which to date, are effectively precluded from doing so. This leads to a tentative conclusion here then, that the criminal

dimension to child sexual abuse be responded to by the systems charged to do so, namely law enforcement and criminal justice.

Related to the 'gate keeping' activities of the state child welfare system in respect of child sexual abuse, this thesis looked at eligibility criteria governing the provision of child sexual abuse assessments. As we have seen, the data suggested that eligibility criteria may serve to exclude certain categories of children from accessing services, for example, younger children and children in custody and access disputes where there are concerns of a sexual abuse nature. It is suggested here that the study site re-examines its eligibility criteria, and perhaps with a view too to rendering explicit the knowledge and assumptions informing their production, in order to appraise their appropriateness.

This leads naturally, and finally, on to child sexual abuse assessments *per se*, as they are currently constructed. The thesis evidenced their inherent unsuitability in identifying, assessing and treating children who may be sexually abused. It is suggested here that the central focus of child sexual abuse assessments ought to shift from an 'official' concern with either/or determinations as to the occurrence/not of child sexual abuse actualised through standardised procedures and narrow, organisationally-driven time frames. Instead, child sexual abuse assessments should be primarily concerned with, and actively responsive to, the safety and welfare needs over time of the *individual* child/young person, his/her non-abusing parent/carer, and siblings. Such a shift in focus will require, on the part of the state child welfare system, an acknowledgement that in very many cases, professionals who are fully knowledgeable about the nature, extent and dynamics of child sexual abuse have to work on an on-going basis in a context where their informed opinion of what *may* have happened to this child must prevail over rigid child sexual abuse occurred/did not occur determinations.

Conceptualising and Responding to Child Sexual Abuse: The Potential of the Community and Non-Statutory/Autonomous Initiatives

Critical feminist perspectives, as we have seen throughout this thesis, oppose structural power dynamics within society and the ideologies of the child welfare establishment (Gray et al, 1997, Kidd and Pringle, 1988). They argue that statutory agencies frequently appear to replicate power dynamics rather than challenge them (Gray et al, 1997, Pringle, 1995),

and the thesis contended that this indeed is the case, specifically as it pertains to child sexual abuse and the state response in the Irish Republic.

This thesis aligns itself in the longer term with Gray et al (1997) who suggested that accordingly, an effective way forward in dealing with sexual abuse may lie in a response that is "...centred on the idea of communities having much greater responsibility for protecting and helping their children than has hitherto been the case" (p.55). The authors conducted two parallel surveys in the north east of England and Cumbria. One ascertained statutory social work services for children and adult survivors of sexual abuse, the other sought the perceptions of adult survivors about existing and desirable forms of provision, i.e. what survivors want now and what they say they needed in childhood. Findings pointed to the need for a community-orientated response to sexual abuse that is centred on service-users, actualised through close partnership and complementary modes of working between statutory and non-statutory services.

The non-statutory services Gray et al (1997) identified for partnership with state services are survivor-focused and/or survivor-led groups that crucially afford individuals control over processes and provision. Survivors' responses indicated to the authors that female therapists are preferred over male, and therapists who were themselves survivors of sexual abuse are preferred over those who are not. Additionally, survivors pointed to the need for flexible, open-ended and inclusive forms of assistance. These incorporated responsive and innovative initiatives such as befrienders, 24 hour helplines and the possibility of receiving therapy in one's own home. State welfare professionals still have an important role in relation to sexual abuse in the model envisaged by Gray et al, albeit as they say, a rather different one. Thus,

> *Their role would be twofold: first, to act as enablers to user-centred and user-led services via advice and consultancy; secondly, to provide the mechanism for legal mandates and criminal sanctions where required. (p.55)*

Gray et al (1997) further advocated that in the development of vital preventative, protective and therapeutic local community networks, adult survivors, non-abusing parents of child survivors and their allies both in communities and professional agencies, must be key figures. The authors cite Smith (1994) whose idea for the safety of children was to devise strategies within the community by which a protective ring of adults could 'insulate' a child

from potential perpetrators, was recommended as a more effective means by which to protect children than more removed professional networks. A central element of this includes raising awareness in local communities about the reality of child sexual abuse, its nature, extent, and dynamics and "...about how to positively protect children" (p.56). Overall, what Gray et al called for was a

> *... systematic, coordinated and supported development of...initiatives where preventative, protective and therapeutic community networks are at the centre of children's protection rather than being marginal to a system dominated by welfare bureaucracies. (p.56)*

Itzin's (2000d) philosophy of treatment intervention with perpetrators is inextricably bound up with child protection and child sexual abuse prevention too. She calls for the recognition and treatment of perpetrators as victims, as well as perpetrators. The author sees the continuance of child sexual abuse as being inevitable unless the individual can, as she puts it, 'resist the desire to abuse and choose not to'. Itzin argues:

> *To do this requires the exercise of choice and a decision not to abuse, supported by interventions* [effective 'treatment' programmes] *which assist the individual to reiterate this decision as often as necessary to stop himself abusing; which place the responsibility for 'prevention' and 'relapse prevention' with the abuser; and which provide the abuser with the help he needs to make his prevention possible. (p.441)*

Itzin contends that in respect of those individuals who pose too great a risk to children, or who are unwilling or unsuited to 'treatment', or who cannot be effectively 'treated'

> *... if there was a genuine intention to protect children,* [they would] *have to be subject to indefinite detention because of the inevitability that they will offend again. (p.440)*

It is urged here that such alternative conceptualisations and responses to child sexual abuse as recommended above, must, in keeping with a critical feminist analysis be accompanied by challenges at every level of society to "...those relations of structural power that underlie sexual abuse, particularly relating to hegemonic forms of masculinity and heterosexuality..." (Gray et al, 1997, p.56). Accordingly, what this means for the prevention of child sexual abuse is absolute intolerance towards social and cultural norms that eroticise male power, that subordinate and sexually objectify women, and that subject

girls and boys, male and female young people to the gratification of (what has been evidenced throughout this thesis to be) the effectively *unrestrained* abusive demands associated with male domination.

The Power, Privilege, Patriarchy Triptych Revisited

So it is I return finally to the power, privilege, patriarchy triptych, a model grounded in the data that were generated in this study. As we have seen, the central concern of this concluding chapter and those that preceded it has been to illuminate the ways in which child sexual abuse is conceptualised and responded to from within the Irish state, and the Irish state child welfare system, in particular. In so doing, the triptych affords insights at the very fundamental level as to how and why state responses to child sexual abuse developed in the way they did in the Irish Republic, as well as how such responses are justified and sustained, and at times, challenged and modified.

Thus, the combined interests of power, privilege and patriarchy have been seen to dominate state conceptualisations and responses to the issue of child sexual abuse. A dominant capitalist patriarchal social order has constructed and sustained a conceptualisation of child sexual abuse as a threat to adults and institutions. Androcentric state and social systems have legitimated and reinforced this construct through the thinking and language that characterise their discourses, their institutional arrangements in respect of child sexual abuse, their organisational rules and norms, and the attitudes of key employees. The ideological hegemonic role of mythology functions to reflect, reinforce and justify fear, denial and containment based responses to the issue, whilst simultaneously rendering such responses unremarkable. This thesis has contended that conceptualising and responding to child sexual abuse as a threat is necessary for the stability of a capitalist patriarchal social order in order to contain the material and ideological repercussions that widespread recognition of the pervasiveness of male sexual violence against children poses.

The overarching sphere of influence of power, privilege and patriarchy is seen, following Itzin (2000a), in the *maleness* of child sexual abuse (and physical and sexual violence more generally), i.e. in the gendered identities of the victims/survivors and perpetrators of sexual abuse. It is seen in the constructed invisibility of the pervasiveness of men's sexual violence against children in the 'official' documents and reports of androcentric state

systems. And it is seen in the 'social realities' in respect of child sexual abuse that have been constructed by powerful male elites, and legitimated by organisational hierarchies across state and social systems, that serve to effectively silence children, and to deny the widespread sexual abuse of children by 'ordinary' males in Irish society.

Androcentric universalist and dichotomous forms of thinking are at the core of state conceptualisations and responses to child sexual abuse. Such forms of thinking are evident in state systems' prescriptions that the (universal) child disclose their abuse according to (universal) state child welfare procedures. They are evident in the institutional structures that have been constructed to revolve around dualistic thinking, which conceptualises child sexual abuse as a matter that can be definitively established as to its occurrence or not within narrow organisationally driven criteria and time frames. And dichotomous thought is evident in prevention strategies that dichotomise the (universal) child's 'reality' of child sexual abuse into either 'safe/unsafe', 'yes/no' experiences.

The operations of power, privilege and patriarchy are illuminated through the language used to construct dominant 'authoritative' discourses pertaining to child sexual abuse. Androcentric linguistic constructs which serve not alone to define what the state has conceptualised as 'child sexual abuse', but also (following Itzin, 2000d), to obscure the pervasiveness of male sexual violence are evident in terms such as 'intra familial' child sexual abuse and 'extra familial' child sexual abuse. 'Official' state child welfare reports legitimate the meaning of the language that (following Krane 2000), *falsely* dichotomises child sexual abuse into 'intra familial' and 'extra familial' categories, by excluding the latter from high profile data relating to professional child protection activity. Effectively, this compromises both the quality and integrity of the 'official' knowledge generated in respect of the nature and extent of child sexual abuse cases coming to state attention. This not alone contains the problem, but precludes children and families from optimum child welfare services.

Additionally, (following Itzin, 2000d), the language of 'non-abusing parent' and 'family' underscores the invisibility of the male perpetrator, whilst simultaneously attributing responsibility on the woman as mother, for the care and protection of children from child sexual abuse. 'Institutional' documents of the state child welfare system, for instance annual 'Section 8' reports that document child protection activity, reveal in their form and focus, their essential patriarchal, adocentric nature. Thus, 'experiences' of child sexual

abuse are predefined (by the state) into categories, are not disaggregated either by gender or age and exclude 'voices'.

In this thesis, myth was argued to be deeply implicated in the operations of power, privilege and patriarchy. It was seen as a particular ideological hegemonic tool through which the 'social realities' that have been constructed to associate with child sexual abuse are sustained, justifying, reflecting and reinforcing fear, denial and containment based institutions and responses to child sexual abuse on the part of a capitalist patriarchal social order.

Ultimately, it is contended here, the power, privilege, patriarchy triptych affords insights that go beyond those pertaining to how and why state responses to child sexual abuse in the Irish Republic developed in the way they did, and how they are justified, sustained and at times, challenged and modified. The model illuminates that state responses to child sexual abuse are, in the main, those of white, middle-class men in regenerative positions of privilege and power. It strongly suggests that such men, materially and ideologically, through (following O'Connor 1998), their *bonds of solidarity*, and through their laws, customs, systems, institutions and practices facilitate the oppression of those with less power (usually women, and certainly children) in ways that can include child sexual abuse, rape and other forms of male violence. In so doing, the power, privilege, patriarchy triptych offers an explanatory framework both for the occurrence, and for the endurance of child sexual abuse in (Irish) society.

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Appendix 1

Suitability Criteria for Child Sexual Abuse Assessment, as per *Child Sexual Abuse Assessment Policy Protocols Forms*, ([Research Site], November 2003, p.p.6,7)

1 There are reasonable grounds to suspect that sexual abuse may have taken place (e.g. forensic evidence, a statement from the child or other party, clinical opinion, behavioural symptoms, etc.).

2 An Assessment is deemed to be in the best interests of the child.

3a The child is aged between 4-18 years of age. Exceptions will be considered if there is information to suggest that a child under four years has exceptional ability and his/her verbal and cognitive abilities are highly developed.

3b Assessments will be considered up to 18 years unless the 18th birthday falls within the time frame of the assessment. However, each case will be looked at individually.

3c The same upper age category will apply in the case of a child with a disability. A specialist professional working in this area must be available to take part in the assessment process.

4 Custody and access details must be clarified prior to an assessment.

5a Written parent(s) consent must be issued by custodial parent(s)/Guardian for children under 18 years. In the absence of written consent, legal consultation should be sought. Professional opinion should focus on whether the withholding of parental consent to the assessment places the child at increased/ongoing risk.

5b However, for young people between 16-18 years who are actively requesting a service, where it is considered to be in their best interests to conduct an assessment, but where parental consent is being declined, it may be possible to offer a service on the basis of a young person's own consent (Gillick Ruling 1986). **Legal advice needs to be sought** [original emphasis].

6 In order to facilitate optimum conditions for assessing CSA there should be no contact between the child and the alleged perpetrator. However, where this is not possible, all contact must be supervised.

7 In cases of alleged intra-familial child sexual abuse, a Strategy meeting/Initial Child Protection Conference must be convened, at which An Garda Siochana must be present. The Meeting/Conference will address the following:

a Parental consent to assessment and how best to secure it.

b The alleged perpetrator to live elsewhere during the assessment. Where this cannot be put into effect, then the child should reside elsewhere.

c No contact with the alleged perpetrator. However, in exceptional circumstances, where contact has been directed, this contact must be continually supervised by an appropriate adult.

8 The child is supported in attending for assessment by at least one adult, e.g. parent, grandparent, foster-carer or a significant other.

9 If there is a concern regarding a child's mental health status, then clinical opinion should be sought before an assessment commences.

10 The child has an allocated Social Worker.

11 Post-assessment professional support to a child is available.

Appendix 2

The 'Cleveland Affair'

The 'Cleveland crisis' as it became known in the media, involved the pro-active assessments for possible child sexual abuse by local doctors (Dr. Geoffrey Wyatt and Dr. Marietta Higgs, consultant paediatricians) of children presenting with concerning symptoms and signs to their surgeries at Middlesbrough Hospital in Cleveland (in the north-east of England), and their use of a relatively new diagnostic tool (the Reflex Anal Dilatation Test) in order to assist such assessments. Subsequently, 121 children in Cleveland were removed into care between January-June 1987 as suspected victims of sexual abuse (Itzin, 2000b, Ferguson, 2004).

Such actions on the part of the Cleveland professionals prompted intense media condemnation and vilification of the procedures and the professionals involved. Ferguson (2004) comments that only the Falklands war attracted more publicity at the time. Kitzinger (2004) illustrates through a review of the literature into media reporting at the time and findings from her own research how the female paediatrician (Higgs) was subjected to more vitriol than her male colleague, and that it was of a distinctly sexist nature. Hudson (1992) contended that media characterisations of Higgs and Sue Richardson (the child abuse consultant employed by the local authority social services department in Cleveland) as either cold and calculating, or hysterical and emotional are in keeping with how women 'experts' in child sexual abuse are presented, generally. The main thrust of media reports at the time according to Kitzinger, was that innocent families were falsely accused of sexually abusing their children by professionals who were both incompetent and possibly motivated by 'man-hating' or spurious left-wing ideologies committed to destabilising the institution of the family. The journalist, Campbell (1988) cited in Hudson (1992) observed in this context "The men's movement was classically populist – it articulated a revolt against professional power and yet it did so in the name not of the powerless – the children – but of the traditional authority of fathers within the family" (p.168).

Further criticism and discrediting of the professionals ensued from the judicial inquiry into the matter (Butler-Sloss, 1988, Corby, 1998, Itzin, 2000b). The focus of heated criticism was on the perceived zealous nature of the professionals concerned supposedly leading them to act peremptorily, as well as doubts about the validity of the diagnostic tool employed. However the inquiry report (Butler-Sloss, 1988) documented that in fact only 18 of the 121 cases were where anal dilatation was the sole physical sign, and that in no case was it the sole ground for the diagnosis of child sexual abuse (Wyatt and Higgs, 2000). Another feature of this affair was the fact that the Cleveland doctors' initiatives on behalf of suspected sexually abused children brought a relatively large proportion of middle-class children and families to professional and public attention, thereby transgressing traditional boundaries of child protection work (Ferguson, 2004).

The judicial inquiry into events at Cleveland did not see evaluation as to the accuracy of the diagnoses of child sexual abuse as part of its remit, thereby perhaps contributing to the belief that "...many people may have unresolved doubts about whether the children diagnosed in Cleveland were sexually abused" (Wyatt and Higgs, 2000, p.383). Nelson (2000) highlights however that a second opinion committee concluded that at least 70-75% of the paediatricians' diagnoses of child sexual abuse were accurate. Wyatt and Higgs point out that 45 of the 121 children with a medical diagnosis of child sexual abuse made a

disclosure, 36 doing so after they were placed in care. Of the remaining, eight children disclosed sexual abuse by a perpetrator who was no longer living with them at the time. This is entirely consistent with children's disclosure (and non-disclosure) patterns as evidenced in the literature (Summit, 1983, Bentovim, 1988, Bacon and Richardson, 2000, Jones, 2000, McGee et al, 2002). Wyatt and Higgs (2000) reiterate that the absence of a disclosure does not necessarily mean that the diagnosis of child sexual abuse is incorrect; it simply means that it is uncorroborated. There was little media attention given to the validation of the original diagnoses of child sexual abuse in Cleveland (Nelson, 2000), a factor she partly attributes to the silencing of the professionals involved through 'gagging clauses' in employment contracts or severance agreements.

Kitzinger (2004) observes "...reporting around child sexual abuse is also influenced by gendered hierarchies within news production..." (p.76). She views the Cleveland case as operating as an enduring media template "...acting to provide context for how we understand a problem and interpret new events, as well as informing policy responses" (p.78). She illustrates how such templates are powerfully effective constructed framing devices used routinely by the media in order to highlight partisan perspectives. Following Cleveland, Kitzinger argues, a template was in place in order to encourage a particular understanding of subsequent 'new' events such as further high profile child sexual abuse affairs in the U.K., in Rochdale and Orkney. Thus, it effectively served to deny the widespread existence of child sexual abuse by men related/known to children; it demonised professionals in the field and instilled fear in families that their children could be taken from them upon the whims of blundering and/or agenda-driven professionals.

Wyatt and Higgs (2000) have grave concerns following their experiences in Cleveland that young children will be disadvantaged "...if the criterion for beginning a multidisciplinary assessment is a disclosure by the child rather than a medical diagnosis of sexual abuse" (p.383) since "...if the doctor waits until the child has come forward with an alerting statement, the responsibility for bringing the abuse to light then remains with the child, who may never be able to speak" (p.384). Itzin (2000b) believes that Wyatts' and Higgs' fears in this regard have been borne out. She contends that the consequences of the Cleveland affair in the U.K. in 1987 has not alone been the utter discrediting of the status of medical evidence of child sexual abuse, but the development of policy which she argues has had a silencing effect on children, and which she argues has "...contributed materially to the protection of abusers rather than children" (p.7). She exemplifies here the issuance of guidance and protocols to professionals working in the area of child sexual abuse, which places the onus in the first instance on children to disclose, and to do so according to prescribed evidential standards that the majority of children in this context cannot meet.

Indeed, Wyatts', Higgs' and Itzins' fears appear to be exceeded. A recent questionnaire survey of a representative sample of medical practitioners in Scotland (Mok and Busuttil, 2004) revealed concerning findings. The authors write "...the medical assessment of children who *disclose* [my emphasis] sexual abuse is a low-volume, highly specialized activity, practiced by about one in five paediatricians and FMEs [forensic medical examiners] in Scotland" (p.333), "...with many seeing only a few cases per year" (p.336). Mok and Busuttil observe that currently in Scotland there is no requirement for either pre-service or in-service training in this area, nor is there monitoring of the services provided. Crucially, the authors note "Many general practitioners and general paediatricians are reluctant to care for these children because of the expertise and time required for medico-legal proceedings" (p.334). Mok and Busuttil conclude that the results of their survey of

practitioners demonstrate "…throughout Scotland, the care offered to children and the service provided to the courts are suboptimal" (p.324).

Appendix 3

Definition of Sexual Abuse as per *Children First National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999, p.33). Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. Examples of child sexual abuse include the following:

(i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;

(ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;

(iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;

(iv) sexual intercourse with the child whether oral, vaginal, or anal;

(v) Sexual exploitation of a child includes inciting, encouraging propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children which is often a feature of the "grooming" process by perpetrators of abuse;

(vi) Consensual sexual activity involving an adult and an under-age person. In relation to **child sexual abuse** [original emphasis] it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. This means, for instance, that sexual intercourse between a 16 year-old girl and her 17 year-old boyfriend is illegal, although it might not be regarded as constituting **child sexual abuse** [original emphasis];

The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case, will be dealt with by An Garda Siochana under the relevant legislation.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offences of sexual assault [original emphasis].

Appendix 4

Letter to Parents Inviting Research Participation.

Private and Confidential.

Name,

Address

Date.

Dear...,

I am a Social Work Team Leader working with [Research Site].

I have worked extensively in the area of child sexual abuse and child sexual abuse assessments over the past number of years as an employee of the Health Board, and I am aware that your family has had contact with us in this regard.

I am currently engaged in a research study on behalf of the Health Board, which seeks the views of parents/carers and children who have experienced professional contact during this difficult time. I would very much like to talk to you about your experience of, in particular, the services the Health Board provided to your family.

The thinking behind research of this nature is that which has to do with continued improvement and development of services to children and families. To this end, your views are vital and any comments that you would be prepared to make would be extremely valuable.

If you would like any further clarification on the research study, please telephone me at the above number, or at [work mobile 'phone number].

If you agree to meet with me, I can assure you that anything you tell me will be treated in the strictest of confidence. No names, addresses or any kind of identifying information will be used in my final report. I will not discuss any of the information you give me with any Health Board employee, or with anyone else although, if you wish, I can put you in touch with a social worker.

If you agree to speak to me, the interview can take place in your own home, your local Health Centre or this office.

I will be in touch with you in the next few weeks, where with your agreement we can make an arrangement to meet.

Should you prefer not to participate in the research and would rather that I not make any further contact with you, please do not hesitate to telephone me at the above number, or at [work mobile 'phone number] and I will respect your wishes.

Thank you for your time,

Yours truly,

Samantha Ronan

Social Work Team Leader, Quality Assurance.

Encl.

Appendix 5

Letter Establishing Researcher's Authenticity.

Date

[Research Site]
Child Care Manager's Department,
Address
Tel
Fax

Dear Participant,

Re: Research into professional intervention in cases where Child Sexual Abuse is suspected.

I am writing to confirm that Ms. Samantha Ronan is carrying out the above research with the full approval of the [Research Site]. Your co-operation is greatly appreciated.

A likely outcome from research of this nature is the provision of an improved service to children and families. This is in keeping with the philosophy of the [Research Site].

In addition, it is possible that the research or parts thereof will be published in the future. No information which would identify the participants of the research will be published, and participants' confidentiality and anonymity are assured.

Yours sincerely.

_____

Name
Child Care Manager

Appendix 6

Letter to Professionals from outside the State Child Welfare System Inviting Research Participation.

[Named Organisation/Individual],

Address

Date

Re.: Research into professional intervention in cases where child sexual abuse is suspected.

Dear Director/School Principal/Doctor/[Named Individuals],

I am a social work team leader with the Health Service Executive (HSE), [Research Site]. I am currently undertaking a research doctorate in conjunction with the HSE [Research Site] and Trinity College, Dublin which explores parents', children's and professionals' perspectives of both statutory and non-statutory intervention in cases where child sexual abuse is suspected to have occurred.

As one of the agencies likely to have come in contact with the phenomenon of child sexual abuse, I am writing to invite your participation in the research.

Research of this kind is greatly enhanced by the inclusion of the experiences, ideas and opinions of personnel such as yourselves. I do not propose to ask you about any specific case you may have dealt with in your work, but rather your overall views of the professional/organizational response to child sexual abuse, as you see it.

The ultimate aim of research of this kind is to improve services for children and families, and as such your contribution would be enormously beneficial.

Should you be interested in participating in the research, I can make direct contact with you to arrange a suitable time and venue to meet in order to conduct a research interview. The interview will take approximately 45 minutes to 1 hour to complete.

Information which you share with me will be treated confidentially, and no information which could serve to identify you personally will be revealed by me.

If you would like further information about the research, please contact me at the above 'phone numbers and we can discuss it.

Should you not be interested in participating in the research and do not wish any further communication from me in that regard, please do not hesitate to contact me and I will respect your wishes.

I would hope to make contact with you again within the next week or so, where with your agreement we can make an arrangement to meet.

Thank you very much for your time.

Yours sincerely,

Samantha Ronan

Social Work Team Leader.

Encl.

Appendix 7

Topic Guides

Topic Guide – 'Lived Experience' Sample

Disclosure/Discovery Phase

How did suspected child sexual abuse come to light?

Who was thought to have been abused, and by whom?

What was the nature/extent of the alleged abuse?

How did you think, feel and act?

Effects of disclosure/discovery (on self, victim, alleged perpetrator, siblings, family and extended family, peers, community)?

'Help Seeking' Experiences

How did you think, feel and act?

What service did you attend?

Why there?

Go anywhere else?

Ever attended this or related service(s) before?

What were your initial experiences?

Professional Intervention

Who did you meet?

What were your expectations of the service(s)?

Service(s) accessibility, cost, comfort, privacy, clarity re. provision, etc.?

What were your experiences of professional conduct?

Effects of professional intervention (on self, victim, alleged perpetrator, siblings, family and extended family, community)?

Afterwards

Was 'justice' experienced?

Did recovery take place?

What do you anticipate the future to hold (for self, victim, alleged perpetrator, siblings, family and extended family, community)?

Perspectives on Service Development/Change

Could any/all service(s) provided be enhanced in order to meet your needs?

Topic Guide – 'Professionals' Sample

Professional Background, Work Experience, Training, Supervision

Including level of exposure to child sexual abuse?

Professional Role

How do you think, feel and act when concerns of a possible child sexual abuse nature come to your attention?

Describe how you experience your professional role/involvement to be with child, family, alleged perpetrator, own organization, other organizations, the state in the context of possible/actual child sexual abuse?

What are your perspectives/observations and expectations of the people with whom you come into contact in this context relating to age, gender, social class, family composition, family functioning etc?

Do you perceive your role/organization to match service users' needs/expectations?

Interdisciplinary and Interagency Work

What are your experiences of working with other professionals and other agencies in the specific context of child sexual abuse?

What are your views on how children, families, perpetrators experience such interventions?

Perspectives on Service Development/Change

Could any/all service(s) provided be enhanced in order to meet your needs and those of service users?

Are there new services/responses that could be designed in order to do so?

Appendix 8

Statement Validity Analysis, Content Criteria For Statement Analysis and Validity Checklist as per Yuille (1988) and Yuille (undated).

Content Criteria For Statement Analysis

'General characteristics of the statement' incorporates the evaluation of the degree to which the child can give a coherent, spontaneous and detailed account of sexual abuse.

'Specific contents of the statement' incorporates the evaluation of the degree to which the child can contextualise their account in space and time, the extent to which they can describe interactions and reproduce conversations that transpired during the course of abuse, and the extent to which they report unexpected complications during the abuse.

'Peculiarities of the content' evaluates the extent to which the child includes unusual/ distinctive and peripheral details in the course of their statement, the extent to which they include accurately reported details not understood by them, the extent to which they refer to events or conversations external to the abuse, the child's account of their subjective mental state and their inferences about the mental state of the perpetrator during the abuse.

'Motivation–related contents' evaluates the extent to which the child spontaneously corrects themselves in their recounting of an event, the extent to which they admit lack of memory concerning certain aspects of an event, the extent to which they raise doubts about their own testimony, the extent to which they include self deprecatory/self-incriminatory details in their statement and whether they include explanations/exonerations of the perpetrator's behaviour.

'Offense-specific elements' evaluates the extent to which the child can detail in their statement characteristics/patterns known to be typical of child sexual abuse.

Validity Checklist

In addition to the criteria based content analysis of the child's interview as outlined above, Yuille's (undated) 'Statement Validity Analysis Validity Checklist', consisting of 18 items, is employed as part of the statement validity analysis procedure in the evaluation of wider data pertaining to the child's presentation of possible sexual abuse.

'Issues arising from the interview' incorporates eight items concerning the child's behaviour during the course of the interview, and three concerning the conduct of the interview.

The eight items concerning the child's behaviour during the course of the interview incorporate the developmentally appropriate (or not) language employed by the child, the sexual knowledge displayed by them, their affect, their use of spontaneous gestures when describing an abusive incident, their susceptibility to suggestion, their drawings, their behaviour with dolls and any sexualised behaviour exhibited by them.

The three items concerning the conduct of the interview centre around the adequacy of the interview, whether the interviewer employed suggestive or leading questions and whether there was any use of pressure or coercion on their part. The central focus of such enquiries is whether such conduct on the part of the interviewer compromised the application of statement validity analysis to the child's account of sexual abuse.

'Motivational considerations' incorporates an examination of the context of the original disclosure in order to ascertain its motives (and thereby its validity), as well as an examination of the pressures on the child to disclose.

'Other evidence' incorporates an examination of such factors as medical evidence, statement consistency with other statements by the child, statement consistency with other statements by other witnesses, material evidence and behavioural evidence consistent with child sexual abuse in order to assist/detract from the validity of the child's account.