

Family responses to young people who have sexually abused: anger, ambivalence and acceptance

Abstract

Data on 117 British young people who had sexually abused others were examined in order to investigate the nature and impact of family responses on the management of young sexual abusers. Parental responses were varied, ranging from being entirely supportive of the child, through to ambivalence and uncertainty and, at the other end of the continuum, to outright rejection. Parents were more likely to be supportive when their child's victims were extra-familial and condemnatory when the victims were intra-familial. Sibling responses were complex and strongly influenced by whether that sibling was the victim of the young person's abuse or not. Policy and practice implications are discussed.

Keywords

Adolescent sex offender, family, sexual abuse

Introduction

Children and adolescents commit between a quarter and a third of all sex abuse coming to the attention of the child welfare and criminal justice systems in the UK and North America (Erooga and Masson 2006; Finkelhor et al. 2009). Professional awareness has grown steadily in recent years about the nature of such abuse, as well as of the wide diversity of individual and family factors common in such cases (Author, 2004). Whereas early work with young sexual abusers was modelled on group-based or individualised models of treatment developed for adult sex offenders, there is now recognition that these approaches are of limited value with children and young people (Authors, 2006). In particular, there is a strong consensus amongst practitioners working in the field that interventions for young people who have sexually abused need to involve families and engage with young people's wider systems as actively as possible (Authors, 2006). Recent outcome research also supports this view (Letourneau et al., 2009).

Despite the increased salience being given to the inclusion of family in work with young sexual abusers, relatively few empirical studies have focused specifically on parents or families (Pithers et al, 1998). The few studies that exist have tended to concentrate on identifying demographic factors and typical family characteristics (Kaplan et al., 1988; Bischof et al., 1992; Bischof et al., 1995; Graves et al., 1996). Findings from such studies are useful in helping to understand the broader family factors that might influence and shape the development of abusive sexuality in children and young people. However, this emphasis is also limited in several important respects. First, the existing literature tends to be problem focused and deficit oriented, with attention given to the identification of family dysfunction or differences between such families and the general population, rather than looking at either strengths or similarities between the families of young people with

abusive behaviours and other families. Second, the emphasis on establishing family characteristics says little about the experiences of such families once the abuse comes to light.

What is already known about family reactions to sexual abuse?

As stated above, few studies have focused specifically on parental responses to the discovery that their child has sexually abused, nor about the experiences of such parents of professional interventions. There is, however, a developing body of research examining users' responses and experiences of the 'child protection' or 'safeguarding' system in general (Cleaver & Freeman, 1995; Dale, 2004; Spratt and Callan, 2004; Dunbrill, 2006; Buckley et al., 2011). These studies have highlighted the extent to which parents report feeling fearful, intimidated and humiliated when professionals become involved in their lives as a result of child protection concerns. Buckley and colleagues found that, despite the 'new rhetoric of child protection' of consensus, transparency and user engagement, the experience for many parents remains of a system which is coercive and threatening to their integrity as parents (2001, p.118).

Focusing specifically on parents of young people with harmful sexual behaviours, Pithers and colleagues (1998) found high levels of parenting stress in their sample of parents of children aged between 6 and 12 years old with problematic sexual behaviours. These parents appeared stretched to their limit in the aftermath of the abuse and their own support needs were extensive. Duane et al. (2002) investigated the responses of parents to the discovery of their son's sexually abusive behaviour. Parents in their sample experienced a process that included shock, confusion, self-blame, guilt, anger and sadness. They suggest that parental disbelief and minimisation is often a defence mechanism that serves to protect parents from the negative personal implications of total acceptance of their son's actions. Similarly, Author (2001) describes his experience of working with parents facing issues post-disclosure and identified a range of common parental responses including: shame and denial; intense fear of having failed in parenting their children; isolation and stigma; feelings of loss and grief; and feeling powerless and out of control, especially in the face of considerable professional scrutiny of their families.

Whilst it is obvious that sexual abuse impacts very directly upon the actual victims of the offences, sexually abusive acts also tend to exert significant collateral damage on a wider group of people, including the victim's family, the offender's family and the broader community. In a previous paper (Authors, et al. under review), we have described this impact as more akin to a 'shotgun blast' than a 'rifle shot'. For example, it is known that family members of both adult sex offenders (Tewksbury and Levenson, 2009) and young sexual abusers (Authors et al., under review) often experience social isolation, fear, property damage and many are forced to relocate. Family members often shut themselves off from their local communities to avoid being shamed or stigmatized (Tewksbury and Levenson 2009).

The existing research, limited though it is, has found that families respond to a young person who has sexually abused in a number of ways, for example by denying the abuse; by seeing the child as a 'monster' and rejecting him or her; or by supporting the child (Heiman et al. 2002; Comartin et al, 2009). Family reactions to an abusive child may be especially complex when another child in the family has been abused. Even if families choose to support the child, they may struggle with the emotional burden of accepting that the abuse has happened (Authors, 2006) or of meeting the demands of the complex welfare and justice systems that seek to intervene to address the abuse (Author, 2001).

Two limitations of much of the writing to date on family responses here include their small sample sizes (Comartin and colleagues had a sample size of only 4 parents and Duane and colleagues only 5 parents) and the rather anecdotal nature of the results. We sought to address these weaknesses by analyzing family responses to young sexual abusers in a large sample, and by focusing our analysis on the experiences of these families.

Method

We conducted a multisite study in the United Kingdom to examine long-term outcomes for children and young people who have sexually abused and their families (*grant reference to be provided post review*). As part of the overall study, we explored data on family members' responses to revelations that the young person had sexually abused. We were interested in two interlinked elements of the responses faced by young people and their families:

- How parents and other members of the young person's family responded to revelations that the young person had sexually abused; and
- How the revelations impacted on family functioning in the short and longer term.

Our overall sample comprised 700 young people, representing all cases referred for sexual behaviour problems to 9 services offering assessment and intervention services to young people who had sexually abused over a nine-year period between 1992 and 2000. 99% of the young people were under the age of 18 at referral. Five of these services treated young people on a community basis, providing weekly treatment sessions over a four to ten week period; four of the services were residential in focus and treated young people on an in-patient basis. Following an initial analysis of the case files of all 700 young people, we used a stratified purposeful sampling approach (Quinn Patton, 2002) to identify a sub sample of cases which reflected the range of service users in each of the sites over the time period in respect of a number of key variables identified in the literature, as follows:

- Gender, ethnicity and age of young people at referral (including young people who displayed concerning sexual behaviours pre-adolescence and those who did not)
- Number, gender and age of victims (including young people whose victims included children younger than themselves, peers and adults)
- Experiences of trauma (including young people who had experienced sexual abuse and those who had not)
- Young people with convictions and those without convictions
- Young people referred who were living in the community and those living in residential settings
- Type of harmful sexual behaviour displayed (including young people who had contact and non-contact offences, etc.)
- Disability status (including young people with learning disabilities and those who were non-disabled).

As a result, 117 cases were chosen for in-depth case file analysis and follow-up. The modal age at referral was 15 years old and the majority of young people (63% or n=73) were aged between 13 and 16 years old. However in 9% of cases (n=11) the subject of the referral was aged 10 years old or younger. The overwhelming majority of young people were male (95% or n=111) and white British (97% or n=107 of cases where ethnicity was noted). The backgrounds and developmental histories of the young people varied substantially. In 37% of cases (n=43) the young person was known to have experienced sexual abuse and in a further 26% (n=30) there were strong suspicions recorded in the case file that young person had been sexually abused. Over half the sample (n=61 or 52%) had experienced at least one other form of abuse other than sexual abuse. The harmful sexual behaviours presented by the sample also varied considerably in type and frequency and in victim relationship. In 27% (n=30) of cases where the identity of victims was known young people had abused victims only within their families, whereas in 46% (n=52) of cases victims were extra-familial only. In a further 27% of cases, young people abused both intra-familial and extra-familial victims. The length of intervention offered to young people varied substantially due to the differential nature of the services being offered. Five of the services treated young people on a community basis, providing weekly treatment sessions typically for up to six months; four of the services were residential in focus and usually worked with young people on a longer-term basis, sometimes for several years.

Following the analysis of historical records, we sought to trace the former service users in order to invite them to take part in an interview. This aspect of the study was methodologically challenging and needed great sensitivity in order to ensure confidentiality and safety (see Authors et al. 2011; Author et al. 2012 for more details on the methodological concerns and approaches we developed). We received ethical permission to conduct the study from the ethics committees of Author University and the University of Author; and from the ethics committees of each participating service. In this paper, we draw on the historical case file data from the 117 cases in order to review the evidence

of family responses at the time of the revelations of the abuse and throughout the subsequent development of the case.

The detail in the historical case records varied. Some files were quite short (5 to 6 pages); other files were much longer (500 to 600 pages). Most files were in the 30-60 pages range. In general, the longer a particular service worked with a young person, the more extensive his or her file was. Nevertheless almost all of the files contained relevant information, including details about the young person's background, their abusive behaviour and about the families of the young person.

It was common for each case file to be made up of the reports of several professionals, each of whom had worked closely with the young person in question. The fact that each file was constructed from multiple sources, and that each of these sources worked closely with that young person, would appear to support the validity of the information that was presented within them; historical records are likely to be most biased and least trustworthy when they are based upon one source (such as one professional's account) and when they are written at some temporal distance from the primary event being described.

We read and made detailed notes of each of the 117 files that we chose to analyze, recording instances of family reactions (both positive and negative). These notes were then analyzed using standard qualitative thematic analysis techniques. Significant words, phrases or themes were marked with summary words or 'codes'. Codes that were thematically similar were grouped together, and labeled with higher-level summary codes, called categories. In line with standard thematic analysis procedures, these categories became the organizing themes of the analysis (e.g. denial, support, etc.)

Note: in the following section indented lines and paragraphs are narrative extracts taken from individual case files.

Findings

Initial responses to the abuse

Understandably, many parents reacted negatively to the revelations that their child had abused. Although many of the files did not describe parents' initial responses, those that did usually indicated that parents felt angry, fearful or guilty at what had happened:

X's mother was considerably shocked to find out that her partner and her son had both been sexually abusing children, but she never attempted to hide or to deny X's behaviour (male aged 14).

X's parents were ambivalent about him being removed from the family home. They were at a loss to explain why he committed the abuse, and felt very guilty that they had not protected their daughter (male aged 13).

Several other files described parents being initially nonchalant or unconcerned about what happened, either because they did not consider what had happened to be particularly serious or because parents' sexual boundaries were themselves so distorted that their child's abuse was 'normal' in the context of the family's daily life.

Supportive responses

Longer-term family responses to the young people were highly varied. 31 (25%) of families were reported to have had relatively supportive reactions once they moved beyond their initial shock and anger¹. These parents accepted that the young person needed help and supported the offer of interventions to treat them:

His parents took a very honest and helpful approach and encouraged him to cooperate with social services. They were also able to accept what X had done without rejecting or labelling him (male aged 15).

Both of X's parents took a responsible view of events. Her father wanted X's behaviour to be adequately addressed (female aged 16).

Supportive parents came from a range of backgrounds, with some coming from environments characterized by separation, family crisis and physical and sexual abuse and others coming from more stable situations. Whatever their backgrounds, these parents acknowledged that their child had a problem and wanted that problem to be addressed. There is no evidence from the records to suggest that these parents labelled their children as 'sex offenders', and for the most part they appeared able to differentiate between their children and the abusive actions:

X's mother remained supportive; she was 'very caring' of all her children and their different needs (male aged 15).

His family asked for a referral because they were worried that he would be labeled as a sex offender unless he received treatment (male aged 10).

Supporting a young person was not easy, however. A number of supportive parents continued to remain very angry, frightened or anxious about what their child had done:

His carers were clear that they wanted X to remain with them. The atmosphere in the carers' home was strained following the revelations, however; X's carers felt angry and guilty about what had happened (male aged 15).

¹ Information on family responses was not recorded in 33 of the files. An additional 12 files indicated that parents reported their child to social services for the abusive behaviour, but did not indicate anything else beyond that.

X's mother supported her but was clearly upset about the allegations (female aged 15).

Twenty-three of the young people in these supportive families (75% of the 31 supportive families) had abused either extra-familial victims or more distant relatives, such as cousins; eight (the remaining 25%) had abused either their brothers or their sisters. It may well have been that the social and emotional distance that existed between these supportive parents and their children's victims insulated these parents somewhat from the consequences of their child's abuse, and thereby helped them to respond positively to their child. It might have been much harder for these parents to support a child if he or she had abused a brother or sister (though as noted, eight parents managed to do so).

Supportive parents seemed to be motivated to prevent their child from re-abusing. They often tried, as far as they were able, to maintain a protective environment at home, for example by reducing opportunities for the child to reoffend:

After what had happened X's mother closely supervised both and his sister; his grandmother supervised them during the day (male aged 11).

X's mother was concerned about the risk that he posed to the children and would lock him in his bedroom at night-time (male aged 14).

Ambivalent responses

Thirty-three parent(s) (28%) had more ambivalent responses to their child's abusive behaviour. These parents acknowledged their child's behaviour but either denied the seriousness of it or were reluctant to fully confront it, seemingly because it raised too much anxiety for them, because they did not believe that the behaviour was particularly problematic or because they did not want social services to become involved in their lives. For some parents the thought of the abuse was too troubling to contemplate and needed to be repressed. Family situations could become quite complex with some in the family acknowledging the behaviour and others minimizing it:

X's mother had difficulty acknowledging or discussing what had happened (male aged 15).

In many respects X's parents had a good relationship with him. His father was caring but to the point of being too tolerant; he played down X's behaviour. His mother was more authoritative and more disturbed by what had happened. She was terrified that X could reoffend (male aged 13).

Ambivalent parents often attempted to control their anger and anxiety maladaptively, for example by labelling their child's victim or by blaming each other for the abuse:

X's mother was very anxious about the intervention of the police and social services, and to some extent blamed the victim for wearing short skirts and talking to boys (male aged 15).

His father blamed his mother for what had happened, and tended to minimize the incident (male aged 13).

The reasons given in case files for parental ambivalence varied. In some cases, ambivalence was linked by professionals to parental histories of child sexual abuse which, it was said, meant that it was more difficult for them to confront the fact that their own child was now 'an abuser':

X's parents were concerned about the sexual abuse but were confused by it too. Part of X's mother wanted to block the issue; she may have been sexually abused herself (male aged 11).

Some parents may have themselves been sexual abusers, and indeed may have been involved in the abuse of the young person:

X's mother said that she did not believe that X was involved in the abuse of the children. Allegations later emerged that X's mother and grandfather were themselves involved in the abuse (female aged 14).

Other parents wanted everything to return to 'normal' within the family and were willing to downplay the abuse in order to ensure that this happened:

There was a strong desire within the family to pretend that the abuse did not happen and there was little empathy for the needs of the abused daughter. On several occasions X's mother said that she wanted to forget the incident and move on with life, and that she did not know why her daughter continued to talk about the incident (male aged 16).

Parents could also have difficulties appreciating the severity of their child's abusive sexual behaviour, or its impact on its victims. These parents usually tried to see the sexual behavior as 'childhood experimentation':

X also completed several RP sessions with a different worker and his mother and step-father were offered support. It was felt that they did not appreciate fully the impacts on victims or YP's risk (male aged 15).

While these parents' ambivalent responses were to some extent understandable, they could also have counter-productive consequences. They could send messages to the young person that his or her abusive behaviour was unproblematic, and that in some cases that it was acceptable for him or her to continue abusing:

X's mother did not seem to gain much from the intervention and continued to minimize his actions. It was thought that his mother played an influential, collusive role in reinforcing X's attitudes and behaviours. Social workers had serious concerns that X's mother had covered up his abuse (male aged 12).

X's stepmother and his father agreed to support him when he said that he would no longer go for treatment. X began babysitting and abused the child that he was taking care of. His parents almost certainly failed to recognize the seriousness of the situation and the risk that X posed to children. His father believed that since X had not 'done anything daft' since his first offence he was ok (male aged 15).

Disintegrative shaming responses

Eight families (7%), or parents within those families (as noted above some parents within the same family could react negatively and others positively to a young person), responded in a highly negative fashion following the revelations of abuse, either shunning or shaming them in what Braithwaite (1989) refers to as a 'disintegrative shaming' response. In six of these cases the young person had abused a brother or sister. The fact that a young person had abused a sibling was a key factor in explaining these parents' negative responses. The young person's sexual abuse was viewed as a betrayal and transformed him or her into a deviant outsider who had to be removed from the family (either literally or emotionally):

His mother disowned him after the incident with his brother (male aged 15).

When his parents found out what had happened they called social services and asked for him to be removed from the household. Following that X had little contact with his parents. It was very difficult for his mother to come to terms with his actions. X felt very rejected by his family, and felt that they did not want him (male aged 15).

Several of these parents labelled the abusive child as a 'sex offender'. Their anger meant that they had little inclination or ability to empathise with him or her:

His mother called him called him a 'bastard' and 'an abuser' (male aged 12).

His step-mother believed that X was an 'evil person', and always had been (male aged 12).

A high level of friction existed between X and his stepmother. His stepmother referred to him as 'a rapist' and a 'fat bastard' (male aged 15).

In several cases mothers' anger appeared to be fuelled by perceptions that the young person was like a deviant ex-boyfriend or ex-husband. These mothers saw the young person's behaviour as confirming all of their worst thoughts about their male partners:

X's mother said that he reminded her of his father (her ex-husband). She described X as a con man. She was very angry at X's continued abuse of his sisters. She felt that his behaviour was innate. She referred to X's birth father as a 'pervert' (male aged 14).

In some cases, it seemed that blaming the other partner for the child's abusive behaviour was warranted in that there was evidence that these partners did indeed have a history of perpetrating sexual and physical violence. In other situations, blaming the partner and labelling the young person appeared in part to help these parents to manage and deflect their own feelings of culpability for their child's actions:

X's mother had problems confronting the underlying reasons for X's actions. She saw X, rather than the family's chaotic circumstances, as the problem. She said that X reminded her of his father (her husband) and called him a 'pervert'. X's mother did not consider herself to be part of the problem though social workers did (male aged 12).

Consequences and change

As noted, family responses could evolve from initial anger and shock into support, uncertainty or stigmatizing reactions. These were not response end-states, however. Family responses could change still further as time went on. If the child re-abused, particularly against an intra-familial victim, or if he did not appear to be contrite about what he had happened even the most initially supportive parent could turn against him. However if the child accepted responsibility for his actions, in some cases (though not all) this could enable family members to feel more positively about him:

X made a video of himself to show his brother (who he abused) but was very sarcastic and dismissive in it. After seeing the video his mother- who had initially supported him- vowed that he would never be allowed to return home (male aged 15).

By the end of the treatment programme X had taken full responsibility for his offences and seemed reasonably motivated to reduce his risk level. He admitted that he thoroughly planned the assaults. X's parents were surprised and shocked by this revelation and his father began to take X's behaviour seriously (male aged 14).

The abusive behaviour could have considerable consequences for family functioning and dynamics, serving to place even supportive families under considerable stress, particularly if parents did not have a shared consensus about the seriousness of the abuse and what needed to be done about it. A number of parents themselves appeared to have a limited capacity to cope with stressful adverse, for example because they were living in very deprived socio-economic circumstances and were trying to take care of other children who had their own behavioural difficulties:

Although X was supported by his father, not everything was ok. X's stepmother had unresolved feelings of anger towards him because he

had abused her son. She could be uncommunicative with X and he in turn felt that he could not be himself when he was around her (male aged 14)

After the intervention his parents reported a deteriorating family situation with X refusing to accept their authority. X's parents were still committed to him but were under strain. His mother said that could not cope with him if he did anything else (male aged 11).

Sibling responses

Relatively little information was present in the case files concerning siblings' reactions to their brother's or sister's sexually abusive behaviour. This, in itself, is an important and worrying finding. In many cases, siblings' voices appeared simply to have been overlooked in any of the discussions between parents and professionals about the impact of the abuse on the whole family or about the management of risk. Whether siblings felt safe or protected in the family or whether they understood what was happening in the family was not clear in many cases.

From the information on siblings' reactions that was present in the files, it appeared that a sibling's response to a young person who had sexually abused was strongly influenced by whether that sibling was the victim of the young person's abuse or not. Siblings who were not victimised by a young person often continued to support him or her. Siblings who were abused had more complex reactions. Some abused siblings continued to offer support, though there was some concern about whether or not the abusive young person and/or the parents pressurised the child to do so and this was particularly the case for younger siblings:

In her video interview with the police, X's sister was reluctant to speak about her abuse and quoted her mother: 'he's just practising, don't worry' (male aged 12).

A young person's abusive behaviour could irreparably damage his or her relationships with siblings; some young people only realised the extent of the damage that they had done several years after they had stopped abusing:

X met his sister again (some years later), the first time since his abuse of her had come to light. X's sister told him at the end of the meeting that although she might hope to be friendly with him in the future she could not think of him as her brother. X felt considerably depressed after the meeting and desired to hurt himself (male aged 13).

While some relationships never recovered from the abuse, at least in the time period covered by the case notes, a number of young people experienced some reconciliation with their siblings. This often happened after the young person and his or her siblings both received help from social services:

(Years later) X met his sister. She had also been taken into care, and wished to re-establish links with her siblings. The process of meeting his sister and developing a supportive relationship with her took time for X, though the relationship was considered to be a beneficial and supportive one for him (male aged 12).

Reconciliation with siblings was not necessarily a 'happy ever after' event, however. Siblings could themselves be damaged individuals partly as a result of the sexual abuse that they had experienced and they could exert a destabilising influence on young people who had begun to develop some self-awareness and control over their sexual behaviour:

X spent ever-increasing amounts of time with his sister and began to get involved in risky activities with her, such as going binge drinking. X's sister had developed significant personality problems. X became increasingly out of control, and potentially harmful to himself and to others (male aged 13).

Discussion and implications for policy and practice

Family responses to young people who had sexually abused were complex and varied. Parental responses broadly fell into three types: supportive, ambivalent and negative. There was evidence that parents' and siblings' attitudes could shift over time. For example, some supportive parents became more condemnatory in their attitudes if their child re-abused. Likewise, some parents who were initially highly negative towards their child benefited from professional support and became more aware of the causes of the abuse and thereby more accepting of their child. As such, these varied parental responses are best viewed not as fixed categories, but types of response on a broad and shifting continuum.

It is, however, clear that discovering that one's child has sexually abused other children is often a profound shock, even trauma, to parents. Professionals should anticipate and be sensitive to this. From the analysis of cases in this study, it seems that it is too easy for professionals to explain away parental ambivalence or denial about their child's abusive behaviour as evidence of poor parenting, underlying personal issues or an inability to engage with professionals in a meaningful way when it is possible that their first reactions may be an understandable initial response to a serious threat to family stability and cohesion. We found no evidence to suggest that parents, for example, from disadvantaged backgrounds or with histories of child maltreatment, were less able to accept their child's behaviour than parents living in more advantaged situations. If parental responses to their child's abusive behaviour are on a continuum, then the professional task becomes one of working with parents to educate and support them over time in managing their child's risk and in supporting the develop of a non-abusive life trajectory. At the same time, in a small proportion of cases, professionals' suspicions about parental 'culpability' appeared well founded as it later transpired that the child had been abused by a parent. This highlights the need for careful assessment of family functioning and parenting practices,

rather than an approach which focuses solely on the child's abusive behaviour without taking into account the context in which it has developed.

Parental responses were highly differentiated by abuse type. It was interesting to see that most supportive parents had children who had extra-familial victims whereas most parents whose responses were characterised by disintegrative shaming had children who had intra-familial victims. The numbers in both groups are small, so any conclusion drawn from them must be very tentative, but this would suggest that parents may find it easier to support a child where they have some emotional or physical distance between their child and his or her victims. Despite this, as Heimann (2002) notes, irrespective of the characteristics of their children's victims, parents are likely to experience feelings such as shame, guilt and anger. The closer parents are to their child's victim, the more negatively they may respond to their abusive child. If, as suggested by outcomes studies, parental engagement and family involvement in treatment are critical elements in positive outcomes (Letourneau et al., 2009), then this would suggest that professionals need to devote specific attention in particular to the needs of parents in situations of intra-familial sexual abuse.

Finally, the findings of the current study highlight the extent to which the needs of siblings may be overlooked in the wake of their brother's or sister's sexually abusive behaviour. In the cases examined here there were few instances where siblings were consulted as to their views and opinions, other than in some cases when they were interviewed to try to ascertain whether they themselves had been sexually abused. In situations where they indicated that they had not been abused, there was little indication that their needs were being considered explicitly and separate from those of the whole family. Given the extent of the negative impact of the abuse on the whole family, professionals should be alert to the fact that the welfare of siblings who are not the direct victims of the adolescent sexual abuser can be severely compromised following the discovery of their sibling's abusive behaviour. Even if the direct victims are outside the family, it can be argued that siblings in these cases are indirectly victimised. This suggests an active and important role for practitioners in better supporting siblings to understand what is happening in their families and active work to ensure that their own developmental needs are met.

Limitations

This study is one of the first internationally to examine how families react to the discovery that a young person has sexually abused in a large sample and with a focus on the actual progression of responses over time. The principal limitation concerns the use of case file data and the time period covered by the files. Case files represent specific encounters between professionals and families. Data within case files therefore need to be treated with great caution. Whilst the case files captured in detail the professional observations of the responses from families, they are written from the perspectives of professionals, rather than from that of family members themselves. It could well be that parents and siblings were limited in the extent to which they were able to trust professionals or to which they were able to speak openly at the

time of the work undertaken with their family. Parents in particular may have wished to underplay the impact of the abuse on the functioning of their family in order to reassure professionals about their parenting competence. Some files (especially those from the community services) only covered a period of a few weeks whereas others covered many years of intervention. The family reactions described within them may have only been valid for the time period of the recording; it may have been the case that if the files had covered a longer timeframe our three separate parental response types may simply be the starting points of longer and more complex response trajectories. Further research is therefore needed to test the findings of the current research. Nevertheless, the findings suggest that sensitivity to family responses in such cases is an important element of an appropriate practice response.

Conclusion

Case file data indicates that there is a very wide range of parental and sibling responses to the discovery that a child or young person has sexually abused. Being able to balance acceptance of the reality of abuse with an ongoing commitment to the child is an enormously difficult challenge for parents. Professionals need to create opportunities to engage as fully as possible with parents and siblings in order to support the young sexual abuser to desist from further abusive behaviour and to support other family members in their own right.

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