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# Child Abuse & Neglect

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## Safeguarding child rights and enhancing caregiver responsibilities among Canadian parents of youth who sexually offend

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### ABSTRACT

Research on youth sexual offending has focused primarily on its prevalence. However, recent efforts have begun to consider the collateral consequences for the relatives of offending youth, although little has been done in this regard toward exploring caregiver accountability. This study presents qualitative data on parents' sense of responsibility in situations where their child engaged in sexual offending behaviour against another child. We analyzed interview data among 16 parents from 10 families in Canada using thematic coding procedures. Findings illustrated the range of responsible actions that caregivers of sexual offending youth undertook with regard to preventing recidivism and accessing appropriate services for all the abuse-affected children. Caregivers reported on the enormous complexities they encountered as they attempted to simultaneously attend to the best interests of both the victim and offending youth. A particularly significant theme was that, despite the overwhelming challenges caregivers faced in dealing with the needs of their offending child, they were also highly attentive to the well-being of the victims. Our findings point to the importance of comprehensive and non-biased support services for both children and caregivers in order to fully uphold the rights of all affected individuals, and to better meet the needs as well as best interests of sexual abuse-affected children.

### 1. Introduction

Youth sexual offending is a serious societal concern, both in its frequency of occurrence and in its potential negative impact across many affected individuals. It is difficult to determine the exact prevalence of youth sexual offending because most estimates are based on police reports; however, many instances of sexual offending behaviour do not come to the attention of law enforcement authorities and/or child welfare services. In fact, some research suggests that rates of youth sexual offending are approximately 12 times higher than those derived through official police data (Kjellgren, Priebe, Svedin, & Langström, 2010). In Canada, recent police-reported data indicate that youth aged 12–17 years accounted for 26% of all sexual offences involving individuals under the age of 18 (Allen & Superle, 2014). Data from the U.S. suggest that approximately 30–50% of childhood sexual offences involve youth as perpetrators (Finkelhor, Hammer, & Sedlak, 2008; Walker, McGover, Poey, & Otis, 2004). Estimates from the United Kingdom are similar in indicating that one-fifth to one-third of childhood sexual abuse involve perpetrators who are children or adolescents (Hackett, 2004).

Youth sexual offending affects victims and their families, and it often also has adverse consequences for the family members of offending youth, most notably caregivers (Bowers, 2002; Duane, Carr, Cherry, McGrath, & O'Shea, 2002; Hackett, Phillips, Balfe, & Masson, 2014; Jones, 2015; Pierce, 2011; Thornton et al., 2008; Worley, Church, & Clemmons, 2011). Although much of the

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literature on the impact of sexual offending has understandably focused on victims, several more recent studies have begun to examine the collateral consequences on family members of offending youth primarily by way of qualitative analyses based on focus group, interview, or observational data with caregivers (Jones, 2015; Pierce, 2011; Thornton et al., 2008; Worley et al., 2011). These studies have highlighted a range of reactions that caregivers experience upon learning of their child's sexual offending behaviour, including but not limited to anger, isolation, distress, disbelief, shame, judgment, concern, and a sense of responsibility. Similar themes around the negative impact of sexual offending on caregivers' sense of well-being and functioning have been identified in research with adult sexual offenders (Levenson & Tewksbury, 2009; Tewksbury & Levenson, 2009).

In the current study, we focused on caregivers' sense of responsibility toward the individuals who were directly or indirectly impacted by their child's sexual offending behaviour (or that could be at future risk for sexual harm on the part of their child). We chose to focus on caregiver responsibility because it has not been examined in considerable depth, and it is in keeping with several articles (e.g. Articles 3, 18, 40) outlined in the United Nations Convention on the Rights of the Child that emphasize the need for parents, along with all authorities, to negotiate the best interests of children (United Nations, 1989). In particular, Article 18 states that caregivers are responsible for their child's upbringing and healthy development and that, in carrying out this responsibility, their basic concern must be the best interests of the child. Article 40 specifically addresses the issue of children and adolescents who have engaged in offending behaviour; it emphasizes the rights of these youth to appropriate counselling and guidance without resorting to judicial proceedings. Although not explicitly stated, Article 40 undoubtedly assumes that caregivers would play a pivotal role in 1) securing resources to address the needs of their offending child so that he/she may be reintegrated into society as "constructive" citizens and 2) helping protect others from any future harm that could be perpetrated by their child.

The literature on caregiver responsibility in the face of youth sexual offending behaviour is relatively scarce, but several studies have highlighted this theme as emerging from caregiver interviews or focus groups. In a U.S. study, Pierce (2011) conducted a focus group and individual interviews with four caregivers of adolescents who had engaged in sexual offending behaviour. Upon discovering their adolescent's offense, findings indicated that caregivers experienced a multitude of reactions, one of which was responsibility. Caregivers expressed feeling that they failed as parents, with one caregiver noting that she should have foreseen the offending behaviour given her child's past history of having experienced abuse. As part of assuming responsibility, caregivers also stated having apologized on behalf of their child to individuals affected by the sexual offense.

In a more recent U.S. study, Jones (2015) collected focus group and interview data by way of two pilot studies on the experiences of four caregivers attending a support group for caregivers of sexually offending youth. Responsibility to prevent re-offending was an overarching theme that emerged from the qualitative data, although this finding might not be altogether surprising given that the prevention of recidivism was caregivers' primary goal as outlined in the treatment plan and court order involving their child. As such, caregivers were required to provide close supervision of their child and to follow a relapse prevention plan, which included such activities as placing alarms on all doors and windows in the home as well as enforcing an early curfew for their child. Within this context, caregivers described the personal cost to their well-being of ensuring compliance with the many court-ordered rules. In addition, caregivers in this study were involved in treatment services provided to their sexual offending child. They noted several difficulties related to this involvement (e.g., talking openly about sexual matters) but also the benefits of being actively engaged with their child, of providing love and support, of maintaining expectations related to their child's accountability for the sexual offending behaviour, and of ensuring that their child engaged in treatment in order to become a contributing member of society (Jones, 2015).

In an Australian study, Thornton et al. (2008) conducted interviews with 38 caregivers of youth who engaged in intra-familial sexual offending; these interviews were conducted at various points throughout the youth's treatment (in which caregivers were also included). Upon disclosure of the offending behaviour, themes related to responsibility emerged in that most caregivers expressed the importance of securing support not only for their offending child but also for the victim and other affected family members. Findings indicated that most caregivers believed changes made by the adolescent, particularly with regard to social skills, were key to changing the sexual offending behaviour. As such, most caregivers expressed that there was little they could do to change the circumstances and that issues within the family had no impact on the intra-familial sexual offending behaviour. Toward the end of the treatment program (approximately 12 months), caregivers' statements with regard to responsibility showed several shifts. In particular, most came to understand their impact on their family's functioning (both positive and negative) and, by extension, on the sexual offending behaviour. With this increased awareness, caregivers worked on improving their parenting skills and their family's ability to cope with difficult situations. They reported increased efforts to improve communication among all family members and to ensure the safety of all children in the home, both victim and offender (Thornton et al., 2008).

In a large-scale, multi-site study in the United Kingdom, Hackett et al. (2014) analyzed case files to examine family members' responses to 117 youth who had engaged in sexual offending behaviour and who were involved in intervention services. Based on professionals' notes within the files, there were several themes of caregiver responsibility that emerged. Specifically, 25% of caregivers understood that their child needed services to address the offending behaviour and were supportive of their child's involvement in intervention services. This motivation on the part of caregivers seemed associated with a strong desire to prevent their child from engaging in any additional sexual offending behaviours. A fair number of other caregivers (28%) were found to have a more ambivalent response to their child's sexual offenses in that they had difficulty acknowledging and accepting the seriousness of the behaviour. However, Hackett et al. (2014) noted that some caregivers' responses shifted over time with professional guidance so that they became more committed to supporting the needs of their child.

Although the responsibility of caregivers whose child has engaged in sexual offending behaviour is an emerging area of study, existing findings echo other literature that has emphasized the importance of involving caregivers in the treatment of sexual offending behaviour as well as the nature of this involvement (Schmidt, 2014; Worling & Curwen, 2000; Worley et al., 2011; Yoder, Hansen, Lobanov-Rostovsky, & Ruch, 2015; Zankman & Bonomo, 2004). Moreover, the Youth Criminal Justice Act in Canada

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