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Case report

A crisis worker's observations on the psychosocial support for victims and families following child sexual abuse; a case study

Daniel R Gibney [a, b, *], Alyson Jones [a]

[a] Lancashire SAFE Centre, Royal Preston Hospital, Sharoe Green Lane, Preston, Lancashire, United Kingdom
[b] University of Manchester, United Kingdom

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ABSTRACT

The Lancashire Sexual Assault Forensic Examination (SAFE) centre in Preston saw 204 children aged 16 and under for examination following allegation of sexual assault in 2013. The psychological impact on the child is well known but not always addressed correctly or appropriately; the impact and resulting difficulties faced by the parent/carer of the child can also easily go un-noticed.

Mrs A attended the centre with her 2 year old daughter in 2013, where I was the crisis worker in the case. She was contacted five months later and the support they received after attending the centre discussed. Her experiences, along with my own anecdotal experiences are discussed. Independent Sexual Assault Advisors (ISVAs) offer support following attendance at the centre, and various charitable organisations offer counselling, emotional and practical support. Health visitors, paediatricians, school nurses and social workers also play a role in looking after children and families following allegations of assault. However, the organisations and agencies involved in psychological aftercare for victims and parents are hindered by strict referral criteria and lack of funding or appropriate specialist expertise. The psychological, educational and behavioural support for parents and children, and specifically pre-trial counselling for children need significant improvement if we are to offer the best support for victims.

1. Introduction

The Lancashire SAFE centre, a sexual assault referral centre (SARC) covering the whole of Lancashire and Cumbria, saw 204 cases of alleged sexual assault against children aged 16 and under in the year 2013 compared to 158 in 2012, an increase of 29%.[1] It provides a 24/7 service all year round, and since opening in October 2002 to the end of 2013, a total of 2358 complainants aged 16 and under have been through the centre.[1] 35.1% of all cases were aged 16 and under, with a significant proportion aged between 14 and 19.[1] A dedicated Children's Examination Suite was opened in October of 2012, and it is possible that the availability of the suite and of paediatric examiners resulted in an increase in referrals for examination (amongst other factors). The increase in cases nationally, not just in Lancashire and Cumbria, has created an increased demand for specialist services. However it may also be that cases are being managed more comprehensively and the psychological needs of victims are now being addressed more thoroughly, leading to an increase in referrals to other agencies.

Complainants are seen and examined at the centre, and appropriate follow up arranged; be it with Genito-Urinary Medicine, Paediatrician referral, Social Services or via General Practitioner correspondence. Two dedicated Independent Sexual Violence Advocates (ISVA) follow up those seen at the centre, should they wish to access their support. One of these ISVAs is specifically for adults; the other is a Children's and Young Person's Advocate (CYPA), seeing children and their parents/carers, offering emotional and practical support as well as advising parents/carers of the process after attending the centre and of the criminal proceedings. They do not offer counselling but signpost or refer on to other services if psychological therapy or counselling is requested. The follow up for psychological support however, is less clear cut and the case below highlights how difficult organising psychological support can be.

2. Case study

2.1. Background

Child A, the daughter of Mr and Mrs A was brought to the centre in August 2013 following a disclosure which resulted in a police

* Corresponding author. Lancashire SAFE Centre, Royal Preston Hospital, Preston, Lancashire, England PR2 9HT, United Kingdom.
E-mail addresses: danielgibney@doctors.org.uk (D.R. Gibney), alyson.jones@lthtr.nhs.uk (A. Jones).

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referral. Mr and Mrs A were married and had two children between them; Child A- a female and Child B, a male. Child A, aged two, was accompanied by Mrs A and the police for examination, having disclosed that she had been touched on her bottom by her Father, Mr A. Although examination was unremarkable and no signs of injury found, it was impossible to say if anything had happened. Mr A denied the allegation, stating he had simply been cleaning Child A whilst changing her nappy and that this had been misinterpreted by Child A. The police soon closed the case due to a lack of evidence and social services continued to manage the case, with Mrs A being the sole carer. Mr A was estranged from Mrs A but subsequently allowed supervised contact with Child A.

Telephone contact was made with Mrs A five months later and her experiences after attending the centre were discussed at length. She said she could not fault our work at the centre but the aftercare she has received has been extremely poor and described the experience as "hell". Social services received an appropriate referral from the police for Child A and they began investigating the case. Mrs A stated social services had "caused nothing but distress" during their initial investigation. Instead of supporting her through the ordeal, she claims they would turn up unannounced and ask to enter the house. Mrs A felt the social services investigation was not explained to her and she often felt interrogated herself. They would not discuss the case investigation with her, stating there were data protection issues with obtaining the social services report; she describes the process as being far from transparent, "cloaked" and secretive, with little information available for her. She told me she sometimes worries that they could take her children away from her and wonders what would happen should one of them ever bangs their head or ends up in A&E. She says she has no idea of what she should be doing as a mother and whether she is doing the right things for her daughter. Five months down the line, she felt the only person she was getting psychological support from was in fact her divorce solicitor.

The breakdown of her marriage did nothing to help the psychological wellbeing of Mrs A, and the inconclusive examination findings put her in an uncomfortable, uncertain position. Mrs A says Mr A is allowed contact with Child A but she doesn't know whether this is beneficial or more damaging for her daughter and no-one has been able to offer her advice on this issue. Mrs A told me she truly wishes that Mr A's story is true but deep down she is doubtful. The ISVA at the centre had made contact with her, but Mrs A stated she wanted to put her experiences and connection with the centre behind her so that she could "move on."

As a 30-something, professional full time, working mother, she wants to know who to turn to if her child makes another disclosure or starts talking about the incident again. What does she say to her child and how should she react? Should she ignore or acknowledge it and who should she contact if this happens? She wonders if there will be any long term consequences and should she ever tell her daughter about what happened. I couldn't answer those questions for her but clearly the need for a specialist counsellor or psychologist for parents following child sexual abuse is dire. A health visitor sees the family every so often and indeed suggested referral to a psychological support service for Mrs A herself, but was told "I can't do a referral on your behalf because we will get charged."

3. Discussion

The above scenario is not uncommon; many parents coming to the centre find themselves in a similar position and non-offending parents in cases of intra-familial sexual abuse experience significant difficulty as a result.[2,3] The child is not the only victim in these cases.

The psychological implications of rape and sexual assault are extreme but also vary from person to person.[2] In cases involving children it is nearly always the mother who brings them to the centre, often the perpetrator is somebody known to her or the child, most often the biological father, stepfather, uncle, another carer, or sometimes a sibling.[1,4] Not only does the parent have to deal with the fact their child has been sexually abused and the subsequent implications that this can have on behaviour, friendships, school and child care, but they often have to deal with their own personal turmoil, feelings of guilt and self-blame.[2] In addition, they often have to deal with a separation of some sort, be it from their partner, spouse, sibling, parent etc. Social difficulties or problems at work, as well as their own psychological wellbeing are often overlooked.[2,3] This can be because the parent is "fine" and focussed on caring for their child and denies the need for help, but we also need to recognise the parent or carer is a victim too.

Until recently, counselling could be provided at the centre to those wishing to access it. Funding for this was reorganised and complainants are now signposted to other agencies or charities for follow up psychological support instead. The way children and parents access aftercare can be somewhat of a grey area. Some of these organisations are under immense financial pressure and it is well known charities have taken huge hits to their budgets since the beginning of the recession.

Unfortunately finances, waiting lists, organisational or geographical issues are obstacles that prevent or delay victims from receiving the best possible care. Mrs A was told to arrange her own self-referral because the health visitor's department would get the bill. She never made that self-referral. Victims often need to seek help from these agencies or charities themselves, and although the SAFE centre make every effort to signpost and refer onto relevant organisations, it can be difficult to get these organisations or agencies to accept the referrals.

Many parents or carers would not necessarily know who to contact in the future, or neglect the fact they themselves are in need of support as well as the child. They may not wish to make contact with the centre again (like Mrs A), or may not feel confident enough to self-refer to other organisations so it is important to be approachable and open minded when dealing with parents. The feelings Mrs A describes are somewhat part of a normal grief process, but self-blame can also be linked to the theory of secondary victimisation.[2–5]

The Survivor's Trust can offer therapy and specialist counselling sessions, as can various other organisations but these are incredibly location dependant with variable waiting times. Most of these services only take adult victims, not parents or children. Specialist behavioural psychology and counselling services for children who have been sexually assaulted and their parents are unavailable as it is an extremely specialised area. CAMHS (Child and Adolescent Mental Health Services) will not accept these cases due to strict criteria, a lack of specialist expertise or funding. CAMHS would be an ideal organisation to work with parents or carers of children displaying behavioural or psychological problems following abuse due to their vast experience of child psychology. Educational support is scarce and there are extremely limited specific services for dealing with the immediate psychological and behavioural problems faced and how parents/carers should manage them. Teachers are often informed via the school nurse or social services and can help with behavioural issues in school, as long as they are made aware and have the time and skills to do so.

Counselling and psychological therapy for victims has proven benefits, and is recommended by the Crown Prosecution Services (CPS), the Faculty of Forensic and Legal Medicine and the Royal College of Paediatrics and Child Health.[6–8] Working Together to Safeguard Children, guidance produced by the Department of