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**Experiences of parents attending a programme for
Families of adolescent CSA perpetrators in Ireland**

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ABSTRACT

The NIAP Parents' Group Programme is a psycho-educational support group for parents of adolescents who have committed a sexual offence. In this qualitative study of 5 programme participants, their self-reported psychological adjustment, self-esteem and perceived social support improved over the course of treatment. From a thematic content analysis of responses to semistructured interviews conducted before and after the programme and midway through it a conceptual model of the processes parents' experience in reaction to the disclosure of their sons' sexual offence was developed. The model proposes relationships between parental shock, confusion, searching and questioning, disbelief or minimisation, acceptance, shame, self-blame, guilt, anger and sadness. The model may inform future research and clinical practice with parents of adolescent CSA perpetrators.

INTRODUCTION

The importance of parental involvement in the treatment of their adolescent CSA perpetrators cannot be underestimated. One of the defining differences between the fields of adult and adolescent sexual offending is the fact that adolescents are still in a formative stage of development (McGrath, 1990). Parents can still exercise a major influence in re-engaging children back on a normative developmental pathway and reducing future risk to a minimum. It is also important to include parents of adolescent CSA perpetrators in treatment programmes because it is well documented in Irish (Duane et al, In Press; O'Halloran et al, In Press; O'Reilly et al, 1998) and international (Bischof et al.,1992; Bischof et al., 1995; Stith & Bischof, 1996) studies that some have significant problems.

The adjustment of parents of adolescent CSA perpetrators

Duane et al (In Press) found that compared with parents from clinical and community control groups more parents of Irish adolescent CSA perpetrators had personally experienced child abuse and they reported more difficulties with general family functioning, family roles, affective responsiveness, affective involvement and behaviour control within the family and lower levels of parental satisfaction. O'Halloran et al (In Press) found that Irish adolescent CSA perpetrators reported more problematic family functioning in the areas of emotional expressiveness and behaviour control than members of a normal control group. O'Reilly et al (1998) found that high risk Irish adolescent CSA perpetrators who failed to respond to treatment reported poorer levels of family functioning in the areas of roles, affective responsiveness and affective involvement. Bischof and colleagues in a series of international studies found poorer communication between parents and sexually abusive youngsters compared with normal controls (Bischof et al.,1992; Bischof et al., 1995; Stith & Bischof, 1996).

The NIAP Parents' Group Programme

The NIAP parents' group programme is a psycho-educational support group for parents of adolescents who have committed a sexual offence (McGrath,1992; Sheridan & McGrath, 1999). It is a rolling rather than a closed group with people joining and leaving at prescribed points. Typically parents attend for an average of 25 sessions. Group sessions take place every two weeks and every second session is a joint adolescent-parent group meeting. The programme aims to create a supportive atmosphere in which parents learn about

sexual offending in a way that will help their adolescent. While it is mainly a psycho-educational programme there is also a therapeutic dimension to it. It aims to provide a confidential safe place within which parents can share their experiences and gain support from each other. The programme has two main phases. The early phase of the programme is therapeutic and process oriented. Issues covered in the initial stages include grieving the loss of normal family life; dealing with and reducing the sense of isolation associated with having an adolescent who has engaged in CSA; and exploring trust between parents and adolescents.

The later phase of the programme is explicitly psycho-educational and focuses on helping parents monitor and support their adolescent during his treatment and learning about the dynamics of offending. The curriculum for this phase of the parents programme shadows the topics being covered in the adolescent offenders' group treatment programme and covers the following topics: developing victim awareness; managing guilt and shame; addressing cognitive distortions; relapse prevention training; social skills training; and sex education (Becker, 1988; Finkelhor, 1984; Ryan & Lane, 1991). The central theme of the adolescents' programme which is based on cognitive-behavioural treatment principles is taking responsibility for abuse (Cherry, 2000).

Aim of the study

The aim of this study was to document changes in a group of parents' psychological adjustment over the course of the NIAP Parents Group Programme and to explore the psychological processes that underpin these changes. The intention was to conduct a descriptive-exploratory study that would generate hypotheses which could be tested in subsequent controlled programme-evaluation studies.

METHOD

Participants

Participants were five parents just beginning their attendance at the NIAP Parents Group Programme. This group included three women and two men ranging in age from 46 to 53 years. The group was made up of two couples and a single mother. One of the couples has a son who had committed an extra-familial sexual offence. The single mother's son had also committed an extrafamilial offence. The other couple's son had committed an intra-familial sexual offence against his younger sister.

Procedure

To document changes in parents' psychological adjustment over the course of the programme, before and after it parents completed the General Health Questionnaire -12 (GHQ-12, Goldberg & Williams, 1988); the general self-esteem scale of the AD form of the Culture-Free Self-Esteem Inventory (CFSEI, Battle, 1992); and the Multidimensional Scale of Perceived Social Support (MSPSS, Dahlem et al., 1991). To explore the psychological processes that underpin changes which occur during the programme individual semistructured interviews were conducted with participants at the beginning, middle and end of the programme. These interviews were audiotaped, transcribed and subjected to thematic content analysis. All participants gave written informed consent before entering the study.

Instruments

The General Health Questionnaire -12 (GHQ-12, Goldberg & Williams, 1988). This 12 item self-report questionnaire was used to assess parents' mental health. All items have four point response formats ranging from "not at all" to "much more than usual". Internal consistency and test retest reliability coefficients for this instrument range from 0.7 to 0.9. Validity studies show that the GHQ 12 has good sensitivity (94%) and specificity (79%) in detecting psychological disorders evaluated by standardized clinical interviews.

Culture-Free Self-Esteem Inventory - General Scale - Form AD (CFSEI, Battle, 1992). The general self-esteem scale of the AD form of the CFSEI is a 15-item measure of self-esteem which yields a single score. For all items a yes-no response format is used. The internal consistency and test-retest reliability coefficients for the scale are 0.8 and the scale has been shown to have construct and criterion validity.

The Multidimensional Scale of Perceived Social Support (MSPSS, Dahlem et al., 1991). This is a 12 item self-report instrument which yields a total perceived social support score. The MSPSS has strong internal consistency and test-retest reliability and factorial validity.

Semi-structured interview (SSI). This 16 item interview included questions focused on parents attitudes to the programme; their experience of participating in the programme; their observations of their son's behaviour over the course of his involvement in the programme; their understanding of their sons' sexual

offending behaviour; and their understanding of their role in preventing re-offending. The interview included the following questions and probes:

1. Is it necessary for you to attend the group?
2. Is it necessary for your son to attend the group?
3. Have the staff been clear in preparing you for the issues you would be discussing?
4. Is it important or necessary for you to participate in your sons' treatment?
5. Did / do you find it difficult to attend the group? If yes, then why?
6. Do you feel you have a better understanding of your son (who sexually offended)?
7. Have you seen changes in your son? If yes, please describe these changes?
8. What do you think has brought about the change(s)?
9. What was/has been most helpful about coming to the group for your son?
10. What was/ has been least helpful in the group for your son?
11. Have you seen changes in yourself since coming to the group? If yes, please describe these?
12. What was / has been most helpful in the group for you?
13. If you were running the group is there anything you would change about the group and the way it's run?
14. Do you worry that your son might sexually offend again?
15. What would you do if he re-offended sexually?
16. What could you do to help prevent your son from re-offending?

RESULTS

STANDARDIZED INVENTORIES

Scores for all participants and the means and standard deviations for the group on the GHQ-12, CFSEI, and the MSPSS before and after the programme are given in Table 1. One parent completed questionnaires incorrectly at the beginning of the programme and so there is only post-attendance data for this person. Group means were calculated on from scores for the four participants who returned complete data sets before and after the programme. Because of the small numbers of cases, data were interpreted clinically rather than using statistical tests. For clinical interpretation of individual participants' scores and group mean

scores, positive changes of half a standard deviation were judged to reflect 'great improvement'; positive changes of less than this were judged to reflect 'little change'; and negative changes less than half a standard deviation were judged to reflect 'disimprovement'.

Insert Table 1 about Here

From Table 1 it may be seen that the group's mean GHQ-12 score greatly improved and that the group's mean CFSEI and MSPSS scores improved over the course of treatment. For the GHQ-12, two cases were judged to have greatly improved and two to have improved. For the CFSEI, four cases were judged to have improved. For the MSPSS, two cases improved, one remained unchanged and one disimproved. Taken together these results document the fact that, overall, participants' self-reported psychological adjustment, self-esteem and perceived social support improved over the course of treatment. Greatest improvement occurred in psychological adjustment and least improvement occurred in perceived social support.

SEMISTRUCTURED INTERVIEW

A thematic content analysis of transcripts of the semistructured interview was conducted (Miles & Huberman, 1994). First transcripts were segmented into meaningful chunks of text so that each chunk contained one main idea. Second, administrative codes were assigned to chunks such as participant number; father or mother; intra-familial or extra-familial offence; pre-programme, midprogramme or postprogramme. Third, chunks were classified into meaningful categories at each of the three different time points when interviews were conducted and assigned thematic category codes. Both categories defined by the explicit content of participants' statements (e.g., Easier to talk when there are only parents present) and inferred by the analyst (e.g., Support) were used. Fourth, in order to establish inter-rater reliability an independent person read a random selection of the transcripts and assigned chunks of text to categories identified by the analyst in the initial content analysis. There was good agreement on the assignment of text chunks to thematic categories. Where disagreement occurred, there was discussion until a consensus was reached and old categories were more clearly defined or new ones created. Fifth, categories were grouped into meaningful superordinate domains. Sixth, a conceptual model was developed to explain the categories and domains which emerged from the thematic content analysis. Finally, this model was presented to the

clinicians that run the programme and they were asked whether it fitted with their experience of working with parents of adolescent CSA perpetrators. The clinicians agreed with the model and made a number of suggestions, as to how it could be refined which were then integrated into the final version of the model.

Significant experiences of parents

A diagram of the thematic categories and superordinate domains which emerged from the thematic content analysis is given in Figure 1. The five superordinate domains identified were (1) experiences relating to the *impact of disclosure* of sons' sexual offence; (2) experiences in the parents' *group*; (3) positive experiences of *parents* themselves; (4) their observations of their *son* ; and (5) their comments on the *programme*.

Insert Figure 1 about Here

Impact of disclosure. It was not surprising that the most frequently mentioned negative experience reported by parents related to the impact of the disclosure of their sons' sexual offence on them and their families, both personally and within the community. Personally parents reported a range of painful feelings which are included in Figure 1 and discussed in more detail in the next section. All spoke about the stress and trauma of the disclosure. Some parents reported feelings of helplessness in relation to their sons' offence. Others described a sense of being de-skilled as a parent and considered that only "professionals" could help their sons. Within their communities most parents reported feeling isolated and having a sense of stigma and embarrassment in relation to their sons' offence. For parents where their sons' offence was intra-familial there was a sense of isolation through not being able to talk about the offence to their extended family. For parents where the offence was extra-familial the sense of isolation and stigma related more to within the local community. A number of the parents had experienced verbal abuse from individuals within their communities and one mother was experiencing ongoing verbal abuse and threats throughout the year she attended the programme. This contrasted with the strong sense of support and solidarity experienced by parents within the group. Indeed many parents at last interview expressed sadness about finishing attending and concern as to how they would cope without the group.

Experiences in the parents' group. Both positive and negative experiences of attendance at the group were reported over the course of interviews. All parents reported finding attendance at the group beneficial. A strong sense of support and solidarity among parents was reported by all. The group was considered a place where parents could discuss, reflect and learn. Attendance at group was variously described as "helpful", "comforting" and sometimes "enjoyable". In terms of negative experiences of attendance at the group, at first interview two parents found it difficult to attend reporting that it felt personally "intrusive" and found it stressful. However at later interviews both reported finding it easier to attend. One parent at last interview reported finding the programme was sometimes like a "parent-teacher" meeting and that it was easier to have discussions when the group leader was not present. Another parent felt the group sometimes wandered off topic. However all parents reported that there was nothing they would change about the way the group programme was run and reported great personal benefits from attendance.

Positive changes for parents. Over the course of attendance at the programme parents reported an increase in general well being and ability to cope, an increase in parent-child communication and a decrease in parents' anger with sons.

Observations of their son. Some but not all parents reported positive changes in their sons since they began attending the programme. The changes reported included an increase in general well being, an increase in sons' level of maturity and an increase in their sons' social interaction and subsequent decrease in isolation. Some parents spoke about negative aspects of their relationships with their sons. Two mothers spoke about feelings of mistrust toward their sons. Most parents reported some difficulties communicating with their sons' particularly in relation to the offence and as a result often felt their sons' were distant and withdrawn from them. One father whose son had committed an intra-familial offence struggled with divided loyalties between his son and daughter saying; *"But still it's like hatred for one, you know.."*

Comments on the NIAP programme. Parents were positive about their own and their son's experiences of the NIAP programme. Positive comments were made about having access to professionals for advice and guidance, being kept informed with regard to their sons' progress, and increasing their knowledge and

awareness about child protection issues. Positive comments were also made about their sons' access to professionals for advice and guidance, involvement of juvenile liaison officers (JLO) in the treatment process, and their sons' having to admit and talk about their sexual offences as part of his treatment programme. For many parents this was viewed as very significant in terms of their sons' progress. There were also positive comments about the support and solidarity their sons received from other adolescents in their group; the increase in their sons' knowledge about their own sexual offending behaviour; an increase in their sons' awareness of the impact of their sexual offending behaviour on others in the family.

Conceptual model

A conceptual model of parents' responses and adjustment to the disclosure of their sons' sexual offences is presented in Figure 2. The model integrates the results of the thematic content analysis presented in Figure 1 with aspects of the grief (Bowlby, 1980; Glick, Weiss & Parkes, 1974; Pollock, 1987) and stages of change models (Prochaska & DiClemente, 1984). The model proposes that as a result of the disclosure of their sons' sexual offence parents enter into a process in which thoughts about the disclosure trigger a range of emotions including shock, confusion, searching and questioning, disbelief or minimisation, acceptance, shame, self-blame, guilt, anger and sadness. Parents do not experience these emotions in any particular order and not all emotions are experienced by all.

Insert Figure 2 about Here

However, particular patterns do occur more consistently than others. Parents upon disclosure of their sons' sexual offence, more often than not, experience **shock**. There appeared to be considerable overlap between feelings of shock and **confusion**. The words of one father reflect this process;

"...he didn't go out...this is what shocked me so much he wasn't a lad for going out"

"because I found myself and (wife) we didn't know what to do...where to go....you know...it was such a shock"

In particular some parents experienced a confusion that involved moving between searching, questioning and confusion. The following quote from one mother illustrates this process.

"he was at home most of the time ...but I couldn't understand how he had...you know opportunities to do anything like this... he wasn't one for hanging around so I can't understand the opportunity he had or why....you know...if I will ever understand I don't know."

It is suggested in the model that parents' struggle with confusion and questioning and some go through a process of disbelief or minimisation in relation to their sons' offence. Disbelief or minimisation may serve as a defence mechanism, which protects parents from the negative implications of total acceptance of their sons' sexual offence. The following quote from a father at the mid-programme interview illustrates minimisation.

"Well, I'll tell you that I have no doubts that it did happen, but I don't think it was as serious,.."

Parents may become stuck in a vicious cycle which moves from struggling with confusion, through to searching for answers and questioning the validity of these, to disbelief and minimisation of the offence, and back again to confusion and so on. It is further proposed that for some individuals, but not all, this vicious cycle eventually resolves leading to a stage where there is **acceptance** of the offence. The same father quoted above when interviewed after completing the programme seemed to have broken out of the vicious cycle into the stage of acceptance. Here is what he said.

"Well you like.... accept it more easier now.....you know what I mean...well we couldn't accept it, well it was very hard to accept what he done"

An emotion experienced by some but not all parents interviewed, was that of **shame**. This experience of shame often followed on from accepting that the abuse occurred. Another vicious cycle can occur during this stage where parents move between feelings of shame, self-blame and guilt. The following are quotes from two mothers speaking about their feelings of shame, self-blame and guilt.

"...I used to find it hard...and be thinking "my God...what did I bring up...what did I raise, that he done this" you know? It was shame..."

"it's always there in your mind that you did something wrong, that you must have failed him somewhere, to make him go that direction, you know?"

"there's a certain amount of guilt for me, you know, cos I think...em maybe if I had of spoken to him or...you know he wouldn't have done this"

In this study only mothers reported feelings of shame, self-blame and guilt. This may reflect cultural and societal expectations of women to assume responsibility for child rearing. Some parents described strong feelings of **anger** towards their child. One mother speaking about her feelings towards her son said:

"I could have killed him...I wanted to put the pillow over his head" ... " I was very angry about what (son) did really and truly"

Sadness coupled with a sense of helplessness with regard to their sons' offence, was a pervasive emotion for many parents who had partially accepted the occurrence of CSA. The following quote from a mother and a father reflects this.

"I was very down over it.."

"I was kind of very depressed"

DISCUSSION

In this qualitative study of participants in the NIAP Parents' Group Programme psychological adjustment, self-esteem and perceived social support improved over the course of treatment. This finding suggests that a controlled evaluation study of the programme would be a worthwhile avenue for future research.

The 50 categories identified in a thematic content analysis of responses to semistructured interviews conducted before and after the programme and midway through it, were subsumed under five superordinate domains: (1) experiences relating to the *impact of disclosure* of sons' sexual offence; (2) experiences in the parents' *group*; (3) positive experiences of *parents* themselves; (4) their observations of their *son* ; and (5) their comments on the *programme*. Considerable confidence may be placed in this content analysis because there was good inter-rater reliability, the categories covered 90% of the data, all categories were subsumed within the five domains, and the domains clearly reflect important constructs in the study of parental involvement in programmes for adolescent CSA perpetrators (Miles and Huberman, 1994).

A conceptual model of the processes parents' experience in reaction to the disclosure of their sons' sexual offence was developed. The model proposes relationships between parental shock, confusion, searching and questioning, disbelief or minimisation, acceptance, shame, self-blame, guilt, anger and sadness. The model may inform future research and clinical practice with parents of adolescent CSA perpetrators.

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Table 1. GHQ-12, MSPSS, CFSEI scores before and after the programme

Instrument	Construct	P	Score before programme	Score after programme	Clinical Interpretation of scores	
GHQ-12	Psychological Distress	P1	27	2	Greatly improved	
		P2	25	6	Greatly improved	
		P3	29	26	Improved	
		P4	Missing	16	Unknown	
		P5	9	7	Improved	
		All	Mean	22.5	10.25	Greatly Improved
			SD	9.2	10.7	
CFSEI	Self-Esteem	P1	10	12	Improved	
		P2	13	14	Improved	
		P3	4	5	Improved	
		P4	Missing	8	Unknown	
		P5	13	15	Improved	
		All	Mean	10	11.5	Improved
			SD	4.243	4.51	
MSPSS	Social Support	P1	76	72	Disimproved	
		P2	76	84	Greatly improved	
		P3	29	45	Greatly improved	
		P4	Missing	75	Unknown	
		P5	60	60	Unchanged	
		All	Mean	60.25	65.25	Improved
			SD	22.2	16.7	

Note: P= participant. SD= standard deviation. GHQ-12=General Health Questionnaire. CFSEI= Culture Free Self Esteem Inventory. MSPSS= Multidimensional Scale of Perceived Social Support.

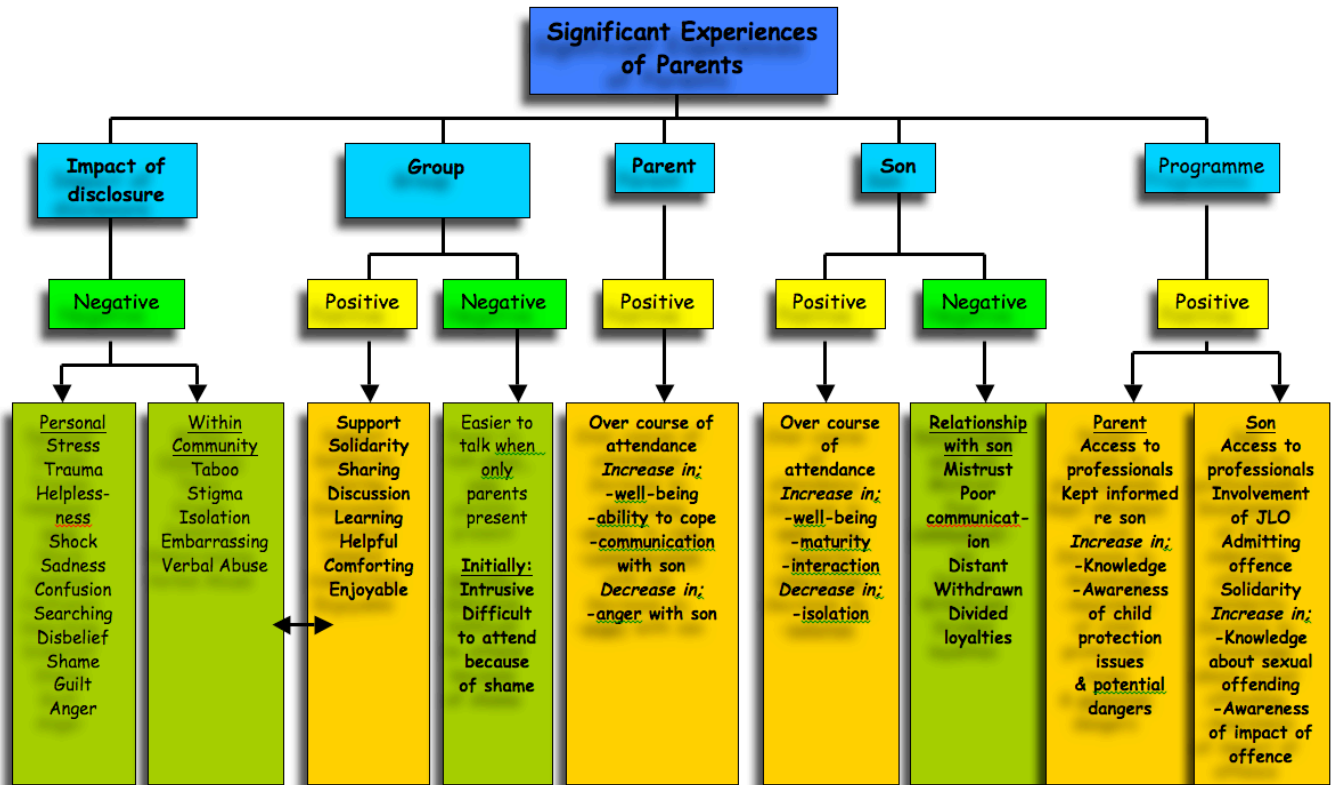


Figure 1. Results of the thematic content analysis

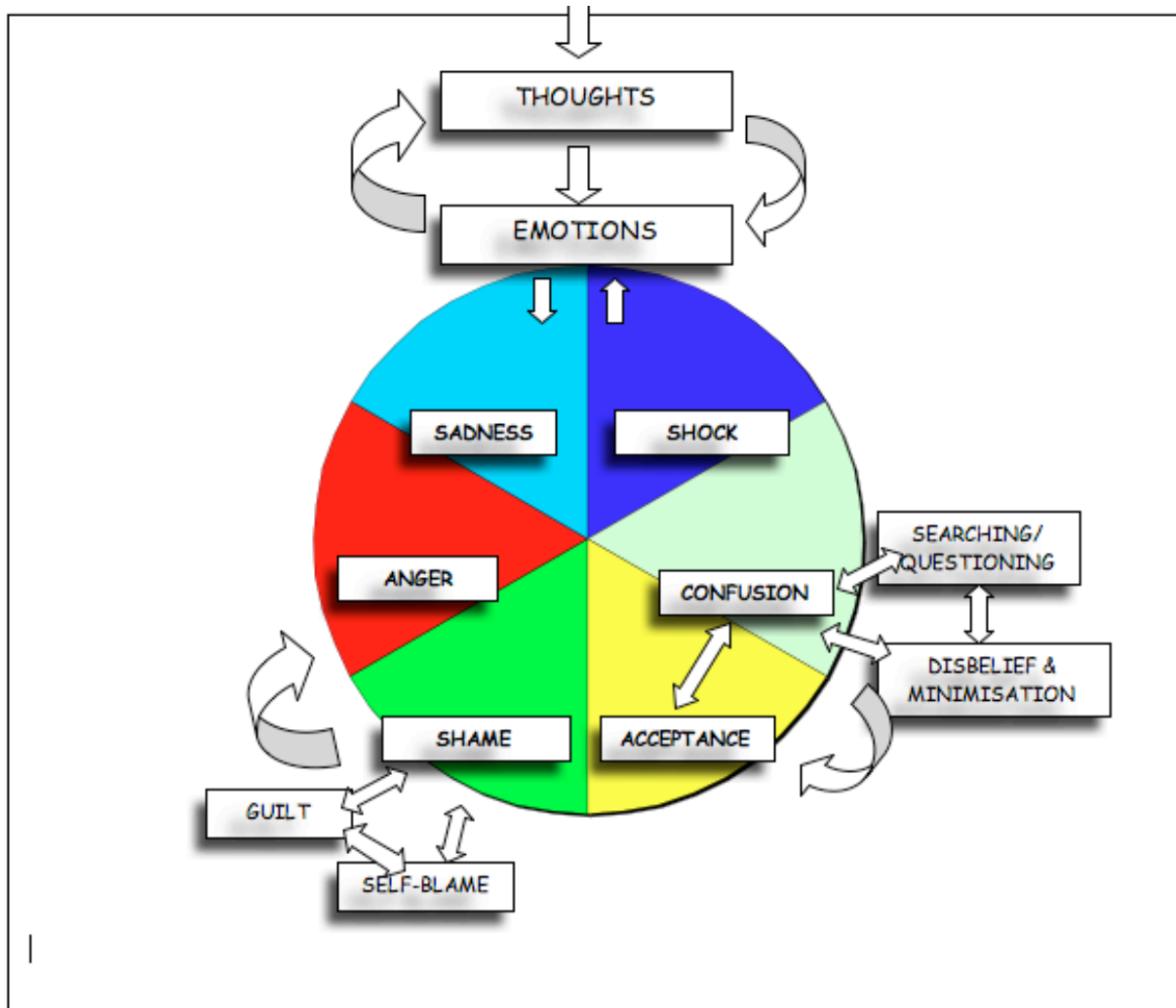


Figure 2. Conceptual model of process which occurs for parents after disclosure of sons' sexual offence