

# Child Sexual Abuse: Towards A Feminist Professional Practice

Report of the Conference held by  
The Child Abuse Studies Unit  
6,7 & 8 April 1987

at The Polytechnic of North London

Edited by Mary MacLeod & Esther Saraga

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*Child Sexual Abuse: Towards a Feminist Professional Practice*

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Child Abuse Studies Unit  
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# Preface

Though Cleveland and child sexual abuse now seem synonymous, child sexual abuse was an issue of concern to feminists and professionals long before the Cleveland story hit the press. This conference took place in the climate of debate that existed prior to Cleveland, when the emphasis was on acknowledging the existence and scale of abuse, and on developing appropriate responses to it. Whatever the rights and wrongs of individual cases and casework, Cleveland represents a backlash - a move towards a denial of the scale of abuse, and a repudiation of feminist theory and practice<sup>1</sup>. Now more than ever is it important to establish a feminist presence in both public and professional debate and action on child sexual abuse: this conference was more timely than we knew. We anticipated a backlash, but thought we had more time. We hope that the conference and this report will be found a useful contribution to the advance of feminist theory and practice.

This report has taken much longer to produce than we had anticipated. The delay has been caused by the heavy burden of work we have had in establishing the Child Abuse Studies Unit. We apologise to everyone for the long wait, and hope participants find the report a sufficiently accurate record of their conference

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<sup>1</sup> MacLeod, M. and Saraga, E., 'Abuse of Trust', *Marxism Today*, August; Nava, M. 1987 'Cleveland and the Press: outrage and anxiety in the reporting of child sexual abuse', in *Family Secrets: Child Sexual Abuse Today*, Feminist Review 28 – Special Issue, Spring 1988.

# Introduction

## Background to the Conference

Though feminist voluntary organisations (rape crisis, women's aid and incest survivors' groups) have pioneered work on child sexual abuse, 'professional' practice is dominated by one particular perspective: the family dysfunction approach. Deriving from 'systems theory', it understands child sexual abuse as a symptom of something that is wrong in 'problem families'. This theory, and the practice deriving from it, is so influential it has acquired the status of common sense. Most professional and lay accounts of child sexual abuse are written from this perspective<sup>1</sup>. But it is never acknowledged as a perspective. Rather it is presented as the 'truth', and free from bias.

It is a theory that is inimicable to feminism, because it incorporates the most reactionary sexual politics. The 'mother blaming' within it is quite breathtaking<sup>2</sup>. However it is extremely difficult to challenge the approach not only because of the status and power of its protagonists, child psychiatrists particularly, who have the ear of the government, but also because it is an explanation which maintains the ideology of the family as a place of safety and comfort, by locating child sexual abuse in 'problem' families. Those professional workers who do not have experience of, or links with, feminist organisations, therefore have little access to any other approach to theory, and to a practice in which they can have confidence. Even workers with a clear feminist position often work in isolation, or within the framework of policies which restrict their freedom to act in a feminist way.

As teachers on social work courses at the Polytechnic of North London, we became very concerned about this state of affairs. For several years we had been developing and offering training on child sexual abuse to social workers in the field, and to students of social work and health visiting at the polytechnic. The polytechnic awarded us a term's study leave in 1985 which gave us the opportunity to explore practice and training on child sexual abuse. Discovering the extent of the absence of feminist ideas as an influence on policy and practice in statutory agencies, we became convinced that feminists needed to start organising within the professional sphere. We wanted to think about ways of opening up a debate on child sexual abuse within professional circles in order to challenge the existing 'orthodoxies' and widen the scope of theory and practice. We decided to organise a conference to draw together professionals interested in developing feminist policy and practice.

Throughout the planning of the conference we were given unstinting support from colleagues and management of the Polytechnic, and so were able to use Polytechnic accommodation and resources. Convinced of the importance of our aims to widen debate and increase the possibilities of alternative practice in this area, the Polytechnic supported the establishment of a **Child Abuse Studies Unit** to focus and promote the work. This conference was the Unit's first public event.

## Planning the conference

The first step in organising the conference was to bring together a planning group. We tried within the limits of our contacts to have as wide as possible representation of practitioners, from statutory and voluntary agencies. The planning group members are listed below. Initially we had wished to have a gender-mixed conference, in recognition of the fact that, in statutory 'agencies, and non-feminist voluntary agencies, women have to work with men on sexual abuse. We therefore invited three men to participate in the planning group. This decision

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<sup>1</sup> Porter, R. 1984, *Child Sexual Abuse Within the Family* CIBA Foundation; Renvoize, J 1982, *Incest – a Family Pattern*, RKP

<sup>2</sup> Hooper, CA 1987, 'Getting him off the hook: the theory and practice of mother blaming in child sexual abuse', *Trouble and Strife* 12 Kempe, R. and Kempe, R., 1984, *The Common Secret* Freeman; Nelson, S 1987, *Incest: Fact and Myth* Stramullion Press MacLeod, M. and Saraga, E. 1988, 'Challenging the Orthodoxy' in *Family Secrets: Child Sexual Abuse Today* Feminist Review 28.

Became the focus of hot debate among the women in the planning group. The arguments for women workers to have time to debate feminist theory without the presence of men, won most support, and the planning group, without the men, carried forward the planning for the conference.

We met as a group of women to agree the aims, structure and content of the conference, and to plan the workshops. which were all facilitated by planning group members. The actual administration and organisation fell to us.

## Aims and Structure

The conference was planned to enable discussion of a feminist practice on child sexual abuse for professional workers with statutory responsibilities. It was organised as a three day working conference, so that all participants could share their knowledge and experience, and discuss and explore with others the nature and implications of such a practice. Instead of a series of lectures given by 'experts', the first two days started with a plenary session in which members of the planning group presented papers which could serve as an introduction to the discussions in the workshops which followed. Because of our belief that in work on child sexual abuse, practice is derived from theory, and that theory is rarely made explicit, the first day focused on feminist theory and explanation; and on the second day, we looked at the implications of this theory for practice. The final day was organised to allow participants to pursue special interests; a timetable of these was arranged by the planning group, but additional groups were set up by the conference participants. We also provided space for women to exchange information about experiences in different settings, and for women from different parts of the country to meet one another. At the end of each of the first two days videos were shown; of particular interest was Audrey Droisen's film for Channel 4: *A Crime of Violence*. The conference ended with a final plenary session.

In organising the conference in this way, we were drawing on the experience of the women's movement, that women's theory and practice is based on shared discussion of women's experience. The planning group were very aware of the difficulties, pain and stress involved in discussing child sexual abuse, and we attempted to organise and administer the conference in ways that did not add, exacerbate or promote stress. We had a quiet room, with coffee facilities available for anyone who needed some 'time out'. With the cooperation of the catering staff, we were able to provide very good food, a feature of the conference which was commented on by many of the participants. Unfortunately, we had to set a limit of 150 places, so that many women who applied were turned away. Recognising the importance of participation of women from poorly funded voluntary organisations, we made available a small number of places at a much cheaper rate. We tried to emphasise that this was a conference for women to share and develop ideas, and not training. Nevertheless some applicants and participants persisted in calling it a course, a reflection no doubt of the dearth of training that exists for workers in this area. This had an enormous impact on the nature of the conference and the kinds of debate we had. Many women were being exposed for the first time to a confident statement of feminist ideas. The idea of the 'collusive mother' is such a cornerstone of the edifice of current intervention that it takes a great deal of unpicking. This meant that a great deal of time was spent discussing women whose children have been sexually abused. In consequence the time for developing feminist ideas was limited; the emphasis was on building strengths.

## Participants and participation

The conference's resounding success was its participants. They came from all over Britain, from a wide range of agencies and jobs. Most importantly women from statutory agencies and from feminist voluntary organisations were working together. This was not always an easy dialogue, but it was very productive, although in the plenary concern was expressed that some women working in statutory agencies do not sufficiently recognise the importance of the work that has been done for years by feminist organisations like women's aid and rape crisis.

Our work to get black women involved in the conference was less successful; we did not sufficiently target black agencies, nor did we explicitly raise the issues of racism in the conference publicity. In planning the

workshops, and in introductory papers, we had stated explicitly a commitment to antiracism, and we had arranged space on the third day for black women to meet together. But this was not enough. The opportunity for black women to meet separately should have been available much earlier in the conference, and discussion of racism and its implications should have been included in the publicity material for the conference, and also structured into the workshop discussions, rather than being left to good intentions. The result was a marginalisation of the issues of racism, and of class, as is testified by the statements made at the plenary session, and printed at the end of the report.

The organisation of the conference worked like the proverbial clockwork, and while the quality and range of the discussion was not satisfactory to everybody, it was to most. There was a very good atmosphere and no acrimony. The conference ended with a desire to reconvene and to talk some more. This we hope to achieve in April 1989.

## **The Planning Group**

Olivia Amiel	Jennie Jarvis
Celia Atherton	Joa Luke
Vadnie Bish	Mary Maclead
Marlene Bogle	Sara Noakes
Margaret Boushel	Anne Peake
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Becky Harrington	Sue Stewart
Wendy Holmes	

# Towards a Feminist Theory:

Papers presented by Mary MacLeod and Esther Saraga

## Paper 1: Mary MacLeod

The very first thing I want to say is welcome, and then introduce Esther and myself. We both teach in the Applied Social Studies Department of The Polytechnic of North London, Esther teaching Psychology, and I, Social Work.

Jointly we are going to present the results of our reading and our thoughts on *Towards a Feminist Theory*. The purpose is to summarise and spell out what Feminist Theory is, as we see it, and what distinguishes it from other explanations of child sexual abuse. We hope this will be a trigger for discussion.

I think we should start by saying why this conference? To do that, we start with you. In your folders is a list of participants. One glance at it shows that women in this room come from all over Britain: Glasgow, Somerset, Liverpool, Newcastle, Trent, Manchester, Portsmouth, Wolverhampton, Cardiff, Corby, Luton, Dundee. (As a Scot, I'm particularly delighted to have fellow countrywomen here). Looking down the list of what people do: social workers, health visitors, counsellors, advisors, researchers, women's aid workers, rape crisis centre workers, nurses, youth workers, educational psychologists, psychotherapists. We are all women who work with women and children who have suffered abuse, some of us are survivors of abuse. We are united by our concern, by our dissatisfaction with the current orthodoxy on child sexual abuse, and by our interest in what feminism offers.

This conference was a dream Esther and I had two years ago when we had some study leave to research social work practice and sexuality. In the contacts we made with people working on child sexual abuse in voluntary and statutory agencies, we found (as many of you will have) that one particular explanation of child sexual abuse had become institutionalised as the truth: that children get abused because their family is not working properly. Though this theory has been dominant, there has been an oppositional one resisting it. There have been pockets of workers, often at grass roots level, developing feminist ideas and practice, using the feminist literature. Some feminists were in explicitly feminist agencies: black women's centres, Incest Survivors Campaign, Rape Crisis Centres, Womens Aid. Some in Social Services, Child Guidance Clinics, hospitals, schools, in agencies with a firm and often patriarchal management structure.

And, always. we came back to, as you will have - the experts. Who were they? Often child psychiatrists, paediatricians, very often men. As we watched yet another video presentation of the orthodoxy, composed by and starring a series of male 'experts', Esther said to me "Don't you think we should be studying the psychology of the male child sexual abuse expert?"

We returned from our study leave determined to use what we have - an institution - to enable feminists to get together with each other, to make links, share experiences and knowledge, to work together on feminist ideas and practice, to discuss and debate, and to establish a platform from which feminist ideas can advance, everywhere, as a challenge to an orthodoxy which continues to have a ruinous effect on women and children. A few setbacks have held us up, but, at last, with the help of a committed planning group, whose experience mirrors your own, we are all here. So again - welcome.

The conference is deliberately planned to eschew the notion that child sexual abuse is an area of work for 'experts' - particularly, child psychiatrists. This is not to say that the work does not require expertise and knowledge, but rather that we can develop the expertise by examining our experience and looking critically at the literature and research, within the framework of the particular skills, knowledge and responsibilities of our respective professions. Hence our conference structure of parallel workshops following inputs on theory and practice, and special interest groups. The conference is planned as a talking together - women conferring. So

it is not planned as training nor consciousness raising, though, of course, we hope to learn from each other and become more conscious of our and other's experience, in an area so much hidden. The troubled and troubling feelings raised by CSA make it painful to discuss. We do have a 'quiet room' with tea and coffee facilities for the use of any of us wishing respite..

On Day 3, we have a workshop for black women, one for survivors as workers, and for workers with special interests. But we have deliberately chosen for the first 2 days to have workshops as mixed as possible in respect of race, experience, work experience, agency and place of work. Though this may make starting a little difficult, we think it's worth it in the end, for an exciting and fruitful discussion. We know for instance, that statutory and voluntary workers have disagreed in the past, we think it's worth acknowledging and braving the differences, in an atmosphere of respect, imputing to each other good faith and motives.

The workshop facilitators are members of the planning group. They are, as we are, facilitators not 'experts' and their purpose is to help discussion to happen not lead it. They will negotiate with each group some ground rules on how to work, and an acceptable terminology. They are not, by the way, responsible for what Esther and I say in our talks.

I will now mention two guidelines for our discussion.

A feminist practice is not inherently an anti-racist one. This conference has on its agenda developing an anti racist practice on child sexual abuse. If the myths on child sexual abuse have been damaging, some of the most damaging have related child sexual abuse to race; if intervention has been traumatising, some of the worst has been white intervention in black lives. Especially damaging to people abused can be the internalisation of badness as blackness that racism can produce. So anti-racism is on the Agenda.

Today we are focusing on theory. Sarah Nelson puts the importance of theory, as she does most things, very well. In her book *Incest: Fact and Myth* she says:

*..."the first step in designing a programme among social work, medical, legal and other agencies involves reaching a consensus on what incestuous abuse is about, and how it should be treated. That means agreeing a theory decisions on how you deal with each family member depend crucially on how you theorise about them".*  
(Nelson 1987)

There *is* consensus. It is powerfully managed, but theoretically weak. If we want to challenge this orthodoxy, we need to understand where the ideas come from and whom they benefit.

The orthodoxy is drawn from western tradition. And to find the roots of it, we have to go back a long way. The founding myths, the stories which established the discourse on child sexual abuse, that is the way we think and talk about it, go back a long way, thousands of years in western culture and they have been transported into other cultures. If, as I shall argue, the discourse is so old, so well established, so rooted in our culture, it is not surprising that the myths are hard to clear away nor that they remain powerful influences on the current theory. The founding myths are two ancient stories named after the male protagonists: **Lot** and **Oedipus**.

The story of Lot is told over number of chapters in Genesis: Lot's daughters - they are not dignified with names - it is said, give their father wine to drink, and sleep with him in order to get children. Holy writ, then, in its account of incest depicts daughters seducing a father in the absence of a mother (she had been turned into a pillar of salt beforehand). The responsibility for the incest is not with Lot the man, but with his daughters. The very first Bible story of Adam and Eve, institutes the theme of women blaming when the Lord asks Adam to account for his eating of the Forbidden Fruit, Adam says:

*"The woman whom thou gavest to be with me, she gave me of the tree and I did eat"*

Judeo-Christian tradition firmly sets 'blame' on women and girls. Adam's words are heard again and again in the mouths of abusers speaking now. "She wanted it", "She led me on", "My wife is cold/frigid/rejecting". "It is her

fault". The importance of this is that the discourse now is the same but what is most disturbing is that the same discourse turns up in the current literature on CSA: "These men may misunderstand their adolescent's behaviour and be sexually aroused by it" or "in other cases a man deprived of his conjugal rights may turn to the nearest available source of gratification a dependent child." (Porter 1984). Bentovim (of Great Ormond Street) can say in describing an abuse of a girl "The man found himself touching her genitals". You know, as you might find yourself assaulting a policeman... or robbing a bank.

My point is that as far as western traditions go the denial of male responsibility is 3000 years old. Images of seductive children abound in our culture: Lolita is a name whose meaning everyone understands. Abusers do not have to search for excuses.

The story of Oedipus is told in a number of places in ancient, Greek texts: in Aeschylus and in Homer's Odyssey, but particularly in the plays of Sophocles called the Theban plays. In the story, the oracle prophesies that the baby born to Jocasta, wife of Laius King of Athens, will murder his father and marry his mother. The infant baby is put out on a hillside to die, but is rescued, fostered, and grows up a stranger to his family and country. As an adult he returns to Athens and the prophecy comes true. The play works out the horror of a taboo broken: Jocasta hangs herself, Oedipus blinds himself in an anguish of self blame.

The story is important in two particular ways: first as a prototype account of what incest is. One of our founding myths, it has led to a number of quite erroneous common beliefs about incest:

- (i) it tells of incest as mother/son - the most unlikely event as we know.
- (ii) (ii) in the story, incest is located in a particular family because of particular family events - a belief still very powerful today.
- (iii) and thirdly it shows the incestuous relationship as a mutually satisfying relationship- only "finding out" causing the trouble.

These are three very powerful messages from the myth, still controlling the way incest is talked and thought about today.

But what is really interesting and significant about the Oedipus story is the part that is almost always left out. The Oracle prophesied Oedipus' downfall because of what his father Laius had done before Oedipus was born. Laius had abducted and raped a young boy while staying - as a trusted guest - with the boy's family. The youth, some reports said killed himself with shame. And Laius is said to have instituted pederasty - the sexual use of young boys by men - in Athens. What is interesting in this, the 'hidden' part of the story, is that responsibility for the whole horror is laid on predatory male sexuality. In this story, men institute sexual violence, men abuse children.

Freud seems to have taken no notice of this part of the story when he used Oedipus as the inspiration for his account of the development of childhood sexuality, and his "discovery" of children's fantasies of sexual contact with their parents. Without taking account of fathers' sexuality in relation to children, he heard only Jocasta's comment in the Sophocles play: "Nor need this mother-marrying frighten you; many a man has dreamt as much".

Freud's use of the myth is the second powerful way in which the story affects us today. The story of Freud's failure of perception, failure of nerve or failure of intellectual honesty in describing his patients accounts of their abuse as fantasy is told very well in Florence Rush's book and by Miller and Masson. There is no question that Freud's avoidance of the truth has meant that in the very arena where women and children should have met healing and safety, they found another trap. And so, still today, these ancient myths powerfully control how child sexual abuse is talked about, understood and explained.

In resisting this, in challenging the discourse, feminists are embarked on a heroic enterprise and a revolutionary one. And now the pioneering work of survivors, and of feminists, is bearing fruit.

Women have courageously talked to each other, and in public, and refused to be silenced, reclaiming women's story, women's feelings and women's experience: an outpouring of books in the past 10 years - telling it how it is. The Women's Liberation Movement established the platform, and slowly publishing, television and education has been opened to women's voices. Black women have braved the stereotyping and taken the painful decision to go into print and say this is my pain, not because of how black men are but because of the way masculinity is. As a result, slowly, child sexual abuse has become the public scandal it always was.

But this is not enough. We are still fighting the myths. OK, feminists you've brought it into public gaze, now go away and let us deal with it, say the experts. Make no bones about it feminist thinking and practice is subversive: we want to say not only that it happens, that it happens a lot, that it's damaging, that we remember; we want to say why it happens too. And, asking 'why' questions one of the fundamental mainstays of this society: the family.

It is always threatening to question the family, traditional roles and traditional norms of sexuality. But it is particularly threatening now as unemployment and economic factors send politicians off on a "women back to the home" crusade. The cuts in welfare and in community care for children force women into unsatisfactory childcare, poverty, dependence and powerlessness, and make families more dangerous to women and children. The family so beloved of Thatcher, Tebbit and Baker is not a haven of comfort and security, for many of us it is and has been a dangerous place. The establishment response to child sexual abuse is a theory and practice that poses no threat, asks no uncomfortable questions: child sexual abuse arises in *dysfunctional families* and can be dealt with by normal procedures: *Child Line*, tinkering with the legal system, and teaching children how to say 'no'. The status quo pleases nearly everyone. In saying it's not good enough, we make everyone uncomfortable. That's why some people have been refused funding for this conference. In having feminist unashamedly in the title, we have offended some agencies: One borough wanted to fund a man while withholding funding from two women. And that's *precisely* why this conference is necessary. We need to marshal our resources.

## References

1. Nelson Sarah, *Incest, Fact and Myth*, Stramullion, Edinburgh (1987)
2. Porter R. , *Child Sexual Abuse within the Family*, Ciba Foundation (1984)

## Paper 2: Esther Saraga

Mary has talked about the roots of the myths about child sexual abuse and the history of the ideas with-in Western culture; I want to look at the current expression of these myths, by presenting a critique of the orthodox explanations, and an account of feminist theory.

As we said in our original conference publicity, child sexual abuse is now an issue of public concern because of the work and struggles of feminists in organisations like Rape Crisis, Womens Aid and Incest Survivors Groups; but professional practice is dominated by a different perspective - 'family dysfunction' - and the whole area is overwhelmed by a series of mainly male psychiatric and legal 'experts'.

The lack of an alternative literature, for instance, for social workers means that we find that our students, often sympathetic to a feminist explanation, write in their essays about a practice which is in contradiction with their theory. It is particularly difficult for them, as for other workers new to the field, because the 'family dysfunction' model has become 'accepted' as an orthodoxy. Like all orthodoxies, this means that it pretends to be neutral, and it doesn't have to say that it is based on a particular theory or perspective. Most of the empirical research on child sexual abuse is situated within this same theoretical framework; again this is never made explicit.

However, research and ideas are not neutral; the very language we use, the questions that we ask, the way that we define problems and the way that we construct research, they all reflect a theoretical perspective. The myths that Mary has been discussing, with which we are all too familiar, are based on particular theoretical views of the nature of men, women, and children. Feminism is often accused of being biased. But all ideas in this area are biased, in the sense that they reflect different theories.

In the notes to accompany this talk, we have made some points about terminology in this area. I am not going to make further comments here, on how terminology is not neutral, but I do want to emphasise that this process of non-neutrality is a very subtle one. Mary gave you the example from a talk that we attended: 'A man found himself touching a girl'; when I was preparing the notes in your folders, I 'found myself' using the words of Kempe and Kempe when describing some of the research studies; they had written: "16% of the women reported that they had been sexually abused", a statement we translated into "16% of the women had been sexually abused".

What we hope that we can do at the conference today is to discuss and debate what is distinctive about a feminist theoretical approach, and why it is important. In order to prepare for that discussion, we want to look briefly at the range of perspectives that there are in this field. But we also want to make it clear that we do not believe that there is one correct feminist position. Feminists have different views on some issues, and we believe that there are some questions that are unresolved. We hope that these differences and questions can be openly debated here. We are confident that what unites us is more important than the differences.

We believe that what feminism offers us is not a 'blueprint' but a perspective for looking at the world, what one American feminist, Esther Wattenberg has described as a 'prism' through which we can look and understand child sexual abuse. It is a perspective that acknowledges the unequal distribution of power between women and men in society, a set of relations which is institutionalised within the family, and that sees child sexual abuse as an abuse of male power, and a betrayal of trust. But we need to take our analysis further than that; it is going to help us decide on detailed aspects of our intervention. For example we know that the orthodox approach views mothers of abused children as colluding, responsible, or even to blame; as feminists we criticise this idea; but if we do not analyse it further, and consider why this idea is so popular (other than a woman-hating exercise), we will not be prepared to work with the mother who does deny what has happened, blames her daughter and supports the abuser; nor will be able to deal with our own ambivalent or negative feelings towards some mothers.

Saying that feminism is a 'perspective' for understanding child sexual abuse means that our theory is not dependent upon certain kinds of facts to prove our case. We do not need to deny that some mothers do not

believe their daughters, nor that a substantial number of boy children are also sexually abused (mainly by heterosexual men), nor even that a very small number of women may sexually abuse their children. What feminism offers is a different way of looking at all these findings.

Before I continue I want to acknowledge our debt to the feminist writing that does exist - in particular to the work of Sarah Nelson, Angie Ash, Judith Herman, Rape Crisis Centres, Women's Aid and incest survivors campaigns. I am going to quote quite a lot from Sarah Nelson's book, because she expresses many of the ideas so well.

A feminist approach is not inherently anti racist, nor does it by definition take account of class. However we believe that it can and must do so. Because feminist theory looks at and analyses the construction of femininity and masculinity within society, it can recognise that we live in a class society in which racism is institutionalised. It can therefore analyse and challenge the construction of such myths as 'black families are pathological', 'black men are more likely to be rapists', and 'black women are promiscuous and ask for it'.

We have chosen to look at feminist theories by contrasting them with alternatives; and it is important to recognise that it is the 'total package' that we need to consider. Other theories may appear to agree with ours over particular points; for instance, the 'family dysfunction' theorists state categorically that the abused girl is not to blame, the abuser is entirely responsible. However this message is not borne out by the rest of their model which lays the blame on the family breakdown, and ultimately on the mother. I am now going to consider the various theories briefly.

What we have called the social factors theory sees all abuse/violence within the family as a product of social factors such as unemployment, poverty, overcrowding, and alcoholism, and that therefore it is restricted to a small section of the population, in particular working class and black families. There is no evidence to support this view. We know that child sexual abuse occurs in all sections of society. It is likely that many of the research samples are biased towards the more underprivileged groups, since the samples are often derived from 'cases' known to a statutory agency such as the police, social services or health authorities.

Related to this is the subculture view that child sexual abuse only occurs in particular 'cultures' or within geographically isolated rural communities. It is further argued that in such communities 'incest' is accepted as normal. Again there is no evidence for this. This position is summed up very nicely by Sarah Nelson:

*"Over several years I have heard from professionals and lay people, often in confidence and always on the highest authority, that incest is rife in the following places: County Antrim. rural Aberdeenshire; the Outer Hebrides; a problem area of Portsmouth; West Lothian; East Lothian; Dublin; the Fens; Greenock; two Edinburgh housing estates, and several districts of Glasgow; Leicestershire; and parts of Wales. The message is clear. Incest happens in north, south, east and west, in towns, cities, villages and hills. Incest is 'rife' everywhere."*

But the subculture view has two very important implications that we need to challenge: (i) it helps to perpetuate racist myths and stereotypes about black families, and about so-called 'chaotic' or 'disorganised' working class families. It suggests that it is 'bad girls' from 'bad families' who are abused. (ii) it can be used as a rationalisation for non-intervention; 'its an accepted way of life in that community'; the fact that many girls do not tell is taken as evidence for it being accepted and acceptable. Many abusers rationalise or justify their behaviour in this way. As Sarah Nelson says, many abusers are 'good cultural theorists'. The liberal permissive view, in its most extreme form the view of PIE (Paedophile Information Exchange, is a position also adopted by some feminists. It argues that children are 'oppressed' in our society, that they have a right to sexual knowledge and experience, and that 'sexual relations' between adults and children are not inherently abusive. We need to give children the knowledge that would enable them to choose and consent.

This was the position adopted by the NCCL in 1976, in their evidence to the Criminal Law Revision Committee..

The implication of this view is 'non-intervention': it is not the abuse which is harmful, but the societal response; it is intervention from social workers, police, and the law that causes trauma. To adopt this view is to deny the damage that abuse can do, and to condone the abuse of power, which in our view is always involved. While recognising that there are many ways in which children are oppressed, we believe that the power imbalance between adults and children cannot be done away with. We know that intervention can also be damaging and abusive, and add to the trauma, but to recognise this is not a reason for doing nothing. On the contrary, part of our aim at this conference is to discuss how we can intervene without adding to the abuse already experienced.

The individual psychopathology approach argues that it is only disturbed or deviant men who sexually abuse their children; often included with this is the idea that disturbed or deviant mothers 'collude' with the abuse. These disturbed men and women are often assumed to unconsciously choose one another (exactly in the same way that it is argued that women who are battered by their husbands have unconsciously chosen them). But child sexual abuse is far too common to suggest that it is only 'disturbed' or pathological men who abuse. The work of Rich Snowdon who spent a year leading a weekly counselling group for men who had committed incest, in San Francisco, shows how 'ordinary' the men are. He says:

*"I was prepared for these men to be monsters. I could handle that. But I was not prepared for them to be who they were.....As they began to talk, I couldn't stop being amazed that they were all regular guys, ordinary working men and average pillars of the community. They reminded me of the men I knew growing up."*

As part of this same approach, it is often claimed (indeed it is usually taken as a fact) that the 'disturbance' in abusing men arises from their own experience of abuse in their childhood: the 'cycle of abuse'. Similarly that women who were abused in childhood go on to marry abusers and to be 'colluding' mothers. The effect of this is to absolve the abuser of responsibility (he's a victim of his own childhood) and to compound the abuse done to women by claiming that their abuse in childhood is largely to blame for their own children being abused. As Sarah Nelson says it also serves to separate off a group of 'problem families' supposedly trapped in this cycle..

It is important not to underestimate the power of these ideas. Not only do they have a spurious liberal appeal, by saying that individual men are not to blame, but they are internalised by many women, themselves survivors, who are frightened that this means that they are or will be responsible for their own children being abused. The 'cycle of abuse' is another version of the many 'cycles' that we have been presented with in the last twenty years: the 'cycle of deprivation', to explain why working class and black children do less well in school, or the 'cycle of poverty' which argues that material conditions, including poverty, are a product of people's lifestyles and motivation, which they pass on to their children.

I do not have time here to go into all the criticisms of this idea, but it is important to recognise: (i) that it is based on clinicians experience, not on sound research; (ii) no 'control groups' have been used, that is no-one has investigated the number of men who were abused in childhood who do not go on to abuse their children; (iii) given the frequency of child sexual abuse, any relationship that does exist between mothers who were abused in childhood, and abused daughters is just as likely to be chance; (iv) if all men who abuse their daughters had been abused themselves, it would mean there was a huge amount of undisclosed abuse of boys; (v) there is no explanation of why women who have been abused do not go on to become abusers.

Psychoanalytic ideas have enabled the development of one of the biggest and most dangerous myths in this area: that children 'make it up', that they are seductive, and that they commonly fantasise about 'incest', in particular girl children fantasise about their fathers. These ideas have their roots and 'justification' in psychoanalytic theory, in Freud's view that a large number of his female patients were fantasising when they reported incestuous abuse.

*"Almost all of my women patients told me that they had been seduced by their father. I was driven to recognise in the end that these reports were untrue and so came to understand that the hysterical symptoms are derived from phantasies and not from real occurrences....It was only later that I was able to recognise in this phantasy of being seduced by the father the expression of the typical Oedipus complex in women. "*

The implication of this is of course devastating: to deny that it has happened and to blame the girl. However it is also important to recognise that not all analysts take this view; Anna Freud made a very clear distinction between fantasy and reality in a paper in Mrazek and Kempe's book (1981)

*"Far from existing as a phantasy, incest is thus also a fact, more widespread among the population in certain periods than in others. Where the chances of harming a child's normal developmental growth are concerned, it ranks higher than abandonment, neglect, physical maltreatment or any other form of abuse. It would be a fatal mistake to underrate either the importance or the frequency of its actual occurrence. "*

Recently there has been considerable disquiet about this even within the psychoanalytic profession. In particular I am thinking of the work of Alice Miller, a psychoanalyst who learned from her patients about the reality of child sexual abuse, and wrote her book *Thou shalt not be Aware* about the dangers of applying psychoanalytic dogma and the importance of recognising the real trauma that children experience. There is also the work of Jeffery Masson, who re-examined Freud's Archives, and argued that Freud had deliberately suppressed his earlier findings of his 'seduction theory'. Both these writers incidentally, in afterwords to their books, pay tribute to the work of feminists, who have broken the silence about child sexual abuse, and originally raised questions about Freud's views.

It seems important to recognise that children have emotional needs, and sensual and sexual desires, including towards their parents. (Some feminists would, I know strongly disagree with this). But these are infantile needs and desires; it is adults who impose an adult meaning on them, using terms like 'seductive' and 'provocative', and it is adults who project their own emotional and sexual needs and desires on to children.

The family dysfunction approach is the one that underlies the current orthodoxy. It is particularly associated with the work of Great Ormond Street and the NSPCC, and is implicitly accepted within the DHSS guidelines. (It is important to note however that some feminists, particularly in New Zealand and Australia, work with family therapy and do not see it as incompatible with feminism. They do not accept the family dysfunction explanation; rather they see the dysfunction as a consequence of the abuse.)

The presentation of this approach usually starts with a rejection of the psychoanalytical view, and states categorically that children do not fantasise or lie about sexual abuse, that the child is not to blame, and that the abuser is wholly responsible. But instead blame is removed entirely, everyone's a victim of the family breakdown, or placed on the family system, or more usually it is placed on the mother, since it is her behaviour which is seen as ultimately responsible for the family breakdown. This approach often incorporates into it some of the previous views, in particular the 'cycle of abuse', and the 'cultural theory', suggesting that in certain kinds of cultures or communities in which women do not play the traditional role, family dysfunction, and therefore abuse, are more likely. As before this feeds racist and class stereotypes.

While child sexual abuse is explained as a response to family dysfunction, there is no attempt to explain why it is men rather than women who respond to this by sexually abusing their children. This view therefore implicitly contains within it a view of male sexuality which is driven and uncontrollable:

*"...a man deprived of his conjugal rights may turn to the nearest available source of gratification - a dependent child. " (Porter 1985)*

It is up to women to satisfy and control men's sexuality. Similarly, since men are not able to control themselves (they describe abuse as an addiction which like other addictions is always in danger of being acted on again), it is up to women to protect children. (We see over and over again in this area as in many others that women as mothers are not only held responsible for protection and care of children, but they are also blamed for everything that happens to their children. Feminists in the USA have recently been examining the extent of 'mother blaming' that appears in clinical journals, not just around child sexual abuse.)

In a recent paper Tony Baker and Sylvia Duncan working within a model of family dysfunction do nevertheless acknowledge that it is men who sexually abuse, and they appear to have taken on board some feminist arguments. Thus they argue that in order to understand why it is men who sexually abuse children, we have to look at the way men are socialised to separate sex from affection, and to be aroused by people smaller and less powerful than themselves. They go on to argue that: "...men are not helpless victims of their own uncontrollable urges", and that most men, even if they have fantasies about children, will not act on them. However, they suggest that for some men their internal inhibitions may be overcome, for all the reasons we have already looked at: the cycle of abuse, social factors etc. In these cases the men require 'external constraints', and I am sure you can guess who is ultimately responsible for these!

*"In families where the mother is absent sick or powerless or spends large amounts of time away while others, including the father, care for the children there is an increased opportunity for abuse to take place. The father whose self-esteem has been damaged by redundancy or unemployment may have ample opportunity to reassert himself by abusing a child as he is cast into the role of primary caretaker.*

So, starting from some ideas that we might have sympathy with, we have been taken on a tour of several theories and ended right back in the same place with the ideas of: uncontrollable male urges, female responsibility to control men, the collusive wife, and the absent, withdrawn or rejecting mother. It is these ideas that are the most dangerous and damaging parts of the current orthodoxy. As Sarah Nelson says:

*"Where incest is concerned, many assumptions are being swept away by the tide. Yet professionals cling to the collusive wife theory like drowning men grasping at flotsam. Could it be because it is such a powerful defence against admitting the male abuse of power? And because without it family therapists might be like emperors without clothes? These are harsh questions which they owe it to their own integrity to ask."*

The fact that many abused girls do blame their mothers for not protecting them is used to support the theory, and it leads to the view (Baillie 1983) that the 'best' outcome for a woman who has been abused is that she should be able to forgive and understand her father and recognise her mother's responsibility, in the context of a rehabilitated 'functional' family system. We can go on and on citing the horrors of these theories; but we also need to put something in its place. So I can turn at last to the feminist explanation, although I have made many references to it as I have gone through the other approaches.

The crucial difference between the feminist approach and the family dysfunction model is that we argue that it is not in families that have 'gone wrong' that child sexual abuse occurs, but in traditional families, carried out by ordinary men. Neither the individual man, nor the family are seen as 'sick' or 'dysfunctional'. On the contrary, as Sarah Nelson writes:

*"incest is related to a general pattern of male sexual assaults like rape...Incest is also a product of the family structure: but the clue lies in normal family values, not deviant ones ....Like wife beating, incest likely to happen when traditional beliefs about the roles of husband, wife and daughter are taken to extremes: when the family members are seen as the husbands property, and sex is among the services they are expected to provide." (Nelson 1987)*

The feminist approach is the only one that can account for the fact that abusers are overwhelmingly men, in a father-type relationship to the child, and that the majority of abused children are girls. Feminists explain

the abuse of boys in the same way as that of girls, as an abuse of male power, and a betrayal of trust. There are many unresolved questions, although a lot of different ideas, about whether the impact on girls and boys is the same. With a very few exceptions, the man is wholly responsible for his behaviour, in control, and fully understanding the meaning of what he has done or is doing. Men do not 'find themselves' sexually abusing girls, they choose to do it. This is shown by the extent to which they use bribes, coercion, force, threats, including threats to the mother, both to force compliance and to keep the girl's silence.

We believe that there are many crucial differences between the feminist approach and the others that we have outlined; I hope we will be able to discuss them during the course of today. I should just like to say a little about one of the most crucial differences, on the role of women who are mothers of children who have been abused.

As feminists we challenge the view of mothers which dominates professional thinking. The view that mothers collude is based on evidence of mothers disbelief and denial. But Sarah Nelson quotes Patricia Bell and Jan MacLeod ( who are with us today):

*"A woman does not commit her life and security to a man she believes capable of molesting his own children. Psychiatrists and experts in this field cannot find any 'identifying' features among abusers - so how are women supposed to identify an abuser before they marry him? People will very readily talk about 'colluding mothers' but we should ask ourselves: if you were told, or began to suspect, that your brother or husband or friend was abusing his children, would you go straight to the police? In (their) powerless position women are expected to be more aware, more resourceful and more courageous than the doctors, teachers, social workers etc, who make up a society which through denial colludes with child abuse. Professional workers often condemn 'colluding mothers' in one breath, and in the next say 'I'm sure that there is incest in such and such a family, but I don't know what to do about it. "*

Esther Wattenberg has written a very interesting paper in which she challenges the evidence on 'mother collusion' pointing out that many mothers do believe their daughters, do protect them, and do act in their best interests. Like other feminist writers she also looks at the many material and emotional reasons why some mothers may be unable to protect their daughters. Most importantly she tries to examine how and why this view has come to be so widely accepted. We cannot understand this unless we analyse the ideology of motherhood in our society, and our own internalisation of that, so that we all feel that mothers should be there to protect us, and we blame them when things go wrong and we feel that they have failed.

As Esther Wattenberg writes:

*"All cultures, including our own, regard violations of the incest taboo with dread and horror.....Within this violation of the most fundamental of sexual taboos, the violation of a maternal code to nurture, protect and preserve children, is regarded as particularly loathsome. Not surprisingly, then, the search for an explanation for the maternal failure to protect children from incest has a long and tormented history. "*

In our training of social workers we have observed an interesting process at work. In general discussion, many of them adopt a feminist approach; when we work on a case study involving a 16 year old girl, abused by her father for years, who thought that her mother knew what had been going on, they are quite quick to condemn the mother, to accept that she did know, and to assume that she will not take her daughters side; when later we do a role play of a disclosure of child sexual abuse they experience an understanding and sympathy for the position of mothers. They say they felt strongly the wish to deny it, the anger with their daughter, their conflict and ambivalence.

We need to recognise that many feminists struggle with their own anger for many of the mothers they work with. In criticising the idea of 'mother collusion' we also have to be careful not to put in its place our own idealisation of mothers; not to insist that mothers are always perfect. We know they aren't, and why should they be?

We believe that the different views of mothers put forward by feminists and other theorists have crucial implications for practice. If we adopt a feminist perspective we will not automatically condemn a mother as 'collusive' if she does not want to believe what has happened, or even if we discover that she did know and did nothing. Judith Herman argues that the outcome for the abused girl may depend upon how we approach her mother at the time of disclosure; whether we recognise the meaning of what has happened for the mother, and build upon the possibility of an alliance between mother and daughter. Esther Wattenberg points out how easily we can force the mother into a self-fulfilling 'guilty' role. Referring to therapy, she writes:

*"Clearly the attitude of the therapist toward the mother is pivotal. The therapist's unstated pursuit of evidence for the therapist's assumption of the mother's collusion will threaten the entire therapeutic process."*  
The same could be said of other professions.

Another crucial difference between the feminist and other approaches is in the meaning given to the abusive event. By challenging the ideas of the traditional family, and the norm of heterosexuality, the feminist approach allows the abuse to be defined in terms of the child's own experience; it attacks the notion of the cycle of abuse; and it allows survival to be defined outside the narrow confines of 'family rehabilitation', and an adult sexuality which is necessarily heterosexual.

I hope that this account of feminist theory can be discussed and elaborated in the workshops. So, just a few concluding comments: we believe that it is vitally important that we do not turn feminist ideas into an alternative dogma, but retain them as a perspective for understanding the world; a perspective which starts from a recognition of the power relations in society. This allows us to incorporate into our analysis issues other than gender - in particular issues of class, race, disability, and the nature of childhood. For example we need to consider the way racism may affect the experience of a child who has been sexually abused and her capacity to tell anyone. There is a very good example of this in the excellent TV programme *A Crime of Violence*: a Jewish woman describes how she, like so many abused children, believed that what had happened to her, had not happened to anyone else. One of the reasons that she did not dare tell anyone was because she thought it would just prove that they really were 'dirty Jews'.

Since we all owe so much to Sarah Nelsons work, I would like to end with her on "why we have spent so long talking about theory".

*"Thus the first step in designing a programme among social work, medical, legal and other agencies involves reaching a consensus on what incestuous abuse is about, and how it should be treated. That means agreeing on a theory. ...decisions on how you deal with each family member depend crucially on how you theorise about them. Is he/she mad, bad, sick or inadequate; blameless, collusive, or responsible for the whole thing? Are we looking at a family pathology, a Freudian spiders web, a legacy of patriarchy?"*

*Theory decides whether you believe a runaway girl's story, and whether or not you send her home. It shapes what you tell a tearful mother who arrives on your doorstep. Should she be more dutiful to her incestuous husband and give up her job and social life, or should she be less obedient and dutiful? It determines the policy you design for the offender: should he be imprisoned, removed from the home, psychoanalysed, or helped to repair his marriage? It decides whether or not you intervene at all: is incest just a happy part of that culture, and best left alone?"*

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## Workshops On Feminist Theory

The nine workshops worked in different ways, and covered a wide range of issues, many of them in common with other groups. This report is based on the facilitators' reports of their workshops, and covers the kinds of debates and discussions that took place. It is not an accurate account of anyone workshop. The issues discussed have been grouped under particular headings.

The aim of the workshops on the first day was to clarify, discuss and debate what is feminist theory on child sexual abuse? 'how does it differ from other approaches? what are the most crucial differences? and what differences exist among feminists?

In most workshops it was quite difficult to separate theory from practice, and some participants felt that the distinction was an artificial one. This was not surprising as the participants were practitioners dealing daily with cases of child sexual abuse, having to make extremely difficult decisions; Thus there was a constant tendency to move into practice implications. This was dealt with by writing up the practice issues that required discussion, as they arose. There was also sometimes a tension between those who wanted to develop further their ideas and feminist analysis, and those for whom some of these ideas were relatively new.

### 1. What Is Feminist Theory?

Discussions began with the recognition that in the area of child sexual abuse theory is rarely made explicit, but that we wanted to be quite clear ourselves, both what we understood by feminist theory, and why we were critical of other approaches. Discussion in most groups therefore started with the question 'what is feminist theory?' Some groups questioned the notion of theory, believing that there was a danger of being too 'academic'. There was a useful, if sometimes difficult exchange of ideas between those who were working in feminist organisations, but who were less familiar with the ideas of the professional orthodoxy, and statutory workers often working implicitly within a family dysfunction model, being unhappy with it, but unclear about the alternatives,

Discussions focused on three aspects:

- (i) criticisms of other approaches;
- (ii) feminist explanations of child sexual abuse;
- (iii) more general characteristics of a feminist approach.

(i) Feminists are quite clear in their criticisms of approaches which explicitly or implicitly place the blame for child sexual abuse on a 'seductive' child or a 'colluding' mother. They do not believe that children can consent to sexual relations with adults, nor that girls or women should bear any responsibility for controlling men's sexuality. They also reject the ideas that men are 'inadequate' or 'sick', or that if a woman has been sexually abused, this casts any doubt on her ability to care for her own children (the cycle of abuse). They challenge the idea that mothers should be held ultimately responsible for everything that happens to their children. Finally they reject the assumption that forgiving the abuser, and developing 'normal' heterosexual relationships should be seen as indicators of 'survival'.

Most of the discussion of other theories was focused on the 'family dysfunction' approach, because of its dominance in professional practice. In particular it was felt that this approach incorporates an unrealistic view of mothering, and 'lets men off the hook'. However it is also important to consider why this particular approach is so popular, while feminist ideas are so threatening. It is clear that the 'orthodox' approach blames individuals and not the kind of society, and women rather than men. It therefore reinforces traditional female/male roles in society and in families. In particular women are seen as responsible for family well being, and for servicing men, physically, emotionally and sexually. It does not in anyway challenge the status quo, but, instead, by locating child sexual abuse in problem families, it minimises the problem. Finally, though it is the 'newest' theory, it incorporates ideas from older models (e.g. individual psychopathology), and has developed within the

traditional establishment institutions like child psychiatry departments, child guidance and child psychotherapy clinics. Given power and implications of this approach we have to consider how best to fight it.

Questions were also raised about family therapy; can it be feminist? Given that there are different models of family therapy, are they inevitably anti-women? However there was no detailed discussion on this at this stage.

(ii) By contrast, a feminist perspective starts from an understanding of child sexual abuse within the context of the wider society, and links child sexual abuse to other forms of male abuse and power. Child sexual abuse is one end of a continuum. It has to be understood in the context of a society with structured inequalities of class, gender and race, not as the symptom of malfunctioning relationships. Crucially, it has to be understood in terms of power - the power of men and of adults used against children: men learn and are allowed to express their power through sex; women, without having the power are expected to take responsibility both for men's sexuality and for children's safety. A feminist perspective sees abusers, not the family or the child as totally responsible for the abuse, and child sexual abuse as an abuse of power that men (individually and collectively) could change if they wanted to.

A feminist perspective also has a lot to say about the position of women as mothers, about the expectations that are placed upon them, about the material conditions in which many women have to care for their children, and about the nature of the family and family relationships in this society. This different view of motherhood and mothers, was discussed in some detail in most workshops, and is presented in more detail below.

(iv) The wider context of feminism has implications for the way that feminist practitioners work with one another and approach the topic in more general terms. From the experience of the Women's Movement have come a range of assumptions and practices about how work should be conducted. This conference was an example of the collective strength of women being brought to bear upon theory and practice on child sexual abuse, as well as being a forum where women as workers could feel stronger and more confident in this area. Feminists will always validate women's experiences, and allow women to express their anger at men. Feminist theory does not exclude feelings, but provides a framework for understanding difficult and ambivalent feelings, such as those towards 'mothers', and the way that guilt can be internalised by the abused child or her mother. Conversely, our own feelings can be used to shed light on the theory. This is in striking contrast to traditional approaches which often use feelings as evidence for their theory; for example the fact that many women do feel guilty when their children are abused is seen by 'family dysfunction' theorists as evidence of 'collusion'; for feminists the existence of these feelings provides clues to the way that women internalise their own and society's expectations of mothers.

While feminism has grown from recognising the similar experiences of women in relation to male violence, there are differences among women, and those created by class and race in particular, have a crucial impact on both theory and practice, though the work on this has barely begun. But whatever the differences, the aim of feminist practice will always be to empower women and where possible to encourage self-help and oppose the development of 'experts'. Similarly there will always be a commitment to sharing knowledge and skills. Feminist activity will always be seen as threatening and challenging because there is a commitment within feminism to changing the nature of society and relations between women and men.

## **2. Power, Inequality, Dependency, Abuse**

There was agreement among participants that child sexual abuse involves the abuse of power - both adult power and male power. However the concept of power was a problematic one and provoked some important and sometimes troubling discussions.

For example, it was recognised that as adults we all have power in relation to children, and have to use that power responsibly, and we have to be accountable for what we do. Some participants saw any situation of inequality involving a power imbalance as abusive. Most participants saw unequal relationships as

potentially abusive, and found this particularly relevant to client/therapist and client/social worker relationships. The structures must be organised to prevent abuse of that power so far as is possible. But if power relationships within the family are a reflection of the wider society, how can feminists challenge them at the level of the family alone?

Others did not believe that all power imbalances should be viewed so negatively. Children are less powerful than adults, who must use their power positively to care for children. Men sexually abuse children when they misuse their power and responsibility for children.

It was recognised that power and inequality are both 'public' and 'private' issues; a feminist perspective is concerned with both. Important distinctions were also made between the statutory power of workers, e.g. to remove children from their homes, and the emotional power that vulnerable children and women may invest in a worker, or someone of higher status. Women who believed that having power is a bad thing', believed similarly that dependency is always bad too.

The implications of these issues for practice are enormous and were discussed at some length on the second day.

### 3. Understanding Motherhood

This was one of the most difficult and often painful areas of discussion. It took up the majority of the time in several of the groups. There were tensions between those who had had years of experience working in the women's movement, and those whose experience around child sexual abuse came from social work or other professional activity, where 'family dysfunction' ideas are dominant.

The ideas of 'colluding mothers', and 'mothers' who are responsible for everything that happens to their children are so powerful in the professional literature and in everyday ideas, and fit in with our own ambivalent feelings about mothers, that they are often hard ideas to come to terms with and to analyse.

There was a general agreement that the 'family dysfunction' view of mothers and motherhood is totally unrealistic - expecting mothers to be aware of everything that happens to their children, to protect and nurture their children as well as care for their husband, and expecting women to conform in all ways to 'female' roles. Women are expected to take full responsibility for children, in the absence of real power to do so. Ideas that place any blame and responsibility on women for the abuse carried out by men were completely rejected.

While it was relatively easy to reject the ideas of family dysfunction, it was much harder to be clear about what to put in its place. It was agreed that ideas about 'mothers' was one of the areas of fundamental disagreement between feminist and 'family dysfunction' approaches, and had crucial implications for intervention (discussed on Day 2). Acknowledgement of our own difficult, often confused, feelings about mothers was very useful in informing the discussion and debate.

Some participants argued that motherhood should be voluntary, with the state taking responsibility for providing the means and resources for caring for children. However many women also felt that they had very low expectations of fatherhood, and wondered whether they could trust any man caring for children. This raised the contradiction that since real joint responsibility between women and men for parenting has to be based on trust, we may have argued ourselves into a position that parenting must be women's work. We need to be clear about the expectations we have regarding women's responsibilities for children, and avoid the danger of idealising women ourselves.

The hardest part of the discussion concerned our understanding of those women who do 'fail to protect' their children, deny what has happened, become immobilised, or choose their male partner rather than their child. There was a lot of discussion of the real choices available to most women - both economic and psychological. From our own relationships we can gain an understanding of how hard it is for many women to leave the relationship they are in. From our knowledge of the psychological responses to loss and bereavement we can

understand the responses of some women to the information that their child has been sexually abused - the desire not to know, the anger at the child or at the informant, the strong desire to 'make it not be true', or to keep it 'within the family'. The woman has lost her fantasy of herself as wife and mother and of her family, and is in danger of losing her real family as well.

In the light of these discussions it was possible for some participants for the first time to understand their own and other people's anger at 'mothers', who are supposed to be all powerful, and in control; and also to understand why 'mothers' are often thought to be more blameworthy than the men who abuse. However there was also concern that we too discuss 'mothers' all the time, and the suggestion made that feminists may also want to avoid the difficult and painful discussions around men and why they abuse.

## 4. Fathers/Abusers/Men/Masculinity

In this part of the discussion we tried to look at the reasons why it is overwhelmingly men who sexually abuse. It was agreed that abusers should not be seen as 'sick', 'inadequate', or 'abnormal'; they are 'ordinary' men who are totally responsible for their actions and who choose to abuse. Child sexual abuse is one end of a continuum of male violence against women and children, which has to be understood in terms of inequalities of power. Men could, individually and together, choose to change in order to prevent abuse occurring.

There was further discussion on the construction of male sexuality and masculinity, and the ways that boys are socialised to relate feelings of power with sexual gratification, and are allowed to express power through sex. The question was posed - can we conceive of a sexuality not related to power?

Differences between women and men in terms of sexual feelings were also looked at: male sexual needs are seen in terms of the 'need for satisfaction', and the question raised whether 'non-abuse' is associated with caring. Would fewer men abuse if they were more involved in caring for children? Further discussion is required of our ideas and expectations of fathers in families where for example abuse has been carried out by another male such as an uncle or grandfather.

Some women were unhappy with the idea that all men should be categorised together and blamed as one. Others felt strongly that no man can be trusted.

There was also some discussion of terminology. In general, the term 'perpetrator', widely used in the professional/literature, was rejected as denying the reality of abuse. On the other hand, 'abuser' was disliked by some participants because it disguised the fact that the overwhelming majority of abusers are male.

## 5. Survival

Several of the groups discussed the question of what constitutes survival. The view that acknowledgement of responsibility by the abuser, forgiveness of the abuser and heterosexual relationships were key elements in survival was rejected.

Survival takes place on a number of levels and is an ongoing process. It does not start when the abuse stops; Many children develop coping mechanisms, usually seen as 'symptoms', which may be important aspects of surviving. Short term survival means an end to the abuse, the child beginning to feel comfortable with herself, and beginning to be able to exercise some choice and control. Long term survival means being able to get on with life without the experience having a crippling effect on the abused child/woman in terms of relationships and self-esteem.

The expression of anger was seen as crucial, and also the meaning that the child is able to give to what has happened to her. This latter depends crucially on how the abuse is explained. The nature of the intervention will have a crucial impact on this. For example, if an aim of therapy is that the child should forgive her abuser, then

she will understand the abuse as something her father/abuser could not help, or was not totally responsible for. The investment of a therapist in this kind of outcome was questioned.

It was recognised that a 'good' outcome for an abused child will always be defined in terms of society's norms; for example lesbianism is always likely to be seen as 'damage', resulting from the abuse. Not only should lesbianism not be seen as a bad outcome for any child, but we have to be careful of not viewing all children who have been abused as 'damaged'. Sexual abuse is only one way in which children could be said to be 'damaged' in our society.

## **6. Class And Racism**

Some groups had long discussions on the unequal distribution of power in society, and the importance of both race and class, as well as gender in these analyses. However most of the workshop discussions were 'class-blind' and avoided issues of race and racism, although some groups felt that it was easier to talk about class than about racism. Racism was not addressed in a coherent fashion; there was reluctance to take on the issue, except for calls for 'more black social workers'. There was an acceptance of the importance of listening to and understanding issues of race and class in relation to sexuality and abuse.

## **7. Other Issues**

A range of other issues were raised in individual workshops, often as questions that need to be further addressed.

### **Abuse of boys:**

What are the differences in effect and consequences for boys and girls who are abused? Very often abuse of boys is seen as worse than for girls, as it involves passive and homosexual behaviour by the boy, a greater distortion of their sexuality than abuse of a girl. While rejecting this analysis, it was recognised that we need far more research on boys. Issues of age and responsibility in relation to sexuality may be different for girls and boys, and the issues of young boys as abusers need to be addressed.

### **Women abusers**

Several groups raised this, feeling that we should not be defensive about the fact that a small number of women do sexually abuse children, but also acknowledging that this is an issue always raised by people uncomfortable with a feminist analysis.

### **Children's sexuality**

There is a need for a feminist theory of children's sexuality; one which recognises that children experience things differently from adults, but which looks at ways to give children knowledge and meaning to understand their experiences of their bodies.

### **Male professionals**

Some groups raised the question of whether men can be involved in work from a feminist perspective.



# Towards a Feminist Practice:

Papers presented by Margaret Boushel, Gerrilyn Smith and Marlene Bogle

## Chair: Vadnie Bish

Yesterday we looked at issues around theory and today we are moving on to look at practice issues. We have for you this morning three speakers who will be talking about their work in the voluntary sector, the statutory sector and on feminist therapy. After each speaker there will be an opportunity briefly to ask questions.

I know it is often the case when we are working in the field that we feel the need to consult with experts to ask and be guided and given the correct answers. When we set up this conference it was deliberately not arranged so that we would have experts giving us the answers. There is a good mix of women here from different places and with different experiences bringing a number of different skills. We welcome that mixture and we value everybody's contribution. So the speakers who will be addressing us this morning do not consider themselves experts imparting to us the correct feminist approach. Each speaker will be talking about their work within the agency that they work and the opinions that they express will be in-part their own, not presented as the correct feminist perspective.

Our first speakers will be Margaret Boushel and Sara Noakes. Now Margaret will be speaking to us about working in the statutory sector. Both Margaret and Sara work in Islington Social Services, and Margaret will speak to us first about the work that is happening in Islington<sup>1</sup> and then both Margaret and Sara will be available for answering questions afterwards

## Paper 3: Developing a policy: Margaret Boushel

Not only am I not an expert on child sexual abuse I am certainly not an expert on public speaking, so you will have to bear with me.

First of all would like to explain, that I am speaking as one of a group of workers in Islington Social Services Department who have been working on child sexual abuse issues for the past couple of years. The majority of the group that have been working on these issues have been women, although one or two men have also been involved.

What I will try and do is describe the problems as we saw them, and in particular the issues that affected us as statutory workers I will also say a little about how we tried to deal with those issues. Firstly, within Islington probably like many other authorities, there was absolutely no structure for dealing with child sexual abuse cases other than using the non accidental injury procedures that were completely geared to physical abuse. We were unprepared for the sudden emergence of so many disclosures and suspicions leading to disclosure of sexual abuse. Social workers in Islington work in very small decentralised teams and can be quite isolated. Not only was there no policy for dealing with sexual abuse but the teams had not had any opportunity to build up custom and practice and experience in how to deal with cases, and perhaps more importantly, hadn't had the opportunity to build up any confidence in dealing with them. We also lacked a worked out theoretical model from which to start. Many of us felt uncomfortable with the family dysfunction model. We are very close to Great Ormond Street and we have seen how they work, but we didn't know what the alternatives might be that we would be able to use. I think the result was that even with the best will in the world we felt overwhelmed by sexual abuse cases, or the suspicion of it and completely panicked when we had to deal with cases, and

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<sup>1</sup> Please note that Margaret Boushel's talk was written while the policy was going through the committee stages. Since then it has been adopted as policy by Islington Social Services Committee in September 1987. The policy is reproduced at the end of this report.

that could lead obviously to avoidance and denial, but it was also leading to erosion of skills, especially skills that women had built up in working and supporting other women as part of their work, so we were in a bit of a panic.

What happened was about two years ago one woman in the department took the initiative. She wrote an open letter round the department inviting interested workers to get together, and that was how the group started, just one person's initiative. That group has been working on the issues ever since, I mean the membership has changed over time slightly but some of the people have been there from the beginning. What we identified initially was that there was three strands that we needed to work on, we felt a need to develop a policy and practice guidelines for how to carry out the work. We felt there was a great need for training, and we also felt there was a need to develop practice skills. The training we felt could only be useful once the department had decided which model it was going to adopt to explain child sexual abuse, otherwise we would be completely confused, and that depended on us developing guidelines from practice and also having them accepted as the department's policy.

I think you have to remember that as a statutory agency our main responsibility is towards children, and their protection, that what we wanted to do was to carry out that responsibility by developing a policy that was child centred and informed by a feminist perspective. This would also help to demystify child sexual abuse work and not have it in the hands of two or three experts.

Immediately we started to think about policy and guidelines, we were forced to recognise both the constraints on ourselves as local authority workers and also the power we had. The policy had to reflect these powers and constraints. Also in order to become policy it had to be argued through and agreed by the department and the department's senior management and by the councillors on the Social Services Committee. Neither of these groups would necessarily share our approach and both are subject to pressures from the media, the government, and other agencies. Also as local authority workers we cannot choose whether male workers will or will not be involved in child sexual abuse work. Even if they are not involved as key workers they are often in supervisory positions on individual cases, as well as being heavily involved in the department's decision making structures.

In Islington given the general volume of work and also the ethos of generic non specialist workers, it is not possible to guarantee that child sexual abuse work is allocated to women let alone to women with a particular interest in it. What will, we hope be agreed in the policy is that there should be two workers in child sexual abuse cases at least one of whom should be a woman. The emphasis for many years now in social work practice has been on the prevention of reception into care. This is embodied into child care legislation and is reinforced by all the recent research on the negative effects on children of being received into care as it is currently organised. In Islington this approach is further reinforced by an explicit Child Care Policy which prioritises preventive work, emphasises parent's rights, and aims for the early return home of children who do come into care. In all reception into care cases our statutory power and responsibility is to protect the interests and welfare of the child. This can pose difficult dilemmas for us, dilemmas on when and whether to move a child from their home and family given our reservations about the quality of the alternatives we are able to offer. In child sexual abuse cases this dilemma can be exacerbated knowing that at best residential workers and foster parents have not had training or experience in child sexual abuse work, and at worst there is a risk of further abuse to the child. For the worker making a decision to remove from home, a clear theoretical perspective on abuse and abusers is essential, a perspective informed by the best research available. This perspective also needs to take critical account of society's views on and expectations of women who are mothers. In developing our policy we had to acknowledge these issues; we would argue that a policy which underlines the importance of working alongside the child's mother, and other non abusing family members to help them to provide protection for the child within their own network, is the most positive starting point. It encourages practice which is both feminist and child centred.

We also want the policy to take account of the multi-racial and racist nature of our society. We recognised that child sexual abuse happens in all cultures, and we did not want black and ethnic minority children to be outside the policy, either because their family and community networks were ignored as a source of support

and protection, or because white liberal social workers might feel reluctant to intervene at all.

We spent a long time wondering how best to address this issue within the policy, whether to write it in, or not, and finally decided that the policy did need to explicitly acknowledge that child sexual abuse is not concentrated in any particular social or ethnic group. But the policy also needed to acknowledge that different factors may come into play, depending on racial or culture background. For example, it may be more difficult for a black child to disclose to representatives of white racist authority, that she is being abused. The consequences for her family maybe quite different than for a white family. It may be less easy for a mother to protect her child in some cultures than in others, depending on the power position of women in that culture. And it may be that the consequences of disclosing within a particular culture are that the abused child will never be accepted back into her community. The race of the workers involved can also be crucial, white workers need to recognise and acknowledge explicitly that we have to

earn the trust of black and ethnic minority clients by trying to work in an anti-racist way, and by encouraging feedback from clients on how they experience us. For workers from the same ethnic minority as their clients it may be in the short term this will cause difficulties by increasing the abused child's sense of shame in disclosing to them. It may also be that the child has internalised racism in a way that makes her feel she has been abused because of her race or her colour. This heightens the need to place children when they do have to be removed from home within a situation where they have got positive role models from their own culture. We decided to include those elements into the policy, to draw workers attention to them.

Another of the major issues for statutory workers in all areas of child abuse work is our involvement with the police. In child sexual abuse cases, police action is often essential to protect the child from further abuse, either by prosecuting the abuser or by helping to ensure that injunctions keeping him away from the child are enforced. Our child sexual abuse policy demands that the non accidental injury child abuse procedures are set in motion, if there is a disclosure or a suspicion of child sexual abuse. Evoking these procedures automatically means that the police are involved. Working in conjunction with the police, can be difficult for many reasons: a theoretical perspective which sees the role of the police within the state as enforcing capitalist and racist legislation; knowledge that because of that role, the police force itself is steeped in racism and sexism; and on a very pragmatic level, the police, like social services staff, are not accountable to anyone but their own management, therefore they give no guarantee to abide by the approach agreed at the case conference.

When talking about the police, I would like to mention the Bexley model, because people who have not heard of it probably will be hearing of it. This is a model that the policy and social services in Bexley have developed, a model of police/social service involvement that has been given a great deal of publicity. It involves a small group of specially trained social workers and police who work together in pairs, (one police officer, one social worker) and deal with all investigations of child sexual abuse. After their investigations are complete, the case is then handed over to other social workers to carry on and work with. We rejected this model. Firstly we do not see child sexual abuse work as specialist. In fact experience in Islington so far has been that child sexual abuse is often disclosed in families already known to the department who may have an allocated worker. Secondly, we are trying very hard to demystify child sexual abuse work and to enable all workers to feel confident in recognising abuse and enabling children to survive. Thirdly, we think it is most appropriate from the abused child's point of view if the same worker or workers continue to work with them after the disclosure if that is possible.

What we have done in Islington to try and work as best we can to protect children, is we have just started having discussions with the local juvenile bureau and the CID about agreeing on joint approaches to cases. For instance, we want to ensure an approach that does not destroy police evidence, which is often the only way of getting the abuser out of the child's life, whilst at the same time taking account of the traumatic effect of the investigation on the child if not carried out with care. We would like the police to have a unified and sensitive approach to interviewing abused children and to their medical examinations. At present approaches vary considerably. We would like to be in a position where the police have agreed between themselves on a local basis how to approach all child sexual abuse cases. We want to try and make that approach one that is acceptable to our department also. It remains to be seen whether the current discussions with the police are just a public relations job on their part or whether they really do want to do the same thing they say they do.

In talking about the issues for workers in the statutory sector, I have concentrated on work with abused children rather than adults who disclose abuse in their childhood. The fact that we are dealing with children who are so vulnerable to further abuse is one of the most difficult aspects of the job. In many cases we are working with suspicion and carrying the anxiety of that suspicion until a disclosure or other event clarifies the situation and we can more actively try and protect the child. To do this and to carry the anxiety we think workers need a great deal of support through training, perhaps through a discussion forum and through knowing that they are operating within an accepted departmental framework.

So I would just like to say now how far we think we have got in Islington on these points. We have drafted a policy. It deals with suspicion disclosure and the immediate protection of the child, it is based on recognising from the start that most abusers are men. It aims to protect the child by removing the abuser wherever possible. It aims to enlist the mother's support as an ally in doing this but recognises the difficulties this may pose for her. It looks like the policy will be accepted by management and by the council; the feedback from within the department and the council has been very positive.

We have a lot more work to do on enabling the abused child to become a real survivor. Field social workers, residential workers, day care workers, and foster parents need training and support to contribute to that process. And that is something we have to take up as a department and carry forward. On a more general level we think that much more research is needed on abusers, especially on whether abusers' groups can ever be effective in stopping further abuse. This is a crucial issue in planning for a child's long term future. As feminists we need to carry on the debate about our own expectations of mothers and how we can best support women in that role. Another issue that needs more thought and development is the question of children's rights and particularly the rights of older children, especially those from ethnic minorities, to have choice about the involvement of the police.

One last point. We have done our best in Islington in trying to get this policy together to work within a feminist perspective. We did worry that the draft policy might be treated with outrage. This did not happen. It has in fact been easier than expected to win management and council support so far. This may be because the area of child sexual abuse is a difficult one to tackle and any attempt to tackle it is welcomed. It has been hard work, but the response to the draft policy, the heightened level of awareness within the department about child sexual abuse, and our own increased knowledge, skills and confidence have certainly made it worthwhile.

**Chair:** Are there any questions?

**Query:** Has Islington considered the implications of placing children taken into care because of sexual abuse, being mixed with children in care who are acting out sexually and the implications of that mixture?

**Margaret Boushel:** I think the position at the moment is that social workers and residential workers are very conscious from their own experience that this is a big problem. When we have this policy accepted what we have got to do is see how this policy can be applied within the residential sector and other sectors, and what training and may be what changes are needed as well; what further guidelines around practice about what types of children perhaps you can have in a home at the same time. But we are only beginning that work, perhaps other places have more developed guidelines on residential provision.

## Paper 4:

This paper, entitled *Is there a feminist therapy?* was given by Gerrilyn Smith, therapist and clinical psychologist in Haringey. She has decided to withdraw her paper from this publication; we can only provide an abstract of the argument.

This paper examines the concept of feminist therapy as an entity distinct from therapy done by feminists. Drawing on the work of other feminist thinkers such as Audre Lorde, Mary Daly and the Red Stockings Collective, as well as personal experience, the author concludes that we are a long way from a feminist therapy per se. The paper discusses the danger inherent in any curative measures based on power imbalances. It is argued that all formal schools of therapy are based on power structures that are weighed in favour of the therapist and against the client.

As a feminist analysis of child sexual abuse focuses on the abuse of paternal power, issues around the uses and abuses of power (even aimed at producing change) need critical scrutiny if we as feminist practitioners are not to be used by the existing power hegemonies in the now burgeoning field of expertise: child sexual abuse.

Chair: Unfortunately our third speaker hasn't arrived<sup>1</sup>, so we won't be having a talk on the voluntary sector this morning but I know there are a number of women from the voluntary sector so your contribution will be welcomed in the workshops. There won't be any questions at this moment but before we end there will be a few announcements that I would like to make.

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<sup>1</sup> Because of transport problems, Marlene Bogie was not able to arrive in time to give her talk. A brief version was typed and distributed for conference participants. We include in this report an expanded version. *Why a black woman's centre?*

## Paper 5: Brixton Black Women's Centre: Organising on Child Sexual Abuse: Marlene T. Bogie

The Black Movement on racial oppression and exploitation in Britain was born out of the fact that no-one else but ourselves can fight for our liberation. But just as we have to fight against imperialism, and one of its tenets racism, so as women we have to fight against sexism and male chauvinism which is part of our oppression as Black women.

Over the years, experience has shown us that if we are to play a part in determining our own destiny as women, and as subjugated people, we have to raise our own level of consciousness and lead our own campaigns. It was with this awareness that the first Black women's group was formed in Brixton in 1973, to organise around the specific issues affecting us. These issues were never discussed, much less taken up by the already existing organisations in the area.

Because of the lack of resources in the Black community, we had to meet in each other's homes for the first two years after the group was formed, as we had no suitable place to meet. In 1975, we found a meeting place and were able to meet more regularly and to attract more women to the group. By meeting and discussing some of the difficulties that were being faced by us and many other Black women in the community, a member of the group raised the issue of lone mothers, and how as a women's group, we could support these mothers who were often isolated in their homes with their children.

As a result of this discussion, the Mary Seacole Craft group was set up by that member with the help of other members and the support of Lambeth Churches Council for Wel-care, who were already in touch with many of these mothers through their work with them. The Mary Seacole Craft Group was opened officially on 17th October 1976. Its aim was to bring together unsupported mothers, both black and white, and particularly the young inexperienced who were isolated in the home. The function was to encourage these mothers to learn to work together in a stimulating and creative setting where their children would also be cared for. When the group first started, there were no resources in terms of finance and accommodation, but we were able to use the St Matthews Meeting Place for a small fee for two days a week. Social Services and the Adult Education Institute provided material for craft work and speakers; the women organised discussions on various topics such as childcare and development, education rights, welfare rights, and contraception. Occasional visits to places of interest for the mothers and children were also organised. Because of this stimulation, several of the women were able to return to college and some into part-time work.

Whilst some of the women in the Black Women's Group worked with the craft group, others were active in other community groups and organisations in the area. We chose to work in this way as it was impossible to initiate any long term projects, due to lack of a permanent base.

In Lambeth 25% of the population is black; and a large proportion are women; we contribute to the economy of this borough - we can be found in all the service industries - yet we enjoy only crumbs from the national cake. Since we make up such a high proportion of the workforce, one would think that the least we could have in return, apart from the meagre wage, would be decent child care. But the provision for children under school age is very poor - and that goes for schooling, housing, and all the other facilities that are needed for children and for good community life.

As Black women organising, we realised that we needed a permanent base inside the community, where we could continue to develop our ideas and provide facilities for women and children to meet on a regular basis. We worked for funding and in July 1979 we appointed the two workers. The major task of one worker was to find suitable premises to be used as a centre; the other continued the work with the women in the community. It took a long time to find suitable premises but, eventually, we did. After a lot of hard work: applying for planning permission, sorting out the lease, plus rehabilitating and decorating the house, the Black Women's Centre was officially opened in September 1980.

The aim of the centre is to provide and establish a permanent base where Black women in the community can seek support, help and encouragement in coping with specific problems which they may face in terms of isolation, poverty, racism, sexism and class oppression. Although the emphasis is on black women, no woman who wished to seek advice would be excluded.

We have developed a bank of information which is made available to all those who use the centre. Other areas of development are a craft workshop, a creche for mothers who use the facilities, and a library and resource centre specialising in women's literature and Black history. We also run an information and advice service on such matters as health care, legal and welfare rights for women.

Through regular meetings, seminars, discussions, films and study groups, women who use the centre are developing our political awareness, enabling us to understand our particular position as Black women in this society, and to guide our practice in our struggle for change.

My work around child sexual abuse started in 1985. Two women who knew of the centre, asked to use the space to start a Black survivors' group. They advertised the meetings, and 15 women attended. They had had enough of the racism and stereotypical images that were portrayed again and again at predominantly white middle class incest survivors groups.

Unfortunately, the group demised after some six months, leaving only three women to carry on this very important work. I concentrate on one to one counselling - this is mostly with women who now feel ready to talk about their abuse and abusers.

The majority of women who contact me have seen our number on leaflets and other publications; some are directly referred through other women's centres or other voluntary organisations in London. There are also referrals from YTS schemes and Social Services in Lambeth, who seem to be lacking in social workers with the necessary experience in sexual abuse cases.

We feel that statutory bodies use us at their convenience and when it suits them. They refer to us cases which they cannot manage, and they come to us for advice on specific cases. But they do not open themselves to the criticism, advice and help we could offer them to develop a more appropriate service to black children and adult incest survivors. We see ourselves as women who have the experience and expertise to make a valuable contribution to policy and practice within statutory organisations, as well as working alongside them. This would not usurp their power. This state of affairs leave us feeling exploited and taken for granted.

Our help is desperately needed and we cannot give up on the women and young people coming to us for help. But the centre receives no extra funding for this important work. The work therefore has to be done outside of and sometimes during my normal working hours (as in the case of telephone counselling.) There is also the additional strain of being responsible for and bearing the whole burden of counselling and advising often vulnerable women without the backup of an organisation which is ultimately responsible.

Because the majority of women who contact the Centre were abused during their childhood there is no need to inform Social Services or obtain police involvement. This has alleviated a lot of anxiety because our past history of relations with the police has left its mark on the Black community. Black women in trying to protect their own children, face racism from the police which can compound the abuse already suffered by their children. Black mothers do not want to put their children through this, yet they wish to get justice for their children. They find themselves in a cleft stick wondering whether to go for police involvement or not. Social Services are often not sympathetic to the quandary that mothers and children feel on this question. More recently children and young people have been referred to us for counselling, but social workers deal with the statutory side.

The Black Women's Centre has had to organise around child sexual abuse because though sexual abuse has been an issue in the context of the women's liberation movement, it has been portrayed and

dealt with for a long time as a 'white' problem. Books that have been written on the subject have ignored and excluded any experiences of what it means to be a black survivor. All the myths, stereotypes and racism that surrounds child sexual abuse has portrayed incest as problematic only for white women and children. Black women did not have a place in this, because of the racism inherent in explanations of child sexual abuse. Incest has been seen and believed to be the norm within the black culture and way of life. This is not true.

Black women and children do not expect to be sexually abused as a normal part of life. To dismiss this myth one has to be factual and say that child sexual abuse does not know race, class and creed. It is an international issue that affects us all. What has to be understood is that what it means to have been abused is different for each incest survivor, dependent on their other experiences. Black women survivors have the experience of racism as a factor in the meaning for them. It was recognition of this which started the work on sexual violence at the Black Women's Centre.

I would just like to give one example of my work: Two young girls were referred to me, who had been sexually abused by their mother's partner. The mother wanted to see this man behind bars. After informing the police, the young girls were questioned separately at great length and a medical examination was carried out. The man was questioned. The police then informed me that there was insufficient evidence and they were not taking the matter further and anyway they thought the girls were lying!

The mother did not want to take this up with the law centre because she felt that her daughters had suffered enough. She expressed her view that the best way to move on for herself and her daughters was to receive help and support in the form of longterm counselling. This, to say the least was a very distressing and confusing time for all. Work with this family continues.

## Workshops On Feminist Practice

Many of the participants commented that practice issues were easier to discuss than theory; they were easier to relate to. They also wanted more time to share experiences of practice, and to contrast the constraints and advantages of different agency policies, and of experience of inter-agency work; many of the discussions were therefore developed in more detail in the 'special interest' groups on the third day. Some women thought that it would have been easier to have started the conference discussions with practice experiences, and then moved on to theory. In general, it was easier to integrate racism and class into the practice discussions.

Most women were very impressed by the amount and range of practice experience to be found within each workshop group. There was a general feeling that many women were doing very good and brave work, and this was contrasted with individual feelings of uncertainty. One group included a woman who had worked with a girl involved in a complicated multiple abuse situation, where it was not possible to work with the mother; she described the anger and pain of that situation, feelings of being a substitute mother, and the girl's attachment to her. This was juxtaposed with the experience of a woman in a rape crisis centre who had worked with a group of women whose children had been sexually abused. She talked about how they felt - the shame, ambivalence, fear, very low self-esteem. These two experiences together provided a useful catalyst for discussing ambivalent views about 'mothers'.

### 1. Working With Women Whose Children Have Been Abused And With Daughters Who Blame Their Mothers

The discussion of work with women whose children have been sexually abused was very empowering for most participants. For some workers in the statutory sector, who were not so familiar with feminist ideas, the possibility of a different way of working was a revelation, and very exciting.

There were long discussions about why mothers and daughters blame each other, and why some women cannot acknowledge that their children have been sexually abused. A bereavement model was seen as very useful for helping workers to understand and acknowledge the anger and denial of women. Women and children are often frightened of expressing anger and so they do it where it is safer- i.e. against other women; women are socialised to take the blame; when child sexual abuse is disclosed within a family, everyone is vulnerable, so daughters feel angry with their mothers - mothers have been 'sold' to them as knowing everything and being responsible for everything. Many participants found it useful to think about and use their own experience of being daughters and mothers to help them explore the feelings of mothers and daughters. This thinking helped participants to be clear that the emphasis in our practice should be on empowering women and children, and offering them opportunities to escape the power that the ideology of motherhood has over them.

Discussion focused on the best ways in which to do this; Many suggestions were made:

- (i) It is very useful to have more than one worker, so that there is time and space for support to be given to the child's mother as well as to the child. Their needs are different and may be in conflict; without having the opportunity to talk through their feelings, it is very hard for mother and child to establish trust and confidence.
- (ii) Both mother and child need to be reassured that it is not their fault, and that the abuser is wholly responsible.
- (iii) Mother and child need to be helped to talk through their feelings about each other, to express their anger, and then channel it towards the abuser.
- (iv) We need to recognise that women need support themselves in order to be able to offer support to their child.

(v) Women in this situation should be approached as women in shock, experiencing a profound and devastating loss, and counselling help should be made available which is based on bereavement counseling.

(vi) Women should not be blamed for making choices that seem wrong to others - their life experience, social situation, lack of power and their internalisation of expectations about 'wife' and 'mother' need to be understood.

(vii) We need to provide/demand more adequate practical resources for women and children to receive support - such as groups. Groups can be particularly useful for depersonalising some of the guilt and blaming, and for helping women to see links between child sexual abuse and other shared forms of oppression, like sexual violence, harassment, domestic violence. (We need to think more about the implications for the organisation of such groups for women who have remained in contact with the abuser.) Residential settings for women and children can also be very valuable, to give women the experience of being cared for.

(viii) Workers should assume that women need time to express their feelings, and time to think and plan before being precipitated into action. Precipitate action is likely to be regretted. Thus expecting women to make choices at this time may be unhelpful. Research on this would be useful.

(ix) Women and children should be treated with dignity and respect. We should make our own position on child sexual abuse clear to them.

(x) We should try to increase women's choices, not only by remembering that our own experiences have something to teach us, but also by identifying sympathetic women workers in voluntary and statutory agencies who can offer a good service and give support.

(xi) Women have a right to expect a full explanation of the choices/options/courses of action available to them to protect themselves and their children.

(xii) We need to recognise that working with a woman who is a mother does not just mean talking about child care or issues to do with her child/children, but also talking to her as a woman.

## 2. Issues For Workers

Preamble: In writing up this part of the report, it is clear that most of these issues were raised by workers in non-feminist agencies (statutory or voluntary); that is not to say that many of the issues are not also relevant for women working within feminist organisations, but they are likely to be expressed and solved in a different way.

Many of the groups discussed our needs as workers, and how we can obtain support, training and time to enable us to feel confident and to do the work well. Many workers are trying to get support from colleagues, but find it difficult to request because of the general feeling that workers have to be able to cope with their own problems. Workers also articulated a need for outside support, and suggested that voluntary agencies should meet together to support each other.

### Training

Many workers feel overworked, and need training. Often no proper arrangements are made by management for clients when workers are on courses, so that it is hard to benefit from the training. The suggestion was made that statutory and voluntary agencies should do training together. There is a desperate desire for training on child sexual abuse which many women felt had brought them to the conference.

### Support/supervision

We need to discuss in our own agencies what is necessary to make workers safe and able to do the work. Many women found that the discussions they were having at the conference were increasing their confidence and self-esteem in relation to this area of work. They felt less fearful of returning to their agencies and continuing the work, and of the struggle to introduce feminist ideas. They felt that they would be able to share more with their women colleagues, and use other women's support to gain confidence. The conference demonstrated the value of women's support networks. Some women made contacts that they planned to continue after the conference; others decided to try and form such networks in their own areas.

There was also discussion about the need for us to 'do the work ourselves'; we should demand the training and resources necessary to do this, and not feel that we always have to refer on to 'specialists' or 'experts'. We need to believe in our ability to do this work, and be proactive in saying that we can and will do it. Above all our own self-esteem is our most important weapon.

### Working with male colleagues or non-feminist female colleagues

We have to recognise that 'most of the system is unconverted'. We are still in a minority, and we have to take account of that in the way that we work. For example we have to acknowledge that if we do not 'play the game' in some ways we may not be much use to our clients (e.g. dressing for court!). However we should not view male colleagues and non-feminist female colleagues in the same way, because there is a difference between those with and without power.

There are several problems/issues to be considered in relation to men working on child sexual abuse, the key one being whether we can trust the men, either working with sexually abused children or as colleagues for us. Most women at the conference were unhappy about men working with children who have been sexually abused because:

- men may be turned on by child sexual abuse
- some men are attracted to the powerlessness of small women and children
- men often do not see that their actions and attitudes are abusive
- it is unlikely that men can help a survivor regain some self-esteem and positive image of herself as a girl/woman.

The social system develops men's attitudes and they seldom acknowledge this or consider its impact/consequences for women and children. We need an analysis of the social construction of male sexuality. Can we trust men to do this analysis? Are men likely to challenge their own oppressiveness? Women need to make sure we do not let men, especially colleagues, opt out of their responsibility in this. Where men are working in this area, then:

- we should expect them to take on a feminist approach as the mainstream approach to child sexual abuse.
- women need to have an input into a men's group in order to challenge them, and those men have to be prepared to accept that challenge.
- men need monitoring and supervising.
- if men are involved with survivors, then they need to be willing to work on their 'inner perpetrator' men should be prepared to work with abusers. It is not all right for them to opt out of this, though it is acceptable that women do.

Women, unlike men, do not get turned on by child sexual abuse. But we recognise that when we say this, other people say 'what about women who do abuse? what about Myra Hindley?' We need to be less defensive and responsible for this.

More generally, the groups discussed whether a feminist approach is 'anti-men', or whether they thought that men could be supportive of feminist ideas, develop a feminist practice in their work, and join the struggle. Not surprisingly, there were very different ideas on this:

- we are too hard on men
- men can develop a feminist practice so long as they work on themselves as already - discussed men's role, if it is to be supportive is to work on anti-sexism and to support women who are working with child sexual abuse.
- men have no role, no men are to be trusted

There was agreement that it is usually very hard to raise feminist ideas in the work place. Feminism is seen as marginal, men-hating, and hysterical, and such resistance is inevitable since feminist ideas are challenging to the establishment. However it was also encouraging that so many women had obtained funding from 'straight authorities' to attend a conference that was explicitly feminist.

We need to be less defensive about feminist ideas and to remind our colleagues of the pioneering work that feminists have done and are doing on child sexual abuse and other forms of sexual violence, and not to collude in the marginalisation of feminist organisations like Women's Aid, Rape Crisis and Incest Survivors groups and campaigns.

### 3. Power And Dependency In Work With Survivors

This was an important and difficult area of discussion, which developed some of the issues which had arisen on the first day. Many of the discussions arose out of the talk on feminist therapy, but developed more widely into looking at the relationship between worker and client: How workers, in any setting, handle their power and the client's dependency; whether power and dependency should always be viewed in a negative way; whether the differences between voluntary and statutory work in this respect reflect political differences, the demands and constraints of the different settings, or are each appropriate to the work they have to do; whether these differences are a problem for workers and/or for survivors seeking help.

#### Feminist therapy or feminists doing therapy?

It was clear from these discussions, as well as from those in some of the special interest groups, that therapy is an issue on which there is a lot of disagreement among feminists; hence there were a lot of differences in the responses to the paper that had been delivered by Gerrilyn Smith.

Some women felt disabled by the talk: "I thought I could do some things, but now I don't feel I can do anything". Others were very angry because they thought that it misrepresented the valuable therapeutic work that many feminists were doing, and denied the benefits that many survivors, including women at the conference, had gained or are gaining from therapy; it was suggested that our wish to challenge the idea of feminist therapy comes from our inability to accept that maybe we cannot help.

Other women felt that the talk had been valuable in raising important questions for us to look at: for instance the need to acknowledge our power as workers, and to be accountable for how we use it; the recognition that therapists also get something out of therapy "it's not a one way street"; the distinctions between 'therapy' of any kind which incorporates a model of the child or woman being 'sick' and in need of treatment, and help offered by, for example, Rape Crisis Centres, where the woman is believed, equality is more likely, and where the women themselves make the definitions.

Other questions raised were:

where would we go for help if there is no such thing as feminist therapy? Self-help may not be enough for all women. Some can and do benefit from the skills of therapists in a one to one setting

is it possible to reduce the power imbalance? how?

is the issue of power a problem for all therapy, or only when we are working with abused women where their powerlessness is more acute?

#### Power and dependency

The discussions broadened out from the theme of therapy to look more generally at the issues of power and dependency in working relationships with survivors. Key questions debated were:

is power necessarily bad; can it be positive?

can we use power in a feminist way?

is dependency always negative?

is it only all right in the context of an equal relationship?

do we all need to be dependent at times?

In this discussion, clear differences emerged in the work and assumptions of women- in statutory and feminist voluntary agencies. Women who worked in feminist organisations emphasised the importance of survivors being able to take control, since the abuse has deprived them of all control over their lives; workers should not add to that abuse by making decisions for them. A woman can be empowered by helping her to understand all the choices available to her, and the likely consequences of particular choices, for example involvement of the police. She should be supported in her own choice. There was concern expressed about the power of statutory workers to intervene in women's lives, remove children, involve the police and set up a judicial process over which a survivor will have no control, and which is likely to add to the abuse that she has already suffered.

Statutory workers acknowledged that there is a lot of unhelpful and bad practice within statutory agencies. However they also emphasised the positive aspect of their power - i.e. that they can intervene to protect children who are being abused. They argued that reception of children into care is not always a bad thing; some women in the workshops described their own experiences as children, and the relief that they felt when social workers intervened to remove them. It was further argued that loss of control is not the only issue for abused children; they have also been expected to take on too much responsibility for keeping the secret, and keeping the whole family safe. In this situation, lack of responsibility, having the decision taken away from you, may be a valuable part of the process of survival. Thus dependency may be an essential ingredient of the work, and should not always be seen as a weakness. Children are by definition dependent and adults often need to be able to express their vulnerability. Experience of an unequal relationship in which there is honesty and trust may be a positive experience. Workers must be honest with children about what is going to happen and prepare them for, and support them through, any police investigation or legal process. This is not betraying trust; it is not power and dependency that are the problems, but power abused and dependency betrayed.

Some of these differences related to work with adult or child survivors, although they also reflected more fundamental differences too. This became clear when the discussion focused on work with young women, and the age at which they could or should be allowed to make decisions. The aim of empowering young women to take control and to make their own decisions was contrasted with the view that for all survivors, dependency, not having to be responsible, can be healing. It was agreed that it would be wrong to be rigid in either approach, or to attempt to define an age at which young women should now be considered able to decide for themselves.

There was further concern expressed about the power of statutory workers, and the extent to which individual feminists in statutory agencies would be able to work in a feminist way if their agency had policy and practice guidelines which were anti-feminist. In this respect the approach in Islington (which had been outlined in the morning) in which grass roots workers had developed policy and practice guidelines, was welcomed as an exciting development. It is essential that statutory workers are straightforward and honest with women and children about what they can and cannot do. They should also recognise and acknowledge the power that they have and the extent to which as individuals they have a need to be depended upon.

However it was pointed out that for a woman or child seeking help, going to a worker who is clearly part of an agency or institution can have advantages - it means that they do not have to worry about the impact on the worker, or about making demands on them - 'it's their job'. It was also argued that statutory power is never straightforward, but always complicated. The dynamics of class differences and racism have to be taken into account by agencies and workers in exploring how best to use statutory power and the power of the helper. Power also produces panic, and can lead to a failure to act in the best interests of a child. Workers need a lot of support and supervision when working on child sexual abuse. The value of policy and practice guidelines and adequate training was stressed; workers must know what they are doing and what is expected of them.

## 4. Anti-racist Practice

There was a greater degree of awareness of the need for an anti-racist perspective in the discussions on practice than there had been on theory. From the workshop reports it seems that the discussion was most valuable when groups allocated a specific part of their time to consider racism, rather than relying upon it being integrated into the whole discussion.

The predominance of white workers in the agencies that we came from was acknowledged, a predominance which was also reflected in the composition of participants at the conference. There was agreement that there needed to be a greater recruitment of and training of black workers:

black children who have been abused, particularly those in care, need good role models in order to counterbalance their feelings that they have been abused because they are black.

for many black children, disclosing to a white person may feel like betraying their community; although for other children there may be greater shame attached to disclosing to someone from their own community. (It was noted that these issues apply also to children from, for instance, Greek and Turkish communities.)

race advisors should be present, and integral to the work of all teams/agencies, where the survivor, family or abuser is black; also, if there are black workers in the team and they ask for an advisor to be present.

However it was vital that demands for more black workers did not tokenise and marginalise black people in work, nor let white workers off the hook in examining and changing their own practice:

information should be translated and distributed in ethnic minority communities, and workers and agencies should consult with them about policies and practice on child sexual abuse.

racist stereotyping and assumptions which are common in this area of work must be identified and challenged. Workers need to get the balance right between the view that child sexual abuse never occurs in some groups, and the idea that it is more common in some groups.

white workers often feel a lack of knowledge, and use that as an excuse for doing nothing. On the other hand, there is a desperate need for more resources for this work, and specific training on antiracism in general, and anti racist practice in relation to child sexual abuse work in particular; we need to campaign for specific resources for black women and children - for example, counselling and therapy facilities and refuges.

## 5. Working With Abusers

Participants were absolutely clear that the abuser and only the abuser is responsible for the assault. Abusers are not led into it, made, driven or compelled to do it, not do they 'find themselves' doing it. The behaviour of their wives, partners, mothers or children have no bearing on the assault. If he was abused himself in childhood, he may need help to deal with this, but it neither explains nor justifies his own abusive behaviour as an adult. We see no useful purpose being served by intervention aimed at changing the family so that men's needs are "better serviced". The only possible useful intervention would be tough uncompromising pressure on abusers to really feel what they have done to children, regret it and learn to take responsibility for it and for themselves. Participants recognised the impact of the ideology of masculinity on men, and considered that work which does not challenge this is a collusion with abusers.

Some groups discussed whether or not they felt women should work with abusers, and if so how this should be done. The following ideas were put forward:

work with an abuser should only be in the context of making sure that the children's interests come first.

there should be a different worker for the abuser than for the child and the child's mother.

work with abusers should only be done in the context of the abuser taking responsibility for his actions.

the focus of the work should not be on maintaining or reconstituting the family.

women workers should not be forced to work with abusers.

we need to think more and be clearer about our attitudes to boys and young men who abuse, how we should work with them, and the role of male workers in working with them.

child abusers abuse us as women, so how can we work with them?

## 6. The Aims Of Feminist Practice/Practice Issues

The first aim of feminist practice will always be to stop the abuse by removing the abuser, and not the child, from the abusing situation. The physical and emotional safety of the child must be our paramount concern.

We should aim to work with the child and her/his mother in their community, using existing community links and resources, taking account of cultural differences, and using an anti-racist perspective. While the aim will always be to remove the abuser, this may not always be possible; and the aim to remove the abuser may be in contradiction with the aim to enable the girl to gain some control. We need to be clear whether as feminist practitioners we believe that we should take control in the short term in order to protect the child, and in order to reach the goal of the girl gaining control.

Workers should always work from the premise that the child is to be believed, and this belief must be conveyed to the child and to the parents/carers. A further suggestion was made that child sexual abuse should be dealt with according to a code of practice which would include:

special training for workers to encourage openness

the choice of a woman worker in all cases

medical examination, when needed, by women

doctors use of one interview on video in court cases

interviews to take place in an appropriate and sympathetic atmosphere and setting

training to be offered and available to voluntary organisations, as well as adequate funding for their work

We need to think through further issues like: 'what is a good outcome?' and 'what makes things worse?' Being unable to face one's own or a survivor's feelings, and not knowing what you are doing, are two of the biggest problems.

We also need to recognise that there is a range of people that children tell - phone lines, teachers, nursery workers, social workers. There may be good reasons why children, and women tell one person rather than another, and the response they get may need to reflect this. Thus the various resources available differ in terms of the time they have to talk, their anonymity, their lack of statutory responsibility to act, or their power to act positively.

### Work with other agencies

There was considerable discussion both about the importance of being able to work with other agencies, and the problems this raises because of our lack of power to control the reactions and policy of other agencies such as the police. We do not have responsibility for what the police do and we should make that clear to women and children. Social services agencies should also recognise that there may be a conflict between the police role (i.e. getting a successful prosecution) and the social work role to protect the child from further abuse, and to enable her short and long term emotional survival. However a multi-disciplinary approach with joint training for social workers, GPs, health visitors, police, judges, magistrates, teachers, nursery workers, and workers in voluntary agencies may give us the opportunity to influence attitudes, and to change both policy and practice.

The development of policy and practice guidelines was seen as important, as a way of ensuring a collective responsibility within an agency, or even within a multi-agency context. The Islington policy, outlined in the morning's talk, which stressed the importance of working with the child's mother, and aimed to keep the child at home within the non-abusing part of her family, was strongly praised.

Participants wished that they had had more time at the conference to share experiences of different agency practices, and of work with other agencies.

## 7. The Way Forward/Further Work

The fact that the conference had happened was strong and energising. Women felt that they had gained strength to build on feminist perspectives in their work place. We need to acknowledge and publicise the excellent work that feminists are doing all over the country in both statutory and voluntary agencies, and we need to be more visible as policy makers and to recognise that we can influence and change policy.

The importance of talking to other women was stressed. We need to develop support networks for women workers, to build links between one another in our own areas, and crucially to build upon the links between statutory and voluntary workers that were established at the conference.

There are range of issues on which we should campaign, and demands that we should be making:

- more practical resources for women and children, including, where relevant, separate resources for black women or women from ethnic minority communities;

- challenges to the legal framework in which child sexual abuse is dealt with; in particular police processes and the position of children in court;

- challenges to the use of medical diagnoses in many situations where they are not necessary; also to the way that they are carried out, and the way that forensic evidence is obtained;

- challenges to the involvement of men in child sexual abuse work;

- women should decide what and how much men can do in this area.

Finally there was a call for another conference to take the discussions further and to evaluate what we have achieved.

# Special Interest Groups

The accounts of the special interest groups are offered as the editors received them with minor editing for clarity. They indicate the range of discussion undertaken and ideas offered. Readers could contact the workshop leaders through the Child Abuse Studies Unit. Unfortunately a few reports did not reach us; and so could not be included.

The groups offered were as follows:

1 Survivors as workers	Marlene Bogle
2 Black women's group	Vadnie Bish Sumita Dutta
3 Working with abusers. perspectives from voluntary and statutory agencies	Celia Atherton Sue Stewart Olivia Amiel Sue Einhorn Cosis Brown
4 Working with young people	Margaret Boushel Anne Peake
5 Disability and child sexual abuse	
6 Talking to children	Becky Harrington Wendy Holmes
7 Statutory work with CSA	
8 Lesbianism as an alternative for survivors	
9 Feminist research on child sexual abuse	Esther Saraga
10 Counselling/therapy	Sue Stewart Jennie Jarvis
11 Working In voluntary organizations	Marlene Bogle
12 Statutory work: developing a policy	Wendy Holmes Margaret Boushel
13 Class Issues. what would be a socialist practice?	
14 Training and support	Sara Noakes Becky Harrington
15 Sexual abuse of boys	Anne Peake
16 Therapy/politics/culture	Sumita Dutta Vadnie Bish Sue Einhorn
17 Direct work with children	Mary MacLeod
18 Irish Women's Group Discussion	

## 1. 'Survivors As Workers'

Having a commitment to (generally unpaid) work that is based on personal experience can see you through all sorts of difficulties. This same commitment can make you susceptible to taking on too much, and not setting healthy limits.

Support offered is often so inappropriate and misinformed as to be counter-productive - this goes for statutory bodies/social workers as much as for individuals.

It makes a big difference if the group works out shared beliefs and goals at the very start. Identifying separate group functions is positive for 'survivors' groups, i.e. business, publicity planning, etc., happen at one time, and mutual support at another.

Survivors groups of lesbians, heterosexual women, or mixed, can be useful. Because of racism, black incest survivors are made to feel additional isolation and pressure.

Once a group gets started, it can be very quickly swamped, and may not be in a position to put energy into finding resources. Other, funded groups and statutory bodies should not wait to be asked, but should go out and offer resourcing to survivors.

None of us wanted or would accept men in our survivors groups; but all felt fine about men working to change abusers, and men being involved in their own self-help groups if they had been abused.

We all coped with some problems, such as undereating, overeating, alcohol abuse, flashbacks and 'freezing' when touched or when making love, not being able to sleep, hating sex but having it anyway (e.g. with husband or strangers), or feeling worthless.

Many 'professionals' dismiss us and our work when they learn that we are incest survivors. They have the mistaken idea that some sort of objectivity is more important than shared experience or empathy.

## 2 Black Women's Group

General feelings anger and sadness and disappointment!

Unhappy because:

Concern expressed at how few 'black' agencies received conference publicity

Feeling that there were contradictions in attempting to deal with racism seriously at the conference when serious attempts not made to involve black workers.

Concern about wording on publication. Word feminist explicit but nothing to indicate black women welcome or that racism would be addressed.

Suggested planning group should have had some sort of monitoring system to ensure that selection procedures did not exclude black women.

Pleased that anti-racism was intended as a central issue - but felt that in practice it was left to black women to raise the issues, as workshop leaders failed to introduce it in any coherent way.

Black women again placed in role of justifying their position, expressed concern at the low number of black women in planning group, for instance there should have been more Asian women

Should have been something in the address about particular issues for Asian women and children, for instance, possibly by Asian worker.

Other minority groups not given any space or attention in papers ego Greek, Chinese, Irish, Turkish etc

Is it possible to address/challenge racism seriously in mixed groups without blacks having to compromise/facilitate white women's expression and endure or challenge racist expressions?

Interest groups should have been on first day. Then black women could have come together and do something about being under represented, for example, stay together in one group and offer support to each other.

Generally oppressions, ego class, race, not addressed coherently.

Conference need to say in past racism not addressed appropriately at such conferences. Black women know this but would have liked it said.

Workshop leaders did not seek to implement conference philosophy of anti-racism.

#### General Comments:-

When question posed - how do we go back and challenge our agency? the agenda differs between black and white women. Even white and black women from same team will go back with different agenda ego part of black women's agenda is challenging white women who also attended conference about their racism/racist practice. The conference did not deal with racism in a way to place the issue seriously on white women's agenda.

### 3 Dealing With Abusers

The seminar began with the view of a voluntary agency which had formulated a policy of not offering a service to men "involved in" child abuse cases.

The discussion widened to discuss whether such a policy was possible within a statutory agency and to address some of the following questions.

1 Do abusers "go away" if we ignore them?

2 How is the power issue addressed if the female worker refuses to have any contact with the abuser? Is it important that the worker "deals with" the abuser? Or is it more important that the abuser is put to one side?

3 Is one answer to expect male colleagues to have contact with the abuser whilst women work with mothers/girls?

4 In working with women survivors, how do we deal with our own fantasies about a powerful and absent male abuser?

5 As statutory workers with children who have been abused, what legal obligations do we have to inform the abusers, who may be the legal parent, of decisions about a child's life?

6 How do we deal with circumstances where a young woman chooses to "go back" to an abuser and is subject to further abuse? Can we confront this with the young woman, or should we be confronting the abusers?

The group aired these and other issues, and found it difficult to reach conclusions. However, it did feel that

a) there is room within some agencies to have a clear and justifiable policy of not working with abusers at all;

b) there is an argument to insist that the role of male colleagues is to challenge many of the assumptions made by abusing men;

c) we should be aware as individuals of the power relationship which can exist between women workers/male abusers, and be prepared to challenge that.

## 4 Working With Young People

The special interest group on Young People is almost impossible to write up. The group was too big and had women coming from many different areas of work. We split into separate groups looking at individual work, group work, sex education/preventative work. Each group had only really got started in the discussion when it was time to end and we were unable to get back together as a large group to evaluate what had happened. One group looked at groupwork and shared difficult experiences of working with young people and began to identify ways in which different methods/ideas etc could be used when working with this age group. Time was the big problem and I feel that the main use of this special interest group was to exchange addresses and areas of special interest which hopefully will be followed up once the list is distributed.

The other group talked about how to deal with young people disclosing: how to protect? who has control? how to counsel? there was a discussion about work with abused boys and young men, a sense that they are difficult to reach, yet urgently need help. Some women felt that feminists have a greater desire to work with girls/perhaps a need to work with girls. Discussion moved to talking about group members' own feelings and experiences of adolescence. There was a great interest in establishing a network.

## 5 Child Sexual Abuse And Disability

Only four women attended this group, which is in itself an indication perhaps of how little work has been done or is going on in this area. All of us came with lots of issues and questions and few answers. Here are some of the points raised:

Sexual abuse for people with disabilities may include

individual acts of abuse,

abortion and/or sterilisation without consent,

a denial of the disabled person's sexuality or their right to express it,

a particular denial of their right to express their sexuality as a lesbian or gay man,

for people from ethnic minorities, sexual abuse may be compounded by racism.

Because many people with severe physical or mental disabilities are dependent on others to enable them to carry out some of the functions of daily living they are particularly vulnerable to sexual abuse, inside and outside the family. The large number of institutions and agencies such a person may have to deal with increases that risk, for instance hospitals, special boarding schools, respite care schemes, specialist homes, and their own families. Disclosure of abuse may present special problems for a disabled person. If s/he needs help with daily living, to disclose that a carer is abusing may mean the withdrawal of a service on which s/he is totally dependent. If that carer is also a family member on whom the disabled person has been dependent from childhood or for many years, the problem is exacerbated. Isolation may also make disclosure difficult. This could be isolation in a family setting with little contact with people outside the family, or the isolation of long-term institutional care, or isolation from an ethos that allows people to challenge the structure and make demands about their rights, particularly if the disabled person is expected to be grateful to the carer.

Disclosure will be exceptionally difficult for the disabled person who has communication difficulties, whether because of physical or learning disabilities. For some people with severe learning difficulties the concept of abuse and their right not to be abused may be difficult or impossible to grasp. This puts an additional onus on others to ensure their rights are respected and protected.

It has long been recognised that there is a lack of acceptable residential resources to enable people with severe disabilities to live their lives as independently as possible within their own communities. We felt that the present cutbacks in the Health Service, despite the sweeping plans for 'Community Care' and the closure of longstay hospitals, will mean that for many sexually abused disabled people there will be even less alternative to remaining with a carer who is abusing them. Without basic resources how can there be such an alternative?

Recently there has been a growing awareness on the part of able-bodied people and organisations around the issues of sexuality and disability. This has led to practices such as carers physically stimulating the disabled person. We felt that in a situation where the disabled person is unable to communicate her/his wishes it was abusive for a carer to presume to know what s/he wanted. This issue and the potential for sexual abuse in this whole area has not we felt, been adequately examined from a feminist perspective. One member of the group hoped to do some work on this area over the next year, by contacting voluntary organisations involved and attempting to have the issues addressed.

Glasgow Rape Crisis Centre have in the past been contacted by women who are or were patients of longstay hospitals. As a result of this they have been trying to gain access to such hospitals to inform women of their rights and provide them with access to information and support. Much more work like this is needed.

Statutory and voluntary workers with disabled children and adults need to be vigilant that a person's reaction to being abused is not ignored and treated as a behavioural problem associated with the disability. Work is desperately needed to draw up guidelines/code of practice to identify and help eliminate sexual abuse by carers.

All of us in the group would be very interested in hearing of any initiatives being undertaken in any of the above areas.

## 6 Talking To Children

The group focused on talking to children who are known to have been abused. Given the different developmental stages of children, the group divided into three groups to consider what language and key concepts should form the basis for talking to children. Three groups each considered one stage of children's development outlined below. Each group began with the following questions:

- 1 Make a list of the helping therapies used with children.
- 2 Which is best suited to the developmental needs of a particular age group?
- 3 In what ways, with a particular therapy, can we add issues such as:
  - choice of worker - sex/race?
  - the role of workers?
  - what would be the aim of the work?
  - by what criteria would the work be judged successful? -children having choices?
  - where will work take place?
  - how long would work last?

### Group 1 - Children aged 0-6 years

Developmental issues: Gross motor development predominates Children move from no language to limited language (learning language for objects, classes of objects, and achieving accurate grammar by 4 years) children are concrete and present-orientated, they gradually learn about the permanence of the world.

They have little sense of separate self.

The world is their actions, and children are egocentric (they will often know exactly what they mean but this may not be obvious to adults) they have a short memory, with little idea of what is dangerous/forbidden, good and bad, their concepts are based on their own sense of pleasure and pain, and what is encouraged/prohibited. Children move from this to a self-regulating conscience. Children identify with parent/adult models, and imitate. Hence sexotyping. Children move from parallel play to social play.

The first group listed a huge number of helping therapies:

\*Life story books. Stories. Puppets and dolls. Family trees. Acting out games. Life maps. Make a world. role playing. Drawing, painting, writing. Dressing up. Talking about dreams. Singing. Video work. Plasticine and clay. Body drawings. Making a mess. Using a punch bag. Creative play. Ordinary things like swimming. Being with children without being directive.

### Group 2 - Children aged 6-12 years

Developmental issues: Fine motor development becomes an issue with the start of school. Children idealise home and relationships. They see parents/adults as power models, to be emulated. This is the age for heroes. Children learn to interact with peers, they become concerned about their own skills and learn about themselves.

Hence there is an emphasis on school activities, hobbies, doing things, games, rules, children tend to prefer their own sex. Children's thinking moves from actions to perceptions with ideas of time and space developing.

Children begin to know the facts about sex and display embarrassment, reflecting society's teaching.

This group listed therapies and went on to consider applying these:

\*Individual child psychotherapy. Sibling therapy. Play therapy. Art therapy. Family therapy. Gestalt therapy. Drama therapy. Groups - self help/activity based. Behaviour therapy. Counselling. Assertiveness. Listening/talking. Encouraging expression of feelings - anger, etc. "Body" work. Space. Life storybooks. Role-play. Cold pricklies/warm fuzzies. Centering/breathing.

Children's needs were seen to include:

It was right to tell

Coping with other people's perceptions and next time

To know they are not alone

Dealing with the consequences

Physical health

To express and keep in touch with feelings ego anger, grief, loss, guilt, confusion Sex education

Regain trust in adults

Learning age - appropriate forms of affection

Self image - physically and emotionally okay

Work with the children should have the following features:

One to one work

Having goals but at the child's pace

Flexible working agreement with the child

Fun, activity, tangible

Undivided attention

Structure

Group?

Black workers for black children

Women workers only

Children's choices for workers should be taken into account

All children should have a worker who speaks their language

### Group 3 - Children aged 12 years and older

Developmental issues: Children undergo physiological changes - height, weight, structure function. There are links between these rapid changes and teenagers' self image and confidence levels. Children learn abstract thought, ideas of past and present, and are able to make mental plans, They become interested in causes and ideals. They see themselves in context and begin to talk about feelings. They learn to check out hypotheses using memories and experiences. Children gravitate to peer group and distance themselves from adults. They become deflatingly realistic about adults, and notice inconsistencies and violate rules. They need explanations. They become interested in their own sexuality, they know the facts of life and social/emotional consequences of these.

The group listed helping therapies:

Groupwork \* Play therapy \* Individual counselling \* Family therapy \* Psychotherapy/analysis \* Art therapy \* Self help groups \* Non-intervention \* Anatomically correct dolls \* Psychodrama \*

Work with teenagers was felt to be useful to include the following:

Groupwork

Individual counselling

Family work (without the abuser)

Art therapy

The group asked the question is psychotherapy/analysis ever appropriate?

Groups should have the following features:

- 1 Workers - women only. Choice of worker from own cultural background.
- 2 Role of workers - facilitators, making the group safe and ensuring confidentiality.
- 3 Getting rid of guilt, of isolation, building self-esteem, acknowledging strengths.
- 4 "Neutral".
- 5 Should be time - limited/negotiated.
- 6 Abuse must have stopped.

## 7. Statutory Work - Working With Uncertainty

The focus of this workshop was to acknowledge the difficulties we encounter as workers in statutory agencies, with obligations to take certain actions, but often without sufficient clear evidence to act immediately. We talked about the sorts of feelings and questions this raises in us, and some of our strategies for dealing with them. The minutes are in note form, naming the central areas discussed.

Our own *confidence* in our suspicions and control over our responses is important to prevent us being rushed into action, or pushed to deny what is happening.

We fear *damage* - to our relationship with the young person or family if we act too soon or too little:

- damage by the police if they have to be called in
- to the young person if we act too soon and cannot substantiate our suspicions sufficiently to protect her.
- to the young woman if we *do not* act and leave her being abused

*Timing of the intervention* - the abuse may be long-lived, it's better to plan over a few days than panic... ..and what sort of interventions: work with the child to say no, work with the family around protecting children, (if removal of abusing man or abused child not yet feasible)

Gathering *evidence*

- (i) need to be clear about what we're looking for. What will confirm or deny our hypothesis - look for both.

What constitutes evidence - for us as women, for us as workers, for the police, for the legal profession. May be very different levels of evidence, but equally valid for different forms of action.

- (ii) Need to keep listening to the child, in whatever way she's communicating and be clear what you will do if she discloses - especially if it's an indirect disclosure - need to hear the child. How to gather the evidence - monitoring via school, nursery, minder. *Diary* of behaviour and current carer's are there links?

(iii) Need to have confidence in other agencies to support our plans - ego management, schools, police - considerable problem especially for black and ethnic minority people. This to be considered when arranging conferences - would a local network meeting be sufficient to gather information? The issue of control is important with an uncertain situation. If we are clear about what evidence we could be satisfied with, and confident in this, it is empowering - uncertainty can lead to denial without this.

*Intervention* Are there family/friends/cultural networks which can be safely tapped into to protect the child? Alternatives to care are better for her.

*Supports* Ordinary supervision not always sufficient; ideas about joint working, working with schools and nurseries to monitor, and/or use prevention videos. Group support by workers with child sexual abuse cases - can lead to all cases coming our way, but also empowering - builds up expertise and confidence, can focus demands for training, space and policies - take control.

We kept coming back to how to have confidence in our own suspicions - we did a brief exercise on recognising the signs of sexual abuse:- using 3 different age groups - 0-5, 5-12,12-16, what behaviour signs etc would make you be absolutely sure the girl was being abused, what would give you strong suspicions, and what would raise your concern sufficiently to start a hypothesis of sexual abuse.

The level of consensus amongst the group gave grounds for confidence in our judgments. The exercise might be useful for groups of workers to do to increase confidence in joint work.

## 8 Lesbianism As An Alternative

It became clear during the conference that not enough thought was given to this workshop by those who chose to initiate it. Was this workshop for lesbians? For lesbians who are survivors of sexual abuse? These were the questions asked before the workshop began. It was also noted that one woman participant wanted to join the workshop but felt unable to do so because she thought her funding body would most probably object.

We started the workshop discussing this. Not only in that we knew the funding body to be a women's voluntary organisation, but in that the workshop consisted of only four women. This we thought reflected our marginalisation and isolation throughout this conference, to the extent of not being able to raise this discomfort outside the specific workshop, and unwilling to come forward as participants by naming ourselves on the board.

We discussed the argument that lesbianism is a 'rational' and 'understandable' response of women who were sexually abused. The implication being that if sexual abuse has not happened the women would, of course, be heterosexual. This is part of general heterosexism that being a lesbian somehow involves something, whatever it may be, having gone wrong.

We do not reject the premise that our past experiences and her story influence our present. However, this is also true of heterosexuals who never ask themselves why are they heterosexuals. Underlying the premise is that we are lesbians only because we had a bad experience with men and if only we could somehow resolve our difficulties with men, we will no longer be lesbians. This view is held by both men and women heterosexuals, and is rejected by us.

We also talked about difficulties of discussing issues around men with heterosexual feminists and how defensive they tend to become and we lesbians are landed with responsibility for the political contradictions that these women feel.

Despite our small numbers we did not, needless to say, agree among ourselves on all issues. As well as our criticism of heterosexuals, we accepted that we tend to internalise this image of the lesbian and at times ask ourselves why are we lesbians? This question may be more difficult for survivors for whom questions of why, by others, are more oppressive.

The possibility was also raised whether in a trusting relationship of power imbalance some aspects of abuse are present of which we are in control. Control that is not present in abusive relationships and enables us in current relationships to regain power.

We were angry about the invisibility of lesbians at the conference, the 'hidden agendas' that were not raised. This also applied to 'us the workers - them the abused'; the implicit view of a hierarchy of abuse rather than within the context of violence against women; and that the experience of being sexually abused or a lesbian is different for working class women and black women.

This is reflected in some of us being unwilling to name ourselves as participants of the workshop and this report is submitted anonymously after a meeting following the conference of a majority of the women who partook in the workshop

## 9 Special Interest Group – Research

This was a large group of about 20 women who were all engaged in or interested in pursuing feminist research on child sexual abuse. Everyone in the group introduced themselves and spoke briefly about the research they were involved in. There were two kinds of research described: that carried out within an academic context, and that carried out by feminist organisations working with child or adult survivors.

Ongoing research included:

- the incidence of child sexual abuse among women attending GP practices, the kind of help they received and its impact;
  - the long term effects of incest;
  - the kinds of therapies offered and their impact;
  - analyses by feminist organisations of who asks for help;
  - the experiences of women whose children have disclosed sexual abuse;
  - relationships between voluntary and statutory organisations;
  - inter-agency co operation within the criminal justice system;
- There was discussion about the problems of obtaining funding for this kind of research, and in particular the kind of funding that would allow the researchers to retain control of the research.

The group decided to brainstorm a list of the areas that we felt it would be useful to conduct research on. This list included:

- an incidence survey, including the incidence of abuse within women's lives;
- the incidence of abuse within institutions;
- further research on the mothers of children who have been abused, and their experiences of the 'helping' professions;
- the age at which boys start to offend;
- reoffence rates by abusers;
- research on abusers;
- research on the common responses of men when confronted with a disclosure;
- research to challenge the cycle of abuse;
- research to establish how common retractions are following a disclosure;
- research on the policies and practices of various agencies and how they co-operate; the accountability of health and welfare agencies;
- the nature of 'good practice' - what, when, how?;
- women's experiences of the mental health system;
- the relationship between mental health problems and experiences of violence;
- the attitudes of professionals to sexual violence;
- media reactions to child sexual abuse;
- analysis of legal procedures;
- critiques of 'orthodox' research on child sexual abuse

Most of the rest of the time was spent discussing the nature of feminist research into this area. The main concern was how such research could and should be carried out so that it is in the interests of child and adult survivors and does not add to their abuse nor exploit their vulnerability, nor some women's desperate need to talk. The questions of the purpose of research and who it is for were seen as vital

More specific issues discussed included: how to ask questions that they were not intrusive, but allowed women to define their own experiences; whether individual or group interviews were more suitable, whether it was acceptable to tape such interviews. What women participating could be offered back; how to take account

of the child care needs of women being asked to take part; the need to have a list of contacts/resources to offer to those women who wanted them; the need to be clear to the women interviewed about confidentiality, and what would happen to the information they provided; concern about the ethics of collecting information from women who had phoned up a help-line for support or counselling; the importance of racism and class, and the need for researchers to make it explicit to interviewees that these are relevant issues.

However, there was a clear recognition that research is not counselling and should not attempt to substitute for counselling. The idea was posed that it would be useful to produce some guidelines for conducting 'good' research on child sexual abuse

There was criticism of the questionnaires and methods used by some well-known surveys used by Childwatch or women's magazines, and concern about the way in which 'official' agencies, such as the NSPCC, collect statistics in an ad hoc way, and use them to support the service they offer. This discredits both the 'truth' about child sexual abuse, and research.

There was some discussion about the need for more research on abusers; most information currently available is obtained from the women whom they have abused. But questions were raised about who should do this, many participants feeling that it was an important area but not a priority for them; at the same time they felt uncertain about whether they trusted men to undertake such research, or whether male researchers would find it too threatening. The point was also made that research should look at men and masculinity more generally, not just at abusers.

The group also discussed the need to challenge orthodox research, in its methodology and assumptions, particularly the work of child psychiatrists, and supported the efforts of those feminists conducting 'academic' research which could be published in traditional academic journals; this was felt to be an important part of the challenge to the orthodoxy, and the establishment of feminist ideas as a credible alternative.

Finally, the workshop considered the needs of feminist researchers in this area; the need for support while doing the research, and also in challenging academic institutions. There was an agreement to produce an address list so that a researchers support network could be set up, and a desire for the group to meet again<sup>1</sup>.

## 10 Counselling/therapy

This workshop was very large. We decided to brainstorm the issue and then to divide into smaller groups to discuss areas of interest in greater detail.

### **Group 1: Handling disclosure (child or adult), offering support/ finding support, issues of confidentiality within therapy.**

In a therapeutic/counselling relationship, how does one maintain confidentiality around a disclosure where a young person clearly needs to be offered protection from further abuse?

who do you tell?

what does it mean to "betray a trust"

The only point in breaking a confidential disclosure, is if the outcome is successful. How is success measured? In terms of the child's future safety? Or in terms of the child/young person maintaining a degree of control over the ensuing procedure?

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<sup>1</sup> **Note:** The Child Abuse Studies Unit has set up a series of occasional seminars on feminist research and practice. The programme is available from the unit

The group discussed what it felt to be a "successful" outcome. It agreed that an important aspect was recognising the unequal power relationship between counsellor and young woman.

It also agreed that, although it is the responsibility of the counsellor to be fully aware of the process after disclosure (police/social services/medical examinations! court/care) it is imperative that the counsellor is honest with the young person that much of the **control** over the situation ends once the disclosure is shared.

*Support/supervision* Most women in the group agreed that support over CSA cases was often unavailable through the formal channels.

For practical advice, specialist agencies had been successfully used by many group members. Emotional support, however, was either unavailable or available through informal networks set up by women themselves.

Everyone agreed that without such support, disclosures are just not heard, or seen, or listened to. Womens support groups or group supervision were largely agreed to be the most effective way of gaining support.

### **Group 2: What kind of help is appropriate and from whom?**

Survivors need to have access to a range of therapeutic help: closed and open groups, time-limited or indefinite, structured or open as well as different kinds of one to one work. Members wondered whether orthodox therapy can be positive but did not have the discussion.

Two women who were psychiatric nurses described interesting groupwork they were doing with adult survivors in a psychiatric hospital. This had been made possible partly because of a sympathetic consultant. It was clear that this kind of resource should be developed urgently for women in psychiatric hospitals.

A woman from Luton Rape Crisis Centre described their range of service which includes the possibility of one to one counselling in women's own homes if they wish it.

It was clear that statutory and voluntary agencies are involved in offering emotional help but that workers from voluntary agencies felt they had work dumped on them by statutory agencies and saw statutory agencies as having the resources, the status, and the recognition, while statutory workers felt they were pushed to refer on by their agency's attitude that anything to do with "sexuality" should be passed on, that such work was a specialism, that resources for this work or indeed any long term work were nonexistent - such work is seen as a "luxury,". Often cases are held on to or referred on for the workers own needs rather than the appropriateness of the help that could be given. It was clear that statutory workers often felt less confident in what they had to offer, less able to have control of what the agency offered, and less confident in their skills than workers in voluntary agencies. Lack of control over their service was particularly felt by residential workers.

Grassroots voluntary feminist agencies offer particular advantages to survivors: they have no formal control over their 'clients' who are not on 'file' and do not have the stigmatising experience of being a client of Social Services or health authority.

The group agreed that there was an appalling lack of free longterm one-to-one counselling and therapy, and that this was a need that statutory agencies should meet.

Finally questions were raised about how to measure outcomes and "success", with regaining power and control being considered a key factor.

### Group 3: Is there a feminist therapy?

This workshop involved a difficult discussion about Gerrilyn Smith's paper. There was a real split in the group between women who felt that it was a good and powerful warning against the misuse of therapy and women who felt unsettled, deskilled and appalled by the talk. The discussion moved on to look at why feminists were not necessarily feminist therapists, and to look at traditional theory to see if any of it was useful and should be retained or should there be a totally new theoretical base? How should links be made between inner/personal and wider political issues? There was general agreement on the need for more written work by practitioners grappling with these issues.

Finally the group attempted to look at ways feminists could offer alternative therapy but there was not enough time to develop this further.

## 12 Statutory Workers - Developing A Policy

There was a great deal of interest in the Islington policy and the process of producing it and particularly the involvement of basic grade workers.

Many statutory workers, particularly from the Midlands had felt powerless, and unable to get into the policy making system. This was because child sexual abuse policy was being discussed only at Area Review Committee level, with no space and no way in for non-senior management, or because a child abuse co-ordinator was in post and managing policy. These women felt empowered by the "Islington" experience.

Relations with police were a big issue with a lot of criticisms of the Bexley model for the reasons Margaret Boushel gave in her paper: it confines work to specialists; children are passed on after "disclosure"; a lot of disclosure happens in work already allocated to a worker. Considerable dismay was expressed at the kind of training described - very intrusive to women.

The group agreed that "over professionalising" increased the likelihood of families being "taken over" thus taking no account of mother and the potential ability of family, for instance grand-parents, older siblings etc to protect.

Concern was expressed about dashing off to have "diagnostic" interviews and medical examinations without a carefully considered decision at a case conference which should include a protection plan for the child.

## 13 Class Issues

A small group met. There was no facilitator. The group produced a statement which they decided to read out at the final plenary. It is reproduced in the report of the plenary session.

## 14 Training & Support

No report submitted.

## 15 The Sexual Abuse Of Boys

The brief of the group was to consider the issues that underpin the under-reporting of the sexual abuse of boys and the effects of abuse on boys, and the implications for a feminist perspective. Key questions were addressed. These were: what are the pressures on boys not to tell about their abuse? How is the experience of abuse different for boys and girls? What are the processes that lead to abused boys going on to be abusers?

The group was attended by six women who had/were working with boys. The discussions were essentially a beginning and we all agreed there was much more to talk about, the following points were discussed.

### 1 Why don't boys tell?

Boys are not encouraged to be emotional and to talk about being hurt, about feelings etc. Reflection of society's distaste for homosexuality (given that the majority of boys are assaulted by men) the boys feel being assaulted by a man reflects on their sexuality. Boys/men are usually seen as sexually predatory and so boys are ashamed to find themselves as victims. Stereotyping about masculinity won't allow boys/men to even think of themselves as victims. The macho image masks their powerless in reality. Don't want to be confronted by what their same sex adult models (ie men) can do.

### 2 What is the same/different about the abuse of boys?

#### Different

*Abuser = same sex*

*Stigma of homosexuality - disillusionment*

*Reactions due to socialisation = anger*

*Guilt about sexuality*

*Boys externalise feeling*

*Boys more isolated and not reinforced by society*

#### Same

*Taking away of rights to one's body Lack of power*

*Lack of power*

*Abuse of power/trust*

*Anger*

*Guilt about sexuality*

*Shame and Guilt*

### 3 What processes lead some boys to go on to sexually abuse others?

Processes of socialisation are such that all men are potential abusers. Reassessing the balance, boys hit back to get their own back, girls are expected to forgive and forget. Women are charged with nurturing, men aren't.

### 4 What does this mean with regard to working with boys?

Safer for boys to have a woman worker.

Much depends on the age of the boys.

Male workers have the same frame of reference - reinforcing male behaviour.

Issues about racial stereotypes.

Control issues.

## 16 Therapy/Politics/Culture

The group started late and divided into two.

**Group 1** had a wide-ranging fast and energetic discussion. It focused on: what is therapy, what are different approaches, whether therapy because of its Freudian ancestry is irremediably eurocentric; is transference race blind; what are the power dynamics of white worker/black client, black worker/white client? White women in the group tended to ask black women for answers, but responded to being asked to question what they were asking for. They acknowledged that no-progress is made if we simply add rhetoric of anti-racism to traditional approaches. It only continues the marginalisation of black people within the "therapy world"

An alternative therapy is required, but where to start? The group agreed this is a huge intellectual task but one that has to be addressed.

**Group 2** had a very painful and difficult discussion which acted out the difficulties involved when the implications of working on difficult ideas and feelings are not thought out. Talking about sexual abuse and racism in mixed groups with white leaders and no previous opportunity to build trust, is foolhardy.

## 17 Direct Work With Children

There were about 40 women at this workshop with an enormous range of experience in direct work with children.

We started work by looking at all the things that frighten us, disable us, and make us think we cannot talk directly with children about sexual abuse. We produced a huge list of problems:

### 1. Working directly with children means facing it:

- (i) the child's pain and betrayal is so hard to hear and attend to;
- (ii) facing our feelings of anger, sadness, horror, anguish, despair;
- (iii) facing the issues and experiences in our own lives: memories of abuse, flashbacks, anxiety that 'something' happened and has been repressed; facing the emotional demands of these experiences;
- (iv) facing the enormity of male violence and the consequent increase in fear for ourselves and our children, the doubts/anxieties/fears we have of our own fathers, brothers, male partners, friends, colleagues, the rage at men, and the burden of negotiating these feelings in personal and professional relationships;
- (v) facing our powerlessness over the past; the not being able to make things not have happened, and not being able to magic it better;
- (vi) facing the internalisation of abuse, images of women as seductive, in men's power. Facing the way we have been colonised inside by assumptions about women's sexuality, black women's sexuality, motherhood etc.
- (vii) facing violence;
- (viii) fear of facing the personal work involved in raising our consciousness the balancing act of maintaining the split feelings;
- (x) facing own guilt about past mistakes/denials.

We thought it not in the least surprising that these fears lead to denial; it's one of our coping mechanisms as women. This gives us a clue to the denial of women whose children have been abused. The group recognised the importance of the problem of how to address our own feelings while also addressing the child's. We need support and space together as women in order to enable us to face the children's reality, and help them. We also appreciated how much women who have faced these feelings have to offer each other and children.

## 2 Not knowing what to do

- (i) fear of letting the children down by not doing enough, doing it wrong, creating more damage, not being perfect first time, starting something that cannot be seen through;
- (ii) not knowing enough about what can/does help: lack of evidence, confusion of evidence in writing and research; the marginalisation of feminist theory and practice;
- (iii) knowing all too well the difficulties of: working with colleagues in own agencies, working with other agencies, with the courts, with child's relations. Decisions and plans are extremely hard to make and realising the enormity of the task is very disabling.
- (iv) not knowing how to work with children - techniques of direct work; or how to handle and use own feelings and child's feelings;
- (v) not knowing how to work with non-abusing family members: not enough helpful literature;
- (vi) having little access to training/planning because skills are not spread;
- (vii) the development of "specialisms" makes us feel deskilled, unconfident, useless;
- (viii) not having a language/words to use with children and adults when talking about child sexual abuse, but also about sex;
- (ix) not knowing how to talk to children of different ages/stages in ways they will comprehend;
- (x) not knowing what to do with very young children;
- (xi) fear of child's acting out, particularly sexual acting out and violence.

## 3 Difficulties in place of work

- (i) no support to handle feelings, undertake work
- (ii) fear of being held accountable for a disaster (Beckford);
- (iii) the fear of this work which exists in many agencies' management;
- (iv) having no/few resources;
- (v) having no confidence in alternatives which can be offered to child, for instance care;
- (vi) absence of proper facilities and interviewing accommodation;
- (vii) poor legal advice;
- (viii) no worked out guidelines and policy;
- (ix) poor relations with other agencies;
- (x) agency working within a theoretical/practice/framework that is antipathetic to women/survival/feminism;
- (xi) unhelpful colleagues, sometimes downright hostile to this work, not only to feminist ideas;
- (xii) being anxious that if you take up this area of work you will be seen as having a dirty mind, being 'over the top', obsessed, child sexual abuse being dismissed as being the 'flavour of the month';
- (xiii) fear of being questioned about own experiences, or having own experiences exposed;
- (xiv) fear of intrusive supervision/management;
- (xv) having to handle male colleagues' abusiveness or defensiveness;
- (xvi) having to handle potentially violent situations in office or in homes.

#### 4 Working with feelings: our own and others

How do you create a safe emotional environment for a child while carrying all the burdens outlined above?

How do you handle the power imbalance between you and the child?

How important is control for children? Do they/can they have control?

How do you avoid secondary abuse of the child?

Having acknowledged together all those difficulties, the work began to seem less overwhelming and individual women could identify the issues in themselves, their agencies which had to be tackled by them. The workshop identified 3 aspects of work requiring more discussion:

**handling suspicion; handling disclosure; understanding abused children's emotional needs**

we split into 3 groups for this and had far too little time to do more than map the terrain, but the discussion notes are worth reproducing.

##### 1 Handling Suspicion

Work at child's pace, don't rush things.

Help child to feel "safe", to explore how to find or find and tell a supportive adult.

Try to show the child your regard for the whole of her/him.

Don't concentrate on proving anything; the child needs to have the opportunity to communicate her/his concerns.

Explain your role to child in child's own terms/words

Show that you can take what is said and won't fall apart.

Help child to believe you are quite strong.

Be there.

Try to have right toys/environment.

##### 2 Guidelines on Handling Disclosure

(i) What to do

You cannot write down exactly what to do, that clearly depends on particular and individual circumstances, however broad guidelines are useful.

Look at child directly and do not be shifty. Things you should tell a child are: the truth about what you can/cannot/will/will not do; you are glad they told; it is ok to tell; they were right to tell; it was not their fault, they were not to blame; the abuser was wrong; the abuser did wrong (not is bad); say you care; say you believe them.

Tell the child if you cannot guarantee their safety and be honest about what you have the power to do; if you do not know, *say* you don't know.

Be calm and comfort the child, acknowledging that she is a child and hasn't the power to take charge of adults, and tell her this has happened to others, she is not alone.

Assume the child will feel responsible and try to establish with them why they think it happens/happened.

Show that you believe that even if they broke a rule (going out at night/disobeying parents etc) it is not their fault.

Assume it is possible that the abuser made the child feel some physical pleasure and that the child may be worried about this, and find it hard to talk about.

Assume the child has been threatened, and ask directly what they are afraid of - essential if we are to help them.

Help the child to decide what is or is not abusive so that they can be helped to trust their feelings about sexual abuse.

Help child to build up self image. Say they were brave to tell and that it is difficult to do.

Try to give child a measure of control over what happens.

(ii) To be avoided

We may feel shocked, enraged, fearful or panicky but this is our business. The aim of our approach has to be to avoid adding to the child's anxieties, fears, guilt. We do that by the way we manage ourselves and the verbal and non-verbal messages we give the child.

Avoid looking shocked and putting our own feelings onto the child.

Avoid questioning/interrogating the child beyond the point, they are prepared to talk.

Avoid:

*What? why? whom? where?*

*Are you sure?*

*Why didn't you tell me before?*

Avoid ideas of "bad" statements like: this is very serious; don't tell anyone.

Avoid being dishonest.

(iii) Decisions after disclosure

Child protection: Decide who is abuser; how to remove him; how to gather evidence for child protection or criminal proceedings in court; how to work with other adults in child's life.

Emotional support and help: ensure someone is talking to the child, keep talking to the child, and talk to child's carers about how best to help, try to empower those close to child to undertake emotional support, decide on group support.

### 3 Understanding and working with children's emotional needs

Assume children will feel isolated, emotionally insecure, guilty, depressed, ashamed, ambivalent about an incestuous abuser. They need to feel less isolated, less guilty they need to grieve to express feelings, to express anger. They need help in their relationships with their mothers or carers.

The framework for any help is the child's world, relationships, culture, race. The child's environment and relationships with mother are crucially important. The worker must demonstrate respect for the child and for the child's mother.

Groups, videos, books, are useful in reducing isolation and guilt.

Protection from further abuse, privacy and a safe environment to reduce emotional insecurity.

Encouragement and facilitation to talk and express feelings

will help child to feel less at the mercy of the abuse and of their abuser, to become a survivor.

All this depends on workers being confident in talking with children and in having some techniques for less direct work - puzzles, games, drawings, life story books, toys, dolls etc etc.

Many women in the group felt extremely unconfident and desperate for training, teaching, advice, supervision, but also simply for encouragement to undertake the work - none of these are easily found in statutory agencies, though ironically, they have the statutory responsibility for children.

## 18 Irish Women's Group Discussion

Four women from the North of Ireland and from the Republic organised a discussion during the conference, which put child sexual abuse into one specific ethnic/cultural context in British society.

We discussed:

### 1 The Church

- the hold the church has over our thinking processes, our families and Irish women we work with.

### 2 Putting women's/gender issues on the agenda of Irish Community and voluntary groups

- who are

(i) coping with influx or emigrant youth

or (ii) involved in social activities which exclude people who let it be known things are not 'all right'

or (iii) working on issues around the war in the north.

Importance of women who have obtained employment in Local Authorities to offer support to women active in community and voluntary organisation. They can help them

(i) gain access to policy making forums

(ii) give support and solidarity and affirmation that issues around sexual violence and abuse are central to any kind of freedom struggle and must be addressed.

### 3 Irish women emigrants in Britain

It is very easy to be overwhelmed by the campaigns and other work around emigrants and attendant problem (homelessness, money, employment, loneliness) that the specific factors in women and girls experience of these processes are lost, such as:

(i) the girls and women fleeing sexual violence and abuse are not acknowledged in emigration work;

(ii) the exploitation of young girls and women who arrive here homeless and penniless;

(iii) the girls and women who come here for abortions as a result of incest and other sexual exploitation;

(iv) young Irish lesbians coming over and getting into abusive relationships;

(v) women's aid - reluctance by workers to take big families, who leave and come to England as the only way to leave a man; "you can't leave a man and live in parts of Ireland";

(vi) as in many closed cultures, women who 'marry out' suffer; they're 'not one of our own'. Irish families can be very supportive, looking after each others' children, but when you marry out you are usually *out*. When things go wrong it is psychologically impossible to admit it. You've burned your boats, How do you cope with this, ask for help, or admit child sexual abuse in this situation?

(vi) live in jobs - young girls working as chambermaids, cleaners, waitresses in homesmaking them vulnerable to sexual exploitation; girls as young as 15 years from rural areas, unable to tell them at home what they are doing, lacking any confidence in their own sexuality or knowledge of their own sexuality and strategies for survival except 'aspirins between your knees'.

#### 4 Supporting Women's Struggle in Ireland

Solidarity, funding. Energy for women's struggles, when so much goes into solidarity with men eg building sites, lump work, alcoholics, raising funds for hostels, prisoners and war in the north. Difficulties in raising gender issues (including child sexual abuse) in 'left' and/or republican radical groups, and in church-based groups.

#### 5 Police and Statutory agencies

Will Irish women and children get a fair hearing, especially travellers? *Travelling families* - anxiety that if knowledge of child sexual abuse came out in their own group, no-one would marry the girls.

- decide to go back to the men because of the treatment they receive from settled women including Irish women,
- problems around obtaining help for large families; Newham have made efforts to take this in hand, and advertised for foster families willing to undertake this work.
- shame of going to state agencies; distrust of authorities, especially for women from the north.

#### 6 Mental Health

A current topic among Irish groups. Important that the gender aspects are not ignored or denied as has been done in work on alcoholism.

How child sexual abuse within the Irish context affects later mental health - secrecy, often having to flee, sense of sin, guilt, not being able to confess it, or confessing and being forgiven for 'your' sin.

#### 7 Priest as the abuser

Dave Alien jokes of lecherous priests. We found this very hard to talk about, but have direct experience of it;

- confessional - telling the priest all - the digging questions that teenage girls are exposed to;
- touching - priest allowed to touch and handle in ways not acceptable for anyone else;
- your vulnerability when you're sick - priests see it as their role to visit - you are never allowed to think of it never mind acknowledge it as abuse, no matter what your age;
- putting the guilt on you for being responsible while they are abusing you at the same time (Irish cultural context - has this similarities with the role of the psychiatrist in the English context?)

#### 8 Media and Irish Women's sexuality

Irish women repeatedly portrayed as 'simple', breeders, slaves to the dogma of the Catholic Church. Voyeurism of articles in the 'quality press' - incredible curiosity about Irish women's sexuality, eg Kerry babies case, Edna O'Brien etc. This makes it harder for us to discuss sexuality with other women, afraid others are on a trip. The view that all women are supposed to be pure and wicked at the same time comes from the media (gullible virgin/terrorist women) and from Irish men - is rooted in the church - the fount of all evil, yet the holy mother.

# Plenary

The aims of the plenary were:

to allow everyone to get together and have a sense of the whole conference.

to get individual and collective feedback on the conference and to discuss ideas for the future.

to allow participants to say goodbye to each other after three days of intensive discussion.

In order to achieve these aims with 150 participants, it was decided to ask people to write 'graffiti' on wall charts which had been prepared by the planning group. These invited participants to finish statements such as:

*What I liked about the conference*

*What I disliked about the conference* *What made me happy*

*What made me angry*

*What made me laugh*

*What the conference has achieved*

*What we should do in the future*

This process allowed everyone to comment both favourably and unfavourably on the conference, and also, crucially, to enter into a dialogue, by writing further comments on each other's contributions. Most participants took part in the exercise, which was fun as well as serious, and it enabled far more women to contribute to the evaluation process than would have been possible in a formal plenary. It also gave space for disagreements and for minority views to be voiced.

The graffiti have been reproduced in full in the addenda for conference participants only, but the most important points have been discussed in the introduction to this report.

Following this exercise a more traditional plenary discussion took place, both on the conference and on future work. Two groups asked to read out prepared statements:

## **Statement to the plenary from a meeting of women from Women's Aid**

*Six women from Women's Aid groups met together yesterday afternoon. We identified two points that we wanted to put to this plenary:*

*The first is: our concern that women who define themselves as professionals are not seriously addressing their power position relative to others who are part of this discussion - ie feminists who are not working within professional hierarchies, other women, and children. We feel this should be a central question for you.*

*Second: there has been only minimal acknowledgement of the 15 years experience of 'feminist practice' of Women's Aid and Rape Crisis groups, and, more recently, Incest Survivors and Action Against Incest groups. Self-help, collectivism, non-hierarchical working are part of this practice, and because we do not believe in setting ourselves up as 'the experts' over other women, we have not put ourselves forward, in the block workshops, as much as we now feel this experience would merit. We urge women in statutory agencies to look more to these non-statutory groups not just for improved liason, but to learn from our experience.*

This statement reflected the tension, present in much of the conference, between women from feminist voluntary organisations who believe that their years of work around sexual violence are not recognised, and that statutory agencies feed off the work and ideas of voluntary agencies without putting back any

cash; and statutory workers, who feel that their efforts to introduce feminist ideas into statutory agencies are not being acknowledged, and that they are in the 'frontline' in relation to child sexual abuse, as they bear the legal responsibility for protection of children, and experience the public and media pressure and vilification if they 'get it wrong'.

### **Statement to the plenary from the special interest group on 'class issues: - what would be a feminist practice?'**

*There is a crucial gap in any theory around child sexual abuse which does not have class and race issues at its core.*

*The conference has not addressed racism and class prejudice in any fundamental way. Working class women and children have the least choice, and the resources that are offered are alienating and rooted in middle class values. Poverty traps women and children, black and white, in abusive situations.*

*Women should go from this conference and start looking at their own class prejudices and racism. They should pressurise for awareness training in this area. They should demand resources and fight the cuts in services which affect black and working class women the most.*

Discussion around this statement acknowledged the criticisms contained in it.

#### **Further discussion points:**

There was concern from some participants that some women had wanted a 'course' rather than a 'conference', resulting in discussions being unsatisfactory to both groups at times.

Comments were made about the impressive work that was obviously going on all round the country, and about the joy as well as the pain that had been experienced during the three days.

There was discussion around legal issues and relations with the police; and acknowledgement that feminists need to be clearer on their views on legal procedures and sentencing policies for abusers. A suggestion was made that we should draw up guidelines for working with the police.

The relative absence of work on men and on abusers was noted, and the view expressed that we should make demands upon men to take responsibility for child sexual abuse, and work on themselves and other men.

Women who had attended one of the more personal workshops for lesbians and for survivors commented on the value of these, but also expressed their concern that women may have felt both unable to sign up for these and unable to attend. A woman who had attended the survivors' workshop also commented that she had sometimes felt that other woman spoke about 'survivors' as though they were a different kind of person, neither acknowledging that all women experience sexual violence, nor that survivors are workers also, with an enormous amount to give.

# Appendix

## Islington Social Services: Child Sexual Abuse Policy And Practice Guidelines

### 1. Policy

1.1 This Policy seeks to protect sexually abused children from further abuse by exploring within the Child Care Policy, how their non-abusing family or family networks may be enabled to offer protection without the necessity of the child coming into care. Only if protection within these non-abusing networks cannot be provided should statutory action to protect the child be considered.

1.2 This Policy recognises that sexual abuse can occur within all cultures and all children have the right to be protected, it also highlights the need for Social Workers to be sensitive to cultural factors in all aspects of their work in this area.

1.3 In seeking to protect the child the Policy advocates close co-operation at an early stage of intervention with the Police Juvenile Bureau.

1.4 The Policy acknowledges that medical examinations alone seldom provide conclusive evidence of sexual abuse. Therefore, it stresses the importance of close co-operation with Consultant Paediatricians and the Police Surgeons so that the best possible medical evidence is available and obtained in a way that is sensitive to the child's feelings.

1.5 The Policy provides a framework for all workers in the Department to deal with suspicions of child sexual abuse.

### 2. Background

2.1 The initiative for this policy came from a working party within the Department who were concerned about the increase of work in child sexual abuse and the inadequacy of existing procedures and knowledge to inform practice.

2.2 The working party drew extensively on research, training resources, practice experience and on expertise from social work staff at the Polytechnic of North London in the development of this Policy.

2.3 The Policy and Practice guidelines have been the subject of a consultation process both within the Department and with outside agencies such as NAFSIYAT, FSU, Family Rights Group, Lambeth Black Women's Centre, etc.

### 3. Area Review Committee

3.1 The Policy has been the subject of discussion at meetings of the Area Review Committee and A.R.C. agencies are developing guidelines stemming from this Policy for workers within their own Departments.

3.2 There have been detailed discussions with the Police, Area Health Authority and the Education Department in order to ensure a coherent inter-agency approach within the Borough.

### 4. Current Practice Issues

4.1 The increase in child sexual abuse work in the department is consistent with the national trend and has implications for practice.

4.2 Workers within the department require training in the area of child sexual abuse work. Some training programmes have been organised and with the appointment of an Assistant Training Officer (Child

ren & Families) more extensive training will be organised. Committee may wish to be kept abreast of progress in this area.

4.3 The Policy does not advocate the development of specialist teams, but acknowledges that diagnostic assessments may be necessary in some cases. At present the majority of cases referred for diagnostic assessment are dealt with by a social worker at the Whittington Hospital who has received training to develop these skills. This work is being undertaken in addition to her normal duties. As a result there is often an unacceptable time delay for diagnostic work, and difficulties in ensuring that the diagnostic assessment form an intergrated part of the intervention plan.

4.4 Diagnostic work in some cases forms an essential part of the identification of sexual abuse and it is essential that an adequate diagnostic resource is established in the department to provide an effective and sensitive service to a child, where sexual abuse is suspected. Also, to enable social workers to develop more skills in this area of work.

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## Child Sexual Abuse - Policy and Practice Guidelines

### 1. Introduction

1.1 *"Child Sexual Abuse is the involvement of developmentally immature children and adolescents in sexual actions... which they cannot fully comprehend, to which they cannot give informed consent, and which violate the social taboos of family roles".*

*Kempe and Kempe (1978).*

*"The damaging factor is not the blood tie, but rather the betrayal of trust by a person in a position of power over the child".*

*Incest Survivors Campaign 1984.*

The key elements of any definition of child sexual abuse are:

1. Betrayal of trust and responsibility.
2. Abuse of power for the sexual gratification of the user.
3. Inability of children to consent.

1.2 These guidelines provide a framework for all those who work with children on how to recognise child sexual abuse and how to deal with it in a way that supports and protects the child. They do not lessen the importance and need for a sensitive assessment and response to each child's particular situation.

In cases where the guidelines are not followed, the reasons should be clearly recorded.

1.3 These guidelines should be read within the context of the department's Child Care Policy. The aim is the same - to prevent Reception into Care by every means possible and if Reception into Care is necessary in the interests of the child, to enable her/him to maintain her/his links with family and community networks. Family and community networks are however interpreted as the *non-abusing* family and networks. This is developed within these Child Sexual Abuse policy and practice guidelines by the emphasis on working with and trying to support the non-abusing parent (usually the mother) to enable her to protect the child.

These guidelines also develop the Child Care Policy by making clear circumstances in which it is *not* in the child's interests to remain at home, viz. - *where the named abuser continues to live with the family*

In addition they clarify the Child Care Policy on issues of access and rehabilitation by stating that:

- (a) the named abuser should not, so far as we can make it possible, have unsupervised access to the child.
- (b) any plan for rehabilitation involving the named abuser should be developed with a great deal of caution and include safeguards for the child.

With Child Sexual Abuse work as with other childcare work, clear planning, time limited objectives and shared care and decision making with non-abusing parents are essential.

1.4 It is clear that child sexual abuse is common. Current research indicates that about 20% of girls and 10% of boys will have been sexually abused as children.<sup>1</sup>

1.5 Most abusers are men and many are in a relationship of trust and authority to the victim. In one sample 94% of sexually abused girls and 84% of sexually abused boys were abused by men. In the same sample, 50% of the girls and 17% of the boys were abused by a family member. Abusers of both boys and girls are more likely to be heterosexual men than homosexual men.

Only a very small proportion of abusers are women (about 3% of the total). In many of these situations there is more than one abuser involved.

1.6 Research so far has not produced a coherent explanation as to why abusers are predominantly men and why they abuse. No single clear factors have emerged that distinguish abusers from non-abusers. Male abusers in general do not seem to suffer from any recognised psychiatric or personality disorders.

1.7 Sexual abuse does not always cause obvious physical injury. However physical damage may occur, ego genital cuts, warts, bruises and infections, pregnancy. Psychological damage without obvious physical damage is more common. This may include sleeping and eating disturbances, depression, self-injury, drug abuse etc. (See Appendix A). Often a child's behaviour is the major clue that abuse is taking place.

1.8 Unless the abuse is stopped and the child is given help it is clear from all the research that the child may be psychologically damaged for the rest of her/his life. ego may suffer from low self-esteem, self-destructive behaviour, mental health problems and difficulties in developing close trusting relationships. The extent of the long-term damage caused by sexual abuse is related to four main factors:

1. How much the child trusted or expected to be able to trust the person who abused her/him.
2. How long the abuse carried on.
3. To what extent physical force or intimidation was used.
4. How well the child was believed, helped and protected when the abuse was discovered.

1.9 These guidelines do not accept the idea that mothers are to blame if their children are abused: it is the abuser who is responsible for the abuse. It is common for a child to feel that her/his mother knew that the abuse was happening, workers should not assume that this is so.

It is very important for the child's recovery, especially when the abuser is a family member, that every effort is made to build and strengthen the relationship with the mother. This can be difficult.

<sup>1</sup> All references are to *Child Sexual Abuse - A Source Book*. D. Finkelhor (Collier Mcmillan) which provides a most comprehensive and up-to-date review of current research.

A mother's first reaction may be shock disbelief and even anger with the child - reactions similar to the early stages of bereavement (where the abuser is outside the family, both parents may react this way).

In some situations it may take a mother considerable time to work through her feelings. Her own past experiences, fears of violence from the abuser, ambivalent feelings towards the abuser, having to face losing her relationship with the abuser and the difficulties involved in this separation are some of the reasons which may contribute to a mother either being unable to acknowledge the abuse or protect her child.

The worker needs to acknowledge and be sensitive to these feelings. In some situations it may take a considerable time for a woman to work through such feelings. *The child's welfare and protection must be the first consideration of all staff.* To achieve this is the social workers responsibility to protect and work with the child's mother to help strengthen her ability to support her child in the longer term, even if she cannot offer such protection immediately.

1.10 Child sexual abuse happens in all cultures and all children have a right to be protected. Cultural differences must not be used as a reason for non-intervention, but workers should not ignore family and community networks as a source of protection.

Workers should be sensitive to the many differing factors which may need to be taken into consideration depending on a child's racial or cultural background, for example:

- it may be more difficult for a black child to disclose to representatives of white authority that s/he has been abused - the consequences for the family might be different than for a white family.
- it may be that the child has internalised racism or other negative cultural stereotypes in a way that makes her/him feel that s/he has been abused because of her colour/religion etc.
- religious and cultural beliefs may exacerbate feelings of shame and guilt.
- it may be less easy for a mother to protect her child in some cultures than in others, depending on the power position of women within their culture.
- it may be that the consequences of disclosing within a particular culture are that the abused child will never be accepted back into her/his community.

It may be that workers will need to consult with appropriate ethnic minority colleagues and/or the Ethnic Minority Specialist Workers on these issues.

1.11 Some children are more vulnerable to abuse e.g. if physical disability makes them dependent on adults for a high degree of primary care, or if learning disability means they are less well able to understand and communicate what has happened to them. Because these children are more dependent on their carers, disclosure may also be more practically and emotionally difficult for them.

1.12 These guidelines are geared to *adult/child abuse*. Where children are being abused by other children, decisions on what action to take must take into account the following factors:

- (a) the power relationship between the children,
- (b) the ability of adult carers to protect,
- (c) that the young abuser may be displaying sexualised behaviour as a result of having been abused himself/herself .

Workers should consider whether a Child Abuse Case Conference is necessary.

1.13 Police (Juvenile Bureau) should be informed at an early stage, in all cases of child sexual abuse. Police Care Officers will then have to inform C.I.D. because of the nature of the offence.

Even in cases where a carer is able and willing to protect a child from further abuse, police should be involved

in case other children are at risk either now or in the future.

Police are able to investigate the offence more effectively than Social Services and to establish

- 1) what evidence there is for prosecution,
- 2) if there is evidence to remove the abuser, rather than the child.
- 3) if there is more than one abuser.
- 4) if there is more than one victim.

A police investigation gives a clear message to the child and abuser that the child has a right not to be abused.

## 2. DEALING WITH SUSPICION

2.1 Most sexual abuse is discovered when the child tells an adult they trust. However, most children who have been sexually abused do not tell. They may be scared that they will not be believed, that the family will break up or that they will be rejected or physically hurt. Sometimes children do not tell because they do not have the words to explain what is happening to them. Some children may think their situation is normal or may not be able to trust anyone in authority sufficiently to disclose.

Dealing with the suspicion of abuse can be very difficult, especially for workers in day to day contact with a child and her/his family.

2.2 Unlike physical abuse there are often no signs of injury on a victim of sexual abuse. However, there are lots of other signs that sexual abuse is taking place (see Appendix A). Staff working directly with children need to know about the physical and other signs.

2.3 If a child's mother, other family member or neighbour say that they are worried that a child is being sexually abused or is behaving strangely, this should be taken seriously and investigated.

2.4 When any staff members feels suspicious there is a professional responsibility to discuss the case with the allocated social worker or N.O.S.S. Senior Social Worker at an early stage.

2.5 The social worker and Senior Social Worker together with the direct worker, *must consider* the following action:

- a) talking with the child if this has not already occurred.
- b) enlisting the mother's support. In many cases it may be in the child's interest for the above work to be done jointly.
- c) talking to the Police Care Officer at the Juvenile Bureau to discuss police involvement, including the possibility of a medical examination.
- d) contacting other agencies to see what information they have.

2.6 If suspicion remains the same or is increased, it is the Senior Social Worker's responsibility to convene a Child Abuse Case Conference within 7 days and ensure that adult members of the household are informed.

2.7 Only if there is a total alleviation of suspicion need no further action be taken.

2.8 A diagnostic interview may be helpful at this stage but should only take place on the recommendation of a Child Abuse Case Conference. The purpose of a diagnostic might be to clarify a child's statement where it is vague - to establish whether and how abuse has taken place - who is the abuser - to gain evidence. It will be useful where a child is unable, due to age or ability, to communicate verbally.

2.9 A medical examination may be helpful at this stage.

Unless the abuse has happened within the previous 36 hours, medical examination alone rarely provide unmistakable evidence of abuse. In order to avoid additional trauma for the child it is important to take this into consideration.

2.10 If there is a disclosure or sufficient evidence for care or criminal proceedings see next section.

### **3. Disclosure/Talking To Children About Sexual Abuse**

3.1 It is difficult for children to talk to adults about their problems, and to talk about sexual abuse is even more difficult. Very young children are often confused about what is happening and sometimes do not have the words with which to express themselves. Older children may be frightened or embarrassed. Often, a child will have been told that if they say anything at all they will be physically punished, or taken away from their families, and loyalty to the family or ambivalent feelings about the abuser may contribute to this difficulty. It is important for adults to remember this when talking to children about sexual abuse and to be understanding.

3.2 The worker must always remember the following points:

- a) A child's story must always be believed, and the child told that it is OK to talk about it. b) However great a secret it is, the child has been brave enough to tell someone.
- c) It is never the child's fault though the child may continue to feel guilty. It is important that the worker acknowledges this but emphasises that the child has done nothing wrong and is not to blame.
- d) The worker must assure the child that everything possible will be done to protect her/him in the future. In particular, we will do our best to ensure that s/he is not sexually abused again.

3.3 At this early stage, a child may be embarrassed and upset, and not want to say very much. If this is the case, there is no need to push the child for a lot of details; the story will probably have to be told again anyway. It is important to find out these two points:

1. Who is abusing the child? Is it someone in the family, is it more than one person, is it someone who visits family, might there be siblings at risk?
2. How recently was the child last abused?

3.4 It is important that we reassure the child and explain the course of action we intend to take.

3.5 If a child tells a worker that s/he is being sexually abused in any way, the worker should report this to the child's social worker immediately. If the child does not have a social worker, then the duty social worker, or a Senior Social Worker.

### **4. Action On Disclosure**

4.1 The social worker or senior social worker will contact the Police Care Officer at the Juvenile Bureau. The following action will then be taken in whatever order is considered appropriate with the Police Care Officer.

4.2 Contact the child's mother/carer:

- a) Do not contact the named abuser without the police being present. b) If named abuser is not the father, both parents should be informed.
- c) On the rare occasions when the mother is the named abuser explore whether there is more than one abuser before contacting the non-abusing parent/carer (see point 1.5).
- d) Discuss the disclosure with the child's mother/carer without the child being present. Witnessing her/his mother's/carer's distress and initial reaction is an added pressure on the child and may affect her/his ability to make a full disclosure.
- e) Do not assume that the mother/carer already knows, or will not want to know, or will be unhelpful. It is important to talk to the mother/carer as soon as possible, to find out whether s/he can protect

the child, with help, and so prevent reception into care/change of placement. The best place *for* the child is to remain at home or within a family network as long as the abuser is kept away (see Section 5).

#### 4.3 Contact with the police:

a) The Juvenile Bureau will always involve the CID.

b) The police may wish to interview the child. Efforts should be made to ensure that this takes place in congenial surroundings.

c) The police will arrange a medical examination if necessary at this point. As *far* as possible the police will use women police surgeons, who will examine the child in their own surgeries or a hospital setting.

d) Every effort should be made to minimise the stress and pain to the child by limiting the number of interviews and adults to whom s/he has to relate. It may be helpful to the child *for* a person s/he trusts to be present throughout the process.

4.4 The named abuser should only be informed of the child's disclosure in the presence of the police, so that he does not have the opportunity to distort the evidence. All professionals, family members and others involved in the case should strongly be advised of this.

#### 4.5 *Retraction.*

It is not uncommon *for* a child to say s/he has been sexually abused, and then to change the story and pretend that nothing has happened. This may be:

a) Because the reaction of the adult to the story was off-putting.

b) Because the child has realised that s/he may be punished or be taken away.

c) because the child may be so upset by the experience of being abused that, even having told the story, s/he wants to pretend that it never happened.

If the child retracts the story the worker should continue to express to the child their belief that the abuse has happened. Do not try to force the child to speak.

4.6 *All workers involved must recordfully* all stages of these proceedings.

4.7 Whatever the outcome of the above procedures it is the Senior Social Worker's or N.O. (S.S.) responsibility to ensure that a Child Abuse Case Conference is convened.

## 5 .Securing The Immediate Safety Of The Child

5.1 The first consideration is to secure the safety and well being of the child and siblings. It is essential that the child is protected *immediately* following disclosure or unmistakeable medical evidence of abuse. The calling of a Child Abuse Case Conference is not a reason to delay taking action.

#### 5.2 *Action*

a) Safety can only be achieved by keeping the abuser and the child apart. The best place *for* the child is to remain at home or within the family network as long as the abuser is kept away. An injunction against the abuser can be considered as an additional safeguard (see Appendix B). The involvement of the police may enable the abuser to be removed from the home. The police therefore have a positive role to play in keeping the child safe and at home.

b) If safety *from* the abuser cannot be guaranteed, other options to keep the mother and child(ren) together should be considered eg.: emergency housing, relatives, women's aid, children's residential establishments.

c) If this is not possible then voluntary reception into care should be considered, but bear in mind that voluntary reception may be inadequate to secure the long-term safety of the child (see Appendix B).

d) Where voluntary reception into care is not sufficient to protect the child a Place of Safety Order or Wardship proceedings (see Appendix B) must be seriously considered and fully explored.

5.3 Other children in the household should be remembered. Research indicates that siblings may also be at risk. It may be necessary to secure their safety as well.

5.4 Whatever the outcome of the above procedures it is the responsibility of the Senior Social Worker to ensure that a Child Abuse Case Conference is convened.

### **Child Sexual Abuse Protection Plan**

The protection plan is to ensure the safety of the child, and should come into effect when a child's name is placed on the register.

#### **A. Where there is not evidence, but a strong suspicion of abuse**

1. Where appropriate, parent(s) should be advised to take the child to a diagnostic session at a specialist agency.

2. Where appropriate, a medical examination by a Paediatrician should be arranged.

3. A designated person (Co-worker or key worker) should take responsibility for talking to the child. This avoids the possibility of the child being questioned by a number of people. Children should be advised of sources of help and advice where appropriate.

4. C.A.C.C. members should be aware of the symptoms and presentations of sexual abuse (see Appendix A), so that the child can be monitored.

Full co-operation between all agencies is essential.

#### **B. Where there is disclosure or strong evidence of abuse, but no admission from the abuser.**

1. Where legally possible the child should have no unsupervised contact with the abuser, whether or not the child remains at home (see Appendix B).

#### **C. Where there is an admission/finding of guilt of the abuser**

a) Agreement to any access between the abuser and the victim should be considered carefully. The prime consideration should be the child's interest in access arrangements.

b) Where access is agreed, it should be *supervised* by a responsible adult.

c) Access should be planned and take place for an agreed period.

d) Where possible, and depending on the age of the child she/he should be encouraged to attend a support group.

e) Where possible (Le. if such a group is available) the abuser should be required to attend an abuser's group. Research does not indicate clearly whether attendance at groups has any long term effect on behaviour. Rehabilitation plans therefore should always be carefully considered.

***The Effectiveness of the Protection Plan Is Dependent upon the Full Co-operation of All Members of the CACC.***

#### **D. Information for parents**

1. The parent/s should be given a copy of the protection plan so as to be clear about the department's expectation of them.

2. The parent/s should be advised that the protection plan may provide evidence for court.

3. The key worker and/or co-worker must have regular contact with the child, so that:

*i) the child's progress can be monitored*

*ii) the child's exposure to risk is constantly evaluated.*

4. Parents must advise of change of address.

5. Parents must advise of any significant changes or circumstances.

If the protection plan is not adhered to by the parents, an immediate assessment should be made as to the reasons for this breakdown. The CACC should be reconvened or the appropriate preventive action taken.

# Conference Notes: Some Notes on Child Sexual Abuse

## 1 What Is Child Abuse?

### Definitions

1 Various definitions are used in the literature. They vary according to the activities, and the relationship of abused child to abuser, which are included or excluded.

2 The strictest criterion is the *legal definition* of incest:

Incest must involve penetration and is restricted to particular family relationships. (In England and Wales this includes father/daughter; brother/sister; grandfather/grand daughter; and mother/son; it is restricted to blood-ties, so the foster children, adoptive children and step-children are excluded. In Scotland, incest also covers relationships by marriage and includes uncle/niece; step-parent/step-child, and parent in-law and child-in-law). Other forms of sexual abuse, and other relationships are covered by other offences. E.g. rape, indecent assault, gross indecency, buggery etc. (See RCC chap 3).

Research by the London Rape Crisis Centre found that:

*"The legal definitions of sexual offences are inadequate in representing the real pattern of violence. "Incest" covers only 18% of the attacks on girls under 16 in this study although 36% of the attackers were men living in the same house as the girl. And many of the attacks covered by "indecent assault" " seen as a relatively "minor" crime - include oral or anal rape or vaginal rape with an object"* (RCC 1987).

3 The term incest is criticised by some feminists because:

- (i) it is too narrow
- (ii) it can imply mutuality or complicity
- (iii) it underplays the sense of trauma and violation

4 However some writers (eg. Nelson, Herman) use the term incest in a wider sense to emphasise child abuse occurring within a familial context.

Nelson (1987, p.14) uses a definition "along the lines proposed by the psychotherapist Susan Forward":

*"Any overtly sexual contact between people who are either closely related or perceive themselves to be .... if that special trust that exists between a child and parent figure or sibling is violated by a sexual act, that act becomes incestuous."*

4 The most widely used and commonly accepted definition in the literature comes from Kempe and Kempe (1978).

*"(Child Sexual Abuse is):... the involvement of developmentally immature children and adolescents in sexual actions which they cannot fully comprehend, to which they cannot give informed consent, and which violate the social taboos of social roles".*

It has been criticised for not including the idea that force may be used, or the threat of force, and that the adult's authority over the child may constitute sufficient coercive power. Ash (1984 p.11).

5 Others have suggested that it is important to include the girl's subjective experience as part of the definition (Herman 1981) or that survivors should define abuse as they choose. The Incest Survivors Campaign (1984) defines incest as:

*"The sexual molestation of a child by any person whom that child sees as a figure of trust or authority parents, relatives (whether natural or adoptive), family friends, babysitters, youth leaders, social workers, teachers, church officials and priests etc. We see the questions of age, blood relationship and taboo as red herrings which obscure the central issue: the irresponsible exploitation of children's ignorance, trust and obedience. Incest - the abuse of power".*

6 The key elements of any definition would seem to be:

- the betrayal of trust and responsibility
- the abuse of power
- the inability of children to consent

### Terminology

1 Several different terms are used in the literature to describe the abuse, the abusing adult, the abused child and the child's mother. In most cases the choice of terms reflects a particular theoretical stance.

2 While 'incest' and 'child sexual abuse' are the most widely used terms. Other terms found in the literature include:

- father-daughter rape
- sexual assault of girls sexual misuse
- sexual victimisation adult-child sex
- intergenerational sex/cross-generational sex

3 The child or woman who has been abused is described in the literature as a 'victim' or a 'survivor'. One of the best discussions of the use of these terms comes from Sarah Nelson (1987 p.1):

*"The use of the term 'survivor's' a recent development. In the words of Scottish Action against Incest*

***'The women Involved In survivors groups have a great distaste for the term 'victim of Incest'. Because the function of a victim is to give in. Because a victim is one who has been struck down and who accepts herself as a victim, who by staying down can still be humiliated and will offer no protest.***

***A survivor of Incest, on the other hand, is someone who has protested and fought, and signals that she will not tolerate further abuse, be it from others or from herself through self-oppression ... to be a survivor is the victorious conclusion'.***

*Many writers, researchers and therapists have not intended this unsympathetic connotation by the term 'victim' , but perhaps rethinking on its implications is now overdue.*

*Likewise many girls and women, abused at present or in the past, have not yet found a way of surviving that frees them from oppression or self-oppression. To enable them to reach the 'victorious conclusion', the least duty the rest of society has is to hear what they are saying, and to act upon it. "*

4 Similarly terms used for the abusing adult reflect the writer's position; these include:

- abuser/offender/ assailant/perpetrator

The view of mothers is made clear when they are mothers referred to as 'the silent partner', 'absent', 'withdrawn' or 'collusive'.

## 2 How Common Is Child Sexual Abuse?

1 There are *no* reliable figures. Criminal statistics are a *gross* underestimate and very misleading because they only represent cases which have been reported to the police *and* led to criminal prosecution.

2 Other difficulties in producing accurate figures include:

- (i) The fact that CSA has only recently come to be recognised as an issue.
- (ii) There is a strong tendency to deny or avoid evidence of CSA. This is true of family members and professionals.
- (iii) Many victims tell no-one.
- (iv) Like all crimes of sexual violence it is grossly under-reported.
- (v) Figures vary according to the definition used, or the questions asked (eg. in a survey).
- (vi) Figures are *much* higher if based on surveys of adults reporting on their childhood experience.

3 Despite these difficulties, there is agreement from all sources/research that:

- (i) Child sexual abuse is far more common than official statistics suggest.
- (ii) In the majority of cases the victim is a girl.
- (iii) In the overwhelming majority of cases the offender is a man, and usually known to the child.

4 What is also agreed is that the more people become aware of CSA, and the more it is acknowledged and talked about, the more cases come to light.

5 Some examples of research findings

### a) Clinical studies

*Lukianowicz* (1972). Randomly collected clinic population sample of 700 cases, estimated a rate of, *cest* (using the legal definition) of 4% in the general population in the UK.

This figure is borne out by other studies in the UK and USA.

*Mrazek et al* (1981). Carried out the largest incidence survey in the UK. This involved a postal survey of a wide range of professionals. This resulted in a report of 1065 cases in one year. A projection of these figures suggested an absolute minimum of 1500 cases per year, or 3 in 1000 children, over the whole of childhood.

### b) Retrospective studies

*Kinsey* (1953). In a random study of 5000 women found that 25% had experienced an inappropriate sexual advance from an adult before the age of 13.

*Finkelhor* (1979) gave a questionnaire to US college students. He found that 19.2% of women and 8.6% of the men had had a sexual experience of some kind with an older person in childhood. *In addition:*

- (i) 94% of the girls, and 84% of the boys had been abused by a man.
- (ii) 50% of the girls, and 17% of the boys were abused by a family member.

*Russell* (1983) interviewed a random sample of 930 women aged 18 years and over in San Francisco, and found that:

- (i) 16% of the women had been sexually abused at least once within the family before the age of 18.
- (ii) 12% of them had been abused at least once within the family before age of 14.

(iii) 32% of the women had at least one experience of sexual abuse outside the family before the age of 18.

(iv) 20% had at least one such experience before the age of 14.

*Combining these:*

38% of the women had been sexually abused before the age of 18. 28% had been sexually abused before the age of 14.

Only 2% of the cases of sexual abuse within the family, and 6% of the cases outside the family were ever reported to the police.

*Baker & Duncan* (1985) collaborated with Mori to survey over 2000 adults. They found that 12% of the women and 8% of the men had been sexually abused before the age of 16. Their results indicate that more than 4 million adults in Britain experienced some form of sexual abuse as children.

### **3 Why Does Child Sexual Abuse Occur?**

1 In work with child sexual abuse, par excellence, practice is born of theory. What intervention we plan and how we work depends upon how we understand and explain CSA. This is true whether or not we are aware of it. Many of us *practise* in a way that derives from one approach, while we would, if asked, *explain* the event in quite a different way. This dissonance between theory and practice adds to the atmosphere of mystery, taboo, voyeurism that surrounds CSA.

2 It is therefore especially important to be clear about the theoretical perspective being adopted and to derive policy and practice guidelines from this perspective.

3 The main explanations put forward can (crudely) be distinguished as follows:

(i) *Social factors*: child abuse is a product of unemployment, overcrowding, poverty etc. It is therefore assumed to be confined to poor, working class or black families, BUT: the evidence shows that CSA is *not* confined to lower socioeconomic groups (See Ash 1984, Nelson 1987).

(ii) *Social, cultural or geographical isolation*: Families which are isolated are seen as not being constrained by the taboos of the wider society. This approach often assumes that some subcultures are tolerant of sexual abuse. In particular this view often adopts racist stereotypes, suggesting that sexual abuse is more prevalent in black families, and/or that they are more likely to condone it.

Again, there is no evidence to support this view. (See Ash 1984), but it is a frequent rationalisation used by offenders. This explanation may sometimes be included by part of (vi) below.

(iii) *Liberal permissive approach/PIE*: This view is associated with a 'childrens rights' position that argues for the sexual liberation of children. It is argued that sexual relations between adults and children are not intrinsically harmful; it is adult/societal reactions that upset the child. Often used as an argument for non-intervention. Sex education is necessary to allow 'consent' to become a positive concept. (For discussions of this position see Weeks (1985), section on 'Intergenerational Sex' and Ash (1984) Ch 5).

(iv) *Individual psychopathology/cycle of abuse*: One or both of the parents are assumed to be 'disturbed', usually as a result of their own history of abuse as a child. Parents 'unconsciously' choose each other. The mother is often seen as passive, masochistic and dependent.

The 'cycle of abuse' is used to explain both why men abuse, and why mothers 'collude'. There is no sound evidence for this view; it is based on clinicians 'experience'. This approach cannot explain why it is overwhelmingly men who are the abusers.

(v) *Psychoanalytic view* One of the reasons for the history of silence around child sexual abuse has been the psychoanalytic view that girl children, in particular, fantasise about sexual relations with their fathers. This

stems from Freud's view that the large number of his female patients who reported incestuous abuse could not be describing real events.

*"Almost all of my women patients told me that they had been seduced by their father. I was driven to recognize in the end that these reports were untrue and so came to understand that the hysterical symptoms are derived from phantasies and not from real occurrences ... It was only later that I was able to recognize in this phantasy of being seduced by the father the expression of the typical Oedipus complex in women".*

*[Sigmund Freud (1933)*

Freud's ideas have been used, and still are used, to deny that sexual abuse has actually occurred; it is seen as a common childhood fantasy. However, as Nelson (p.37) points out this has caused disquiet even among psychoanalysts. Eg. work by Peters (1976), Masson (1985), and Miller (1986).

Anna Freud (in Mrazek, 1981) makes a clear distinction between fantasy and reality. It is part of *normal development* for children to fantasise about their parents; it is also necessary that these fantasies are frustrated.,

She says:

*"Far from existing as a phantasy, incest is thus also a fact, more widespread among the population in certain periods than in others. Where the chances of harming a child's normal development growth are concerned, it ranks higher than abandonment, neglect, physical maltreatment or any other form of abuse. It would be fatal mistake to underestimate either the importance or the frequency of its actual occurrence."*

While there is general agreement among feminists that psychoanalytic theory and practice have both been used to oppress women, there are differences among feminists as to whether psychoanalytic theory is inherently oppressive.

Some feminists believe that psychoanalytic ideas can be used to explain the way women internalise their oppression, and feel responsible and guilty for abuse inflicted upon them.

They can also account for the deeply held feelings we all have about the emotional dynamics within our own family, and for some of the resistance and avoidance experienced when dealing with child sexual abuse, even when it is not part of our personal experience. Most importantly, they can account for the *ambivalent feelings* an abused child may feel toward the abuser.

(vi) *Family disfunction/systems theory*: This often incorporates (iii) above. It sees the 'normal' family as a 'system' in which traditional gender roles, and traditional 'adult/child' relations provide equilibrium. Sexual abuse occurs in families in which this has broken down. This is commonly described in terms of the mother being 'absent' in some way (eg. being sexually or emotionally distant, or going out to work), leading to the man's sexual frustration. 'Role reversal' between mothers and daughters is often described. Black families are seen as more likely to be dysfunctional in this way.

This approach emphasises the mother's 'collusion' or 'failure to protect' the child. It does *not* explain why it is overwhelmingly *men* who sexually abuse children. See Porter (1984), Kempe & Kempe (1984), Mrazek & Kempe (1981).

It is the theoretical approach which underlies most of the professional work undertaken in Britain. It is particularly associated with the work of Great Ormond Street Hospital, and the NSPCC.

*"Child sexual abuse occurs in a family where the man feels sexually frustrated by his partner but cannot break away because of his own emotional immaturity. ... the parents ... covertly agree on the role of the daughter in the family. This non-spoken collusion increases the father's emotional dependence on the mother and keeps him firmly bound to the family".*

*CIBA Foundation "Child sexual abuse within the family".*

It is also the approach which underlies the DHSS Guide lines on Child Abuse, 1986:

"3.6 *Where the abuse is due to distorted family relationships, as in cases of incest, assessment of the child and family's need for treatment must necessarily include consideration of whether appropriate resources are available locally....*

3.9 *Work with these families makes considerable emotional demand. There is a tendency to over-identify with an individual in the family and to be drawn into the collusive behaviour patterns within it".*

(vii) *Feminist Approach*: In contrast to all the previous views, the feminist approach sees child sexual abuse as the product of a patriarchal culture in which men have power within the family in relation to both women and children. Neither the individual man, nor the family are seen as 'sick' or 'dysfunctional'; on the contrary, as Nelson (1987) writes:

*"Incest is related to a general pattern of male sexual assaults like rape... Incest is also a product of the family structure: but the clue lies in normal family values, not deviant ones."*

The power relations within the family reflect those between men, women and children institutionalised in the wider society. It is also within the family that children first learn these relations, and are socialised into feminine and masculine roles. The response of the abused child, and of her mother, as well as the behaviour and rationalisations of the abuser can all be explained in terms of socialisation into traditional gender roles.

*"Like wife beating, incest is likely to happen when traditional beliefs about the roles of husband, wife and daughter are taken to extremes: when the family members are seen as the husband's property, and sex is among the services they are expected to provide."* (Nelson 1987).

The feminist approach is the only one which can account for the fact that the overwhelming majority of offenders are male and in a father-type relationship to the abused child.

The feminist approach thus sees the man as wholly responsible for his abuse; in control of his behaviour, and fully understanding the meaning of what he has done. Children are never responsible. They do not initiate abuse, nor do they collude in it. By analysing the role of mothers within our society, this approach can explain why many abused children blame their mothers for not protecting them; and why *some* mothers remain silent, deny what has happened and/or blame their daughters. A feminist analysis does not automatically incorporate ideas of class and racism; but because it looks at the construction of femininity and masculinity within society, it can include a class and anti-racist perspective. For example it can analyse and challenge the myths about black families as 'pathological', black men as more likely to be rapists, and black women as 'promiscuous'.

By challenging the ideas of the traditional family, and the norm of heterosexuality, the feminist approach gives a completely different meaning to the abusive event. It allows the abuse to be defined in terms of the child's own experience; it attacks the notion of the cycle of abuse; and it allows survival to be defined outside the narrow confines of 'family rehabilitation' and an adult sexuality which is necessarily heterosexual.

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*Child Abuse Studies Centre*

## Bibliography

This reading list was sent out in advance to everyone who attended the conference; we have added to it references written on the wallcharts at the plenary. It is a short reading list of books and articles on Child Sexual Abuse from a feminist perspective<sup>1</sup>.

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<sup>1</sup> Please note that the Child Abuse Studies Unit has recently produced an annotated feminist bibliography, which is available for £1.25 (including postage). We are currently preparing a more general annotated bibliography. Orders for these bibliographies should be sent to: Child Abuse Studies Unit, Polytechnic of North London, Highbury Grove, London N5 2AD.

## Additional Information

### 1. Networks

A number of 'contact' groups met at the conference; others were proposed at the plenary session, where women signed up *for* those that interested them. Some of these groups were based *on* geographical links, others *on* particular aspects of work or areas of interest.

Anyone interested in linking up with these groups should write to the Child Abuse Studies Unit at the Polytechnic of North London.

Groups that met at the conference:

- *Scottish Women\* Irish Women\* Women in North West of England\* Women in Women's Aid\**
- *Women working in Rape Crisis Centres\**

Contact groups formed at the plenary. Feminists working in SW of England ;Discussion *on* therapy/politics/culture; Discussion *on* working with the police; Discussion *on* working with women who are mothers; Discussion *on* working with children; Network *for* those engaged in feminist research *on* child sexual abuse; Action group - white women and anti-racist practice; Network *for* those interested in developing a campaign to change the laws; Network for those working with young people.

### 2. Resources

The following information was sent to us *for* inclusion in the report:

#### **Rape Counselling and Research Project London Rape Crisis Centre,**

P.O.Box 69, London WC1X 9NJ

24 hour counselling line: 01-837 1600; women can reverse the charges if they need to.

Office line: 01-278 3956; open *for* counselling and general enquiries from Monday - Friday between 10am and 6pm (closed from 12.30 - 2.30).

The London Rape Crisis Centre also offers *face to face* counselling where appropriate, and will accompany women to doctors, VD clinics, police stations, courts etc. They can also put women in touch with sympathetic women doctors and solicitors.

**London Rape Crisis Centre** also sent us their most up to date list of Rape Crisis Centres - available *on* request from the Child Abuse Studies Unit

#### **Dundee Women's Aid:**

For refuge, information 24 hours *for* abused women - 646520

A Woman's Place, daytime centre. 187-8 Aberlady Crescent, Whitfield - 502434

For advice, information 11 am - 3pm Mon-Fri 5 West Bell Street, DD1 1 EX - 24456

Dundee Women's Aid have sent us contact addresses and phone numbers *for* Incest Survivors self-help groups in eastern and central Scotland - available *on* request from the Child Abuse Studies Unit.

**Glasgow Women's Support Project** sent us information about their work. They can be contacted at: Newlands Centre, 871 Springfield Road, Glasgow G31 4HQ. Tel 041-5545669

**Children Action Research Wales (CARW)** sent us a report 'Surviving Childhood Sexual Abuse, The Story of Incest Helpline (Wales)'. For further details and information please contact: The Secretary, CARW, 37, Corbett Road, Cardiff, South Glamorgan.