

**CHILD SEXUAL ABUSE:
MAKING SENSE OF THE ABUSE OF POWER AND CONTROL**

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My father took the magic out of my childhood

Pauline

A special thanks to all the daughters and sons who were able
to talk to me about their painful memories - something that
took a great deal of courage.

ABSTRACT

Child sexual abuse (CSA) poses many difficulties, ranging from definition to explanation. Despite, or because of, this complexity few studies have investigated the relationship between a professional's knowledge base, the conceptualisation of problems and the delivery of therapeutic skills. The central issues in CSA of power and control exemplify this absence of clarity. A review of the literature on these issues revealed that few empirical studies have examined how power and control are manipulated or whether these factors are intrinsic to CSA. A two stage research project was therefore proposed.

Study One^x investigated the dynamics of (1) families in which CSA takes place (CSA families), (2) families referred for psychological difficulties (Psychology families) and (3) volunteer families in the general population (normal families). Family members completed questionnaires which addressed aspects of power and control: Family Environment Scale, Final Say Index, Semantic Differential and a Locus of Control in Families Scale specifically designed for this study. Professionals working with the CSA and Psychology families also provided information.

The results of Study One indicated that CSA families were characterised by poor communication, little cohesion and high use of control. The professionals perceived the perpetrator to have a powerful influence: the families did not. Using discriminant functional analysis it was possible to discriminate between the CSA fathers and fathers in other families, to a lesser extent the mothers. With regard to the daughters, a "normal"/"not normal"

discrimination occurred rather than an obvious distinction between the CSA and Psychology group. Possible explanations for Study One findings were offered and implications discussed.

Study Two involved interviewing social workers and psychologists with regard to their knowledge and attitudes about CSA, with particular reference to power and control, and how they applied theory into practice. Professionals also gave ratings regarding their confidence in these responses.

The professionals in Study Two also attributed powerful influence to perpetrators. A lack of clarity in thinking and inconsistency characterised responses. Furthermore no clear differentiation emerged between (1) the two professional groups and (2) professionals who described working as practitioners within different models. Possible explanations for, and implications of, this lack of differentiation were suggested.

A review of the project as a research process highlighted three main issues:

(1) the effect of the research on the families, in particular the issue of informed consent and the finding that the CSA family members responded to the research task in similar ways to their functioning within the family,

(2) the responses of professionals to the research, in particular high levels of resistance, and

(3) the research and the researcher.

Implications and recommendations were proposed and discussed.

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To Andrew and Ben, all my love

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CHAPTER ONE

INTRODUCTION

DEFINITION

A recurrent problem in the field of child sexual abuse (CSA) concerns that of definition. Within a legal framework, there is no single offence of CSA, instead an adult can be convicted of incest or for having committed a number of sexual acts, for example indecent assault, buggery. Incest is defined as:

sexual intercourse between a man and a woman whom he knows to be his granddaughter, daughter, sister, halfsister or mother..... (and an offence) for a woman of sixteen or over to permit a man whom she knows to be her grandfather, father, brother to have sexual intercourse by her consent

Sexual Offences Act, Section 10(1) and 11(1), 1956.

Professionals working in the field utilise a much wider ranging definition which encompasses any exploitative sexual behaviour (Dunn Smith, 1988). Common working definitions include:

...the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend and to which they are unable to give informed consent or that violate the social taboos of family roles

Schechter and Roberge, 1976

The sexual use of a child by an adult for his or her sexual gratification without consideration of the child's psychosocial sexual development

Mrazek and Mrazek, 1981

Mrazek and Mrazek (1981) list the various forms the sexual activity may take:

- a) Exposure: viewing of sexual acts, pornography and exhibitionism
- b) Molestation: fondling of genitals, child's or adult's
- c) Sexual intercourse: oral, vaginal, or anal, on a non-assaultative and chronic basis
- d) Rape: acute assaultative forced intercourse

Statutory agencies in the U.K. also adopt a broad definition of child sexual abuse, many using the Schechter and Roberge (1976) description. Increasingly, professionals distinguish in general between "intrafamilial" and "extrafamilial" abuse, rather than a more precise breakdown of the sexual behaviour involved. Many consider that the form of the sexual activity offers little in terms of understanding the antecedents or consequences of abuse (except those cases in which severe physical trauma has occurred, a phenomenon which appears to represent only a minority of cases, BPS, 1990; Mrazek, 1981; Renvoise, 1982).

PROFESSIONALS AND DEFINITION OF CSA

Considering the inherent problems of defining child sexual abuse, this raises the question of how professionals make day

to decisions about whether a child has been sexually abused or not. A search of the literature reveals surprisingly little about attitudes and beliefs held by professionals, especially with regard to the question of definition. Friedman (1990) noted that it is illusory to be able to produce a definition that is not complex and involves decision making at a variety of levels. However, it would seem important to assess whether professionals are able to think clearly about abuse. Kraemer (1988) argued that in his experience professionals tended not to be able to remain objective about child sexual abuse and instead a process of "splitting" occurred. The Cleveland controversy in 1987 (which gave rise to a judicial enquiry, Butler-Sloss, 1988) is cited as an example of the way in which professionals have become emotionally caught up in the problem. The splitting results in an appearance of stupidity as only part of the mind is able to function. Indeed in a foreword to a text on sexual abuse, Summit (1986) defined the problem as:

Child sexual abuse is an intensely controversial, deeply divisive subject. It splits children from parents, mothers from fathers.....It divides social workers against psychiatrists, therapists against investigators against prosecutors against judges against jurors, and every player against society itself. Any traditional or potential alliance is threatened, and every nascent distrust is exaggerated. Each question becomes a dispute and every answer an insult. Here in the midst of the flowering of twentieth century reason and scientific enlightenment is a neglected relic of mythic and superstitious issues almost untouched by mainstream adult consciousness.

Further evidence that attitudes influence clinical work is borne out by studies such as that conducted by Pierce and

Pierce (1985). Actual case records were investigated and it was found that there were differing management procedures dependent on the gender of the victim. Male victims were less likely to be removed from home, given significantly fewer hours in therapy but the perpetrators were more likely to receive a custodial sentence. The study appears to indicate that boys are considered to be less vulnerable of further abuse and less affected by the abuse. However the sentencing of the perpetrator seems at odds with these implications. Pierce and Pierce suggest that the difference may be due to a perception that girl victims are more responsible for their abuse, are more "seductive", thereby making the perpetrator less culpable. There is no clear evidence in the literature that boys are less vulnerable to further abuse or that they are less psychologically disturbed by CSA. Although the study included only a very small sample of male victims compared to female (25 males, 180 females) the results indicate that there is a need for further investigation of attitudes and beliefs.

Methodological Difficulties

The most common approach adopted in studies that survey professional attitudes involves presenting subjects with a case study. This has both disadvantages and advantages. On the one hand, results indicate what professionals think they may do as opposed to what they would actually do. It is difficult to predict where the bias would be. It is possible professionals would be more careful about answering according to agency procedure whereas when working within a stressed and

possibly under resourced office, actions may be different. However, it is noticeable that in several of these type of studies, professionals made clear that they do not follow statutory guidelines. For example, indicating that they would not report what was clearly an incident of CSA (eg Finkelhor, 1984; Kalichman et al, 1988). On the other hand, such an approach is possibly more likely to identify a particular individual's views whereas asking professionals what they actually did, presumably would be "contaminated" by the effects of colleagues, supervisors, agency protocol.

Other studies have included general questions about abuse which makes direct comparison problematic as does the fact that different studies tend to include different "mixes" of professionals. For example some include mental health workers some do not, some include police and lawyers some do not have either. Other potentially confounding variables such as gender and age are not always controlled for or even mentioned in the research study. Studies also differ in the definition of CSA, some use the incest definition others a wider view. However the findings are worthy of discussion.

The Research

In the absence of studies focusing on definition, the closest area of study is that related to reporting factors. In other words, what factors lead professionals to report CSA. Despite there usually being laws explicitly mandating reporting, some studies show that professionals are in fact selective about which cases they report (eg McPherson and Garcia, 1983;

Turbett and O'Toole, 1983). The literature indicates a number of factors related to reporting including concerns about the disruption caused by reporting and doubt about the effectiveness of statutory procedures (James et al, 1978). Other studies indicated that professionals were less likely to report if the child acted distressed as opposed to giving a direct verbal report (Kalichman et al, 1988), and were less likely to report if the child retracted (Attias and Goodwin, 1985). Both findings are worrying as clinical experience indicates that many children find it very difficult to verbalise accounts of their abuse and retractions are common (eg Glasgow, 1988; Jones and McQuiston, 1986).

A related finding is that noted by a survey conducted by the author of mental health professionals (Eisenberg et al, 1987). It was found that the nature of the sexual activity between the perpetrator and the victim and the nature of the relationship between the two affected responses. If the abuse constituted intercourse and/or perpetrated by a stepfather (as opposed to fondling and or perpetrated by a father) this was considered to be more damaging and more likely to warrant incarceration of the perpetrator. Gender was controlled for and it was found that women considered incest to have more serious effects than men. As indicated above, clinical experience indicates that type of sexual activity is usually not a critical factor in terms of determining psychological harm or determining level of risk with regard to the perpetrator (Salter, 1988). The apparent lack of knowledge is somewhat surprising considering the proliferation of reports

about CSA. As there are relatively few studies addressing attitudes, it is difficult to assess how widespread such views are. In another study by LaBarbera et al (1980) surveying child psychiatrists, it was found that the psychiatrists considered that the factor most related to psychological after effects was family dysfunction not the actual sexual behaviour. However it is possible these differences reflect differing methodologies rather than attitude differences. Kalichman et al (1988) also found that type of abuse did not influence subjects' responses in terms of whether abuse was occurring, however they were not asked about likely effects of the abuse or recommended interventions. It would appear that the issue requires further study.

INCIDENCE AND PREVALENCE

It is widely acknowledged that the prevalence of CSA is extremely, if not impossible to establish (Butler-Sloss, 1988; Kempe and Kempe, 1984; Summit and Kryso, 1978). Part of the problem results from the very strong mandates enforced on children not to tell. Some clinicians estimate that up to ninety per cent of victims never disclose (Finkelhor, 1979). In one study (Russell, 1983) it was found that ninety eight per cent of women who had experienced intrafamilial abuse had not previously disclosed their abuse. This finding was replicated by Frenken and Stolk (1990). Another difficulty is the lack of explicit consensus as to what constitutes abuse.

As a result of the problems of relying on disclosures from children, many researchers have focused on adults who were abused as children in order to estimate prevalence. Numerous surveys have now been conducted. Varying definitions of abuse render it difficult, if not impossible, to compare studies directly. However, the findings of some researchers are considered to be pertinent.

U.S. Studies

Russell's study

Russell (1983) questioned 930 women in San Francisco. She found that sixteen per cent had experienced intrafamilial abuse before the age of eighteen. Intrafamilial abuse was defined as any kind of exploitative sexual contact that occurred between relatives. Experiences involving sexual contact with a relative that were wanted and with a peer were regarded as non-exploitative. An age difference of less than five years was the criterion of a peer relationship. Of the intrafamilial cases, forty per cent involved members of the nuclear family (ie parents or siblings) and only four per cent of all the incestuous perpetrators were female.

Finkelhor's studies

Finkelhor conducted two major surveys (Finkelhor, 1979; 1984). The first study involved 796 college students of whom fourteen per cent had been sexually abused. Of these, nine percent of the girls and just over one per cent of the boys had been abused by a family member. The second study involved 521

parents in Boston. Finkelhor found that fifteen per cent of the women and six per cent of the men had been abused. Almost all the perpetrators were male (ninety seven per cent) and thirty two per cent of the victims were abused by a relative. As these figures were lower than the 1979 study and Russell's 1983 study, Finkelhor speculated whether this may have been due to the methodology used. In the Boston study he had only sampled parents and the method of questioning was less probing than in the other studies. No differences across social class were detected.

A recent review of U.S. studies concerning women reported that prevalence rates of child sexual abuse varied from six per cent to sixty per cent (Taylor, 1989).

U.K. Studies

Baker and Duncan (1985) reported a MORI poll of 2019 men and women aged over fifteen. The results showed that twelve per cent of the women and eight per cent of the men reported sexual abuse before the age of sixteen. Sexual abuse was defined as when another person who is sexually mature involves a child (under sixteen) in any activity which the other person expects to lead to their sexual arousal. Baker and Duncan used a narrower definition of intrafamilial abuse than Russell and found that just over one per cent of their sample were abused by a family member (parent, grandparent or sibling). If perpetrators known to the child were included, the number rose to just over five per cent. No social class bias was found.

In a survey of 6,000 women conducted by Woman magazine (Sanders and Rigg, 1983), one in ten experienced sexual advances by a member of their family. Other studies focusing on women report prevalence rates of sixteen per cent (Hall, 1985), and a study that included any experience of sexual abuse as a child, not necessarily familial, twenty per cent (Manchershaw, 1991). In terms of reported cases, the NSPCC received 2,876 referrals of suspected sexual abuse in the year ending September, 1988 (this included England, Wales and Northern Ireland). Unfortunately, social services do not publish national figures.

Characteristic of more recent studies is the growing awareness that the mean age of the child at the onset of abuse is younger than was first thought (eg De Jong et al, 1983; Russell, 1984; Wild, 1986) and that secondly, more male children are being abused than was originally estimated (Kent, 1979; Renvoise, 1982). A further development is the disturbing realisation that "sex rings" are probably more widespread than was originally estimated (Burgess et al, 1981; Wild, 1986).

PROFESSIONALS AND INCIDENCE/PREVALENCE OF CSA

As with definition, the lack of clarity about the extent of sexual abuse presumably also adds to the difficulties facing professionals. If individual professionals involved in the same case have widely convergent views about prevalence, this may affect decision making as to whether CSA was occurring

within a family. However, the literature again reveals a dearth of studies addressing what professionals think about incidence and prevalence. A survey of professionals involved with CSA cases found that only 62.2 per cent were aware of the high prevalence of father-daughter incest (defined as 0.5 per cent to five per cent of women) and only fifty seven per cent identified males as the perpetrators in the majority (Attias and Goodwin, 1985). A gender difference was also found, women tending to view incest as more prevalent than men. Another survey (Eisenberg et al, 1987) revealed that over eighty per cent of mental health professionals indicated an estimated incidence of incest as being 1 in 100 or lower, over fifty per cent gave estimates of 1 in 500 or lower.

Kelley (1990) investigated the attitudes of child protection workers, nurses and police officers. She found that despite the research evidence that social class is not a discriminating factor in CSA (Baker and Duncan, 1985; Cavallin, 1966; Creighton, 1985; Finkelhor, 1979), subjects considered that the psychological effects were greater when the family was working class and that sentencing should be more severe in those cases. Perhaps it is not surprising that professionals have divergent views about sexual abuse considering the lack of consensus in the literature, however there do appear to be knowledge gaps within professional ranks. This raises the issue of how these attitudes affect working practice. The next section focuses on theoretical models proposed to explain sexual abuse and how professionals make use of such models.

MODELS OF SEXUAL ABUSE

Professionals have adopted a number of different approaches to provide explanatory models for CSA. Whilst some formulations draw on factors from a number of models, the literature suggests five main explanatory frameworks.

- 1) Deviant sexual arousal
- 2) Disinhibition
- 3) Psychoanalytic/personality disorder
- 4) Family dysfunction
- 5) Abuse of power

1) Deviant Sexual Arousal

A number of researchers have approached the problem of child abuse in terms of inappropriate sexual arousal. Typically studies focus on physiological measures and demonstrate that perpetrators have unusual arousal levels to children (Abel 1985; Freund, 1965, 1967a, 1967b; Quinsey et al, 1975, 1980). This approach appears justified given the more recent evidence of high rates of offending in perpetrator's histories with men abusing both their own and others children (Abel et al, 1987; Becker and Coleman, 1989; Wyre, 1986; 1988). There have been various explanations forwarded as to why perpetrators develop "abnormal" arousal patterns. One model suggests that perpetrators experienced abuse themselves in childhood and that their offending is a re-enactment of the abuse ie that it is an expression of their anger and frustration at being

abused. Possibly underlying part of the process of focusing on children is a development of fear of adults due to early sexual trauma (Groth and Burgess, 1979; Finkelhor, 1986, p106; Howells, 1981,p67). However, studies vary greatly in terms of the incidence of sexual abuse in perpetrators' histories (eg Salter, 1988,p47; Williams and Finkelhor, 1990,p236). Rates vary from thirty five per cent (Baker, 1985) to zero (Lee, 1982) with a mean of twenty per cent. What did appear to be more prevalent was a history of physical abuse, some studies describing a rate of fifty per cent (Williams and Finkelhor, 1990).

Alternatively it is proposed that early sexual experience provides a focus for masturbatory fantasies such that the event becomes reinforcing (McGuire et al, 1965; Wenet et al, 1981). With time children become associated with sexual arousal and less and less attention is focused on sexual activity with peers. In conjunction with this, as perpetrators spend decreasing time with peers they fail to develop appropriate communication or social skills. Whilst as adolescents, individuals tend to be more forgiving of shyness and awkwardness, as adults they are much more likely to be perceived as "odd" and are thereby likely to meet with rejection or even ridicule. This in turn serves to reinforce the attraction of children. There have been a number of studies which have identified poor social skills as being characteristic of child sex offenders (Crawford, 1978; Hammer and Glueck, 1957; Wilson and Cox, 1983).

Howells (1981) proposed that another important factor may be that of attributional error. This was drawn from the earlier work of Schachter (1964) who proposed that the experience of emotion is based on both perceptible physiological arousal and cognitive labelling on the basis of situational cues. In other words:

....it may be possible for some persons to label non-sexual arousal elicited by children as erotic, and for sexual behaviour to follow from this definition. Children appear to elicit strong emotional reactions in many people, reactions usually labelled as "parental" or "protective" or "affectionate", but potentially definable as sexual love. The fact that the initial stages of the adult sexual response cycle are not distinct physiologically from patterns of arousal produced by other emotions (Rook and Hammen, 1977) allows for such misattribution in some individuals and in some (as yet unknown) situations.

Howells, p68

Once a response becomes labelled as sexual, individuals may find ways to reinforce this. However, Howells does not view sexual arousal as a sufficient determinant of abuse and considers it only among a number of motivating factors, for example emotional needs. Other authors consider that an important antecedent is that of sexual need. In other words perpetrators are unsatisfied sexually in other relationships. Indeed, Reimer (1940) claimed that,

With almost no exceptions the patient shortly before the incestuous relationship begins, finds himself barred from sexual intercourse with his own wife.

p566

Maisch (1973) found that a high proportion of his sample claimed that their wife was "frigid". Certainly a number of studies indicate that wives were absent either due to illness

or some other reason (Herman, 1981; Justice and Justice, 1979). Further evidence proposed to support this model are findings from some studies that these men do not use masturbation as a means of "closing the gap" due to some aversion to it, sometimes due to religious reasons (Frude, 1982). Similarly these men do not resort to mistresses or prostitutes for either religious reasons or perhaps isolation (Gebhard et al, 1965; Meiselman, 1978). It is argued that the men then look within the family and become attracted to their pubescent daughters (Bender and Blau, 1937; Justice and Justice, 1979; Maisch, 1973).

However many clinicians would argue that a simple "blockage theory" (ie that fathers turn to their daughters because of frustrated sexual need) offers little explanatory value (Renvoise, 1982; Snowdon, 1982; Wyre, 1986, 1988; Wolf, 1984). It is argued that masturbatory fantasies are an extremely significant factor in understanding the antecedents and maintenance of abusive behaviour and would be very sceptical of a perpetrator who denied such (Salter, 1988; Wolfe, 1984; Wyre, 1986,1988). It should be remembered that perpetrators are often in a position whereby acknowledgement of responsibility for their behaviour results in potentially quite serious consequences (ie varying from incarceration to embarking on a course of therapy that can be demanding and rigorous plus having to face the often negative response from their partners). Further, perpetrators commonly attempt to avoid responsibility for their behaviour and seek to lay the blame elsewhere (Dreiblatt, 1982; Renvoise, 1982;

Snowdon, 1982; Wyre, 1986; 1988). The argument against blockage also becomes increasingly inadequate when one considers that more recent work with perpetrators (Salter, 1988; Wyre, 1986, 1988) emphasised the finding that if the right questioning is used, it becomes apparent that a significant proportion of these men:

- a) have numerous other sexual outlets, indeed, a number of studies contradict the finding that these men were not having intercourse with either their wives or other adults, (eg Abel et al, 1987; Lukianowicz, 1972; Weinberg, 1955),
- b) that they often are abusing more than one child at any one time (Abel et al, 1987),
- c) that the abuse frequently begins well before puberty (De Jong, 1983; Russell, 1984; Wild, 1986) and that sons are by no means less at risk (Kent, 1979; Renvoise, 1982). In other words the abuse constitutes a behaviour qualitatively different from a sexual relationship with an adult woman.

2) Disinhibition

Some researchers propose that CSA is not so much about deviant arousal but rather a problem of normal restraints or control being in some way broken down. In support of this are studies that have demonstrated that under certain conditions, "normal" males will respond to "deviant" sexual material eg pubescent and child females (Freund et al, 1972; Quinsey et al, 1975). Further supporting findings are those by Quinsey et al (1979). It was found that incestuous offenders showed more appropriate arousal levels than non-incestuous child molesters. In other

words when incestuous fathers were shown slides of children, their sexual response was significantly lower than that demonstrated by non-incestuous child sex offenders. A number of factors have been proposed to account for disinhibition which are discussed below.

Alcohol abuse

A number of studies have cited the importance of alcohol abuse (Aarens et al, 1978; George and Marlatt, 1986; Morgan, 1982; Virkkunen, 1974) as a disinhibitor. However, as Mrazek (1981) pointed out, the definition of alcohol abuse varies from study to study and in some surveys is so general that the figures must be questioned. For example Virkkunen (1974) defined the criterion as, "almost daily consumption of alcohol and long periods of drinking which has gone on for several years". Other workers have proposed that alcohol abuse occurs as a result of the sexual abuse, that alcohol is used in order to dampen the feelings of self disgust or fear as a result of having committed an offence. Maisch (1973) pointed out that whilst alcohol may affect self control, he noted that in a study by Gebhard et al (1965) only twenty per cent of their sample had taken alcohol prior to the first incestuous act and of these, only three per cent committed the act in a drunken stupor. Gordon and O'Keefe (1984) also noted a low rate of alcohol abuse. It is also necessary to bear in mind that accounts of alcohol abuse are dependent on the perpetrator's self report. This is significant because perpetrators commonly seek to deny responsibility for their offenses. If a man

claimed he was intoxicated, this would provide a useful screen (Howells, 1981; Wyre, 1986,1988).

Social environment factors

Some propose that disinhibitory factors stem from the social environment of the perpetrator. Situational stressors are suggested to impair functioning and the individual loses control over their behaviour. A number of social environmental factors have been suggested.

- a) Social class. Low socioeconomic class with the related problems of poverty and overcrowding have been related to CSA (Lukianowicz, 1972; Renshaw and Renshaw,1977). However, as Weinberg (1955) pointed out, in his sample of over 200 families in which incest had taken place the ratio of rooms per person was no worse than the average for the city. As indicated before numerous studies have also shown that the prevalence of child abuse is by no means higher in lower social classes (Baker and Duncan,1985; Cavallin, 1966; Creighton, 1985; Finkelhor, 1979)
- b) Social isolation. A number of studies have suggested that there is a higher prevalence of child abuse in rural settings where individuals are isolated from the local community (Finkelhor, 1979; Lutier, 1961; Sonden, 1936). However other studies find no such correlation (Baker, 1985; Groth, 1978,1982). Perhaps a more common finding is that of isolation in terms of social networks, that is, that the family have restricted communication with outside circles such as friends or the wider family (Finkelhor, 1979; Glasgow, 1988; Kempe and

Kempe, 1984). This means that there is a lack of support for family members and any stress effects are exacerbated. It also means of course that the abuse is less likely to be detected, not least because the child is cut off from individuals they perceive could help them.

c) Life stress. Some have suggested that stressful life events such as unemployment, bereavement result in depression and frustration which in turn results in a lowering of "normal" behaviour constraints (Gebhard, 1965,p74; Mohr et al, 1964; Swanson, 1968) However, other studies have demonstrated that perpetrators were experiencing a relatively stable lifestyle. For example, Abel et al (1987) found that in a sample of 561 non-incarcerated offenders, sixty five per cent were employed and only eleven per cent were unemployed for more than a month. Further, the concept of abuse occurring as a result of individuals not being fully in control fails to take into account the finding that offenses are frequently (if not always) premeditated in some way (Salter, 1988, p184; Wolfe, 1984; Wyre, 1986,1987,1988).

Groth (1978, 1982) viewed incestuous fathers as "regressed" child offenders because whilst they initially prefer peers for sexual gratification, they regress to paedophilic behaviour under crises as a means of coping with stress. Whilst stress can be seen as an important causal factor in general emotional states (eg depression, Brown et al, 1973; Paykel, 1974 ; or "burnout", Pines and Aronson, 1981; Scully, 1981; Veninga and Spradley, 1981) it becomes more difficult to understand the mechanism by which such men become sexual abusers rather than

say, attempt suicide. It also suggests that abuse only occurs at a particular narrowly defined time and presumably would stop once the stress is relieved. However, it is known that in general this is not the case. In a significant proportion of cases the abuse begins early in a child's life and stops either because the child discloses, leaves home or is discovered by someone else, not due to the perpetrator voluntarily ending the abuse (Julian and Mohr, 1979; Renvoise, 1982).

d) Societal response to CSA. Disinhibition may also result from the inconsistent way in which society deals with CSA. In some respects society condones the involvement of children in sexual acts and there is literature that promotes the sexualisation of children. For example, the media often portrays children as "Lolitas" (The Star, 12th December, 1985 6th April, 1989; Sunday Mirror, July, 27, 1986) and graphically describes sexual relationships between rock/film stars with underage children. Child pornographic material is easily obtained and activities of organisations such as PIE are well documented (eg De Young, 1988, The Times, 4th April, 1988). Perpetrators will be well aware of the difficulties in prosecuting such offenses and will have taken note of defenses of "contributory negligence" (Armstrong, 1983; Kempe and Kempe, 1984; McIntyre, 1981; Nelson, 1982).

The factors associated with disinhibition may be of value in explaining why deviant behaviour is maintained rather than as an explanation for its origin. In other words perpetrators can redefine the behaviour as being out of their control, for

example, that it occurs because they were drunk and "didn't know" what they were doing. Alternatively, perpetrators will be aware that abuse is under-reported and that a significant proportion of the adult population continues to find it difficult to believe the word of a child against that of an adult. The concept of disinhibition has limited value in understanding the mechanism by which adults abuse. There appears to be no clear reason why the disinhibition should be manifested sexually or why there is an involvement of young, as opposed to older, individuals within the family setting.

3) Psychoanalytic Approach / Deviant Personality

There have been a number of psychoanalytic models proposed for deviant sexual behaviour. However, as Howells (1981) has pointed out, the focus was not on child sex offenders but on other behaviours such as fetishisms and homosexuality. Howells noted that a psychoanalytic account must therefore be drawn from general theories. Common themes included the view that sexual deviancy reflected a fixation at the infantile level and represented a possible outcome of a failure of social conditioning to suppress perverse sexuality (Freud, 1948). Deviant sexual behaviour was seen as an alternative to neurosis. In other words, the repressed wishes seen in neurotic patients were acted out by the sex offender. Alternatively, deviant sexual behaviour could reflect a regression due to an inability to deal with adult sexual expression. For example, Fenichel (1945) viewed the problem resulting from unresolved Oedipal issues. Due to castration

fears, the individual regresses to more primitive forms of sexual expression. Cavallin (1966) also proposed that an important factor in understanding CSA was displaced Oedipal strivings towards mothers and severe pregenital and genital conflicts. Perpetrators were considered to have unconscious hostility to their paternal grandmothers which was transferred to wife and daughter. The incest then was an expression of this hostility, fused with primitive genital impulses.

Daughters were considered to have played an active role in the incest (Bender and Blau, 1937; Kaufman et al, 1954). Henderson (1972) noted that psychodynamic hypotheses commonly attributed the daughters' behaviour to a frustrated relationship with their mothers and compensatory penis envy. The incest constituted revenge against an unloving mother. Mothers are viewed as being pathologically dependent on their own mothers and cannot deal with responsibility. Instead they push their daughters forward, this also serving to play out their own incestuous wishes for their own fathers (Kaufman et al, 1954; Henderson, 1972).

A more recent development has been the view that child sex offending results from narcissism (Fraser, 1976; Kraemer, 1976). Whilst there are differences in the explanations for how narcissism develops, the common theme is that the self-love is projected.

He narcissistically remains in love with the child he then was. This is impossible so he must project his love on to other children of a similar age to his lost child, who thus become love-objects for him

Fraser, 1976 p20

Howells (1981) noted that such a theory presumably only

accounts for adults attracted to male children. He also argued that psycho-analytic models are based on very small and atypical populations.

Overall the early literature viewed child sex offenders as character disordered and forming only a minority of the population. This emphasis on a medical model was reflected in the early view that offenders were psychotic (Hammer and Glueck, 1957; Lidz et al, 1957; Magal and Winnik, 1968; Mohr et al, 1964). It has since become apparent that only a small minority of perpetrators are psychiatrically disturbed (Burgess et al, 1978; Henn et al, 1976; Lukianowicz, 1972). More recently, some researchers have focused on personality traits of incestuous fathers (eg Kirkland and Bauer, 1982; McCreary, 1975; Panton, 1979). Typically these studies compare MMPI scores of incestuous fathers with non-offending or other types of sex offender. Kirkland and Bauer (1982) reported that in their sample, subjects displayed pathological scores on the "psychopathic", "psychasthenia" and the "schizophrenia" scales. However the sample was very small (ten) and Panton (1979), compared scores with other sex offenders and found no difference between the groups except on the "social introversion" scale.

Other personality tests that have been used include the Edwards Personal Preference Schedule (Fisher, 1969; Fisher and Howell, 1970), Repertory Grid (Howells, 1978) and the semantic differential (Frisbie et al, 1967). No consistent findings emerged except that perpetrators tended to be shy and passive. Focusing exclusively on incestuous men, Meiselman (1978) found

them to be domineering and controlling, at least within the family.

There is an inherent difficulty in synthesising findings (and even data) from such studies. They often examined quite specific and disparate sample groups, for example, father-daughter relationships involving sexual intercourse. However when considering sexual abuse in general, stepfathers are usually over-represented (Baker and Duncan, 1985; Finkelhor and Baron, 1986; Russell, 1984) and often the abuse does not involve vaginal intercourse (eg Baker and Duncan, 1985; Finkelhor, 1984; Wild, 1986). Howells (1981) has argued for another source of bias. The perpetrator who is overtly deviant is likely to get caught: the more socially skilled remain undetected. Lanyon (1986) and Salter (1988,p184) noted that offenders demonstrate a number of different personality types and that these are often causally unrelated to the offending. Finkelhor (1984) has concluded that the widespread nature of sexual abuse, leads to the abandonment of theories of psychopathology for the conclusion that normative factors are involved.

4) Family Dysfunction

Some clinicians adopt a broader "systemic" view of child abuse. Systems theory was first described by von Bertalanffy (1968) who defined a system as "a complex of interacting elements". The theory was designed to cover physical phenomena, machines and biological systems. Two main types of system were described: "open" and "closed".

- a) A closed system is one in which there is no interaction with the surrounding environment such as a chemical reaction within a container. Once the reaction is complete, the system is said to be in equilibrium.
- b) An open system involves exchanges between the system and the environment. Changes in one creates change in the other via a system of feedback mechanisms. If conditions are stable, then the system is said to be in a steady state. Usually both the environment and the boundaries of the open system alter in various ways across time. In this way change and evolution is possible.

Family therapists have developed systems theory in order to describe family life (eg Haley, 1963; Minuchin, 1974; Palazzoli et al, 1978). Families are described as open systems that interact with their environment ie work, school, social networks. The boundary around a family is usually semi-permeable in that some material can only pass one way. Events within a family are usually understood as being examples of "circular causality" rather than "linear causality". The latter refers to a simple, one way cause and effect mechanism, for example when the sun shines people may put sunglasses on. However, putting sunglasses on will not affect the weather. Circular causality refers to a more complex mechanism whereby an action affects both the recipient and the initiator. For example, say a child is too anxious to eat. If the parent then shouts at the child for not eating then this is likely to increase the child's anxiety even more. The child eats even less and the parent becomes more frustrated.

The family system is composed of a series of subsystems. For example, the marital pair, the sibling system, grandparent/child system. Individuals are also composed of systems, both physical (eg cardiovascular) and psychological (eg ego, id, superego). In order for the family system to remain intact (or reach some form of equilibrium), the family have to develop ways of dealing with external and internal stressors. The mechanisms devised to cope with life changes and problems define how well the family is functioning.

In families in which CSA takes place (referred to in future as CSA families, not to imply family causation but for brevity) the abuse is considered to be a symptom of some dysfunction. The sexual nature of the abuse is minimised. Instead the abuse is perceived as a reflection of distorted relationships. It allows individuals within the family to avoid other problems and prevents family disintegration (Gutheil and Avery, 1977; Lustig et al, 1966; Mrazek and Bentovim, 1981).

A typical model for understanding abuse within the dysfunctional family model is that outlined by Furniss (1983). Abuse is suggested to arise from a) a sexually frustrated but demanding father, who is emotionally immature and dependent on his wife as a mother figure; b) a sexually rejecting mother, who is either compulsively caring for her husband or needs him due to her own emotional deprivation; and c) a daughter who has no trusting emotional relationship with her mother which could protect her from the abuse. Inter-generational boundaries within the family are severely distorted with the

daughter taking a parental role; both in terms of providing a sexual partner for the father but also protecting her mother from her responsibilities as a protective adult. For Furniss, the abuse is solely the responsibility of the father but other family members play an active role. The mother facilitates the abuse by her failure to develop a warm and communicative relationship with her daughter. The daughter becomes a rival to her mother's position as partner to the father. A conflict over power develops. The suggested dysfunctional system is portrayed as a triadic mechanism (see Figure 1.1).

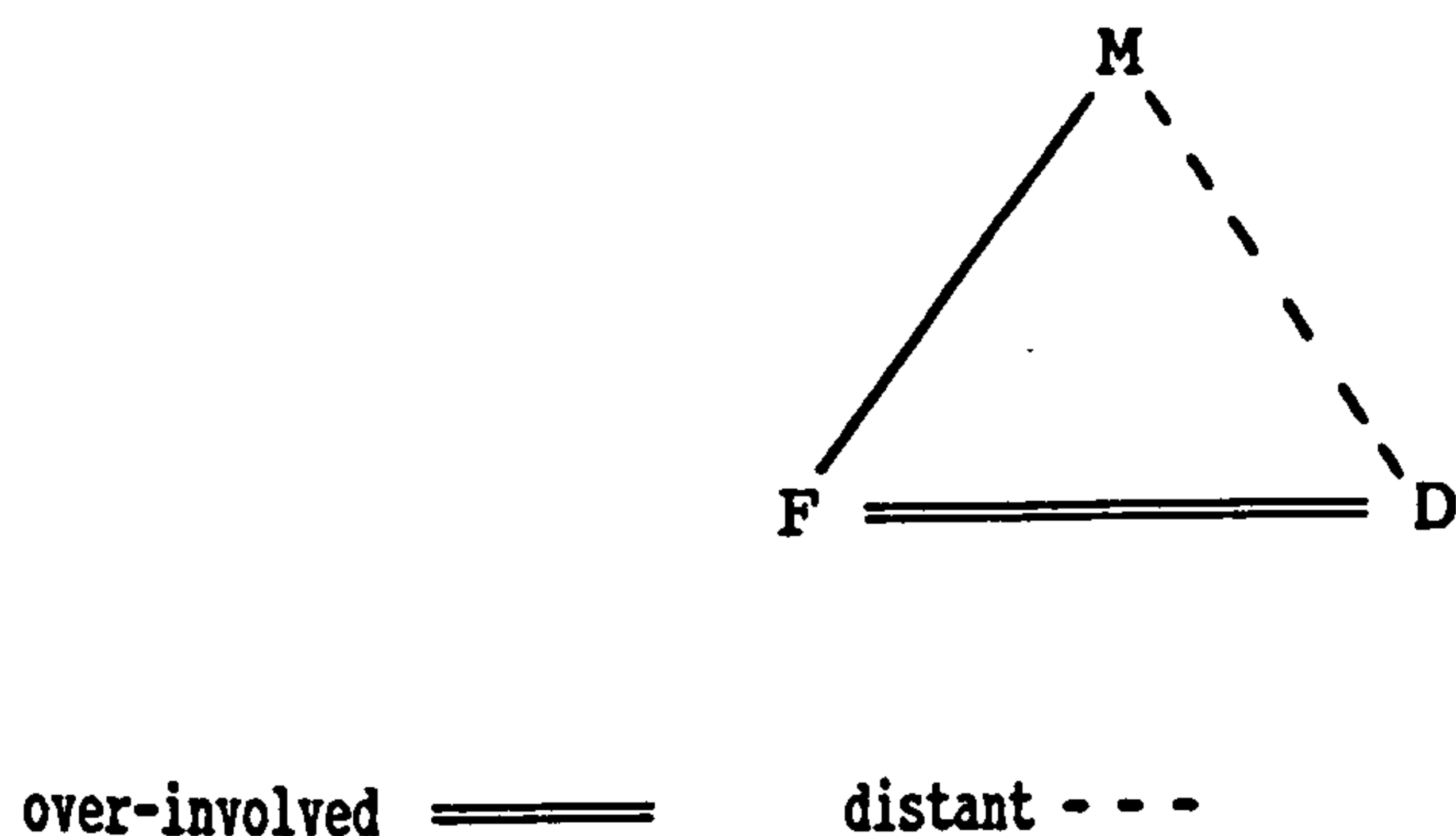


Figure 1.1 Triadic relationships in the dysfunctional family system (Furniss, 1983)

Furniss (1984) further differentiated between two categories of abusing families, where the abuse a) serves the purpose of avoiding open conflict between the parents, and b) where the abuse regulates the conflict. In conflict avoiding families, the mothers play a crucial role in setting the rules for emotional relationships and the way in which sexual and emotional issues are discussed. They are distant from their

daughters but may compensate by being compulsive caretakers. There are high levels of denial. In contrast, in conflict regulating families, the mother is deficient in practical and emotional support for her family. One of the daughters becomes a pseudo-parent. Communication is more open and there may be overt conflict expressed. The abused child becomes a channel by which the conflict is regulating, thus allowing parents to avoid conflict between them. The marriage is thus "salvaged". In both types of families, the new taboo becomes an open disclosure of the abuse. The secrecy is maintained by a fear of possible disastrous consequences if it were revealed.

Over the past few years there has been considerable debate about the use of systems theory in understanding child abuse. Critics have argued that the systems view is not supported by facts, that the central importance of male power is underestimated (ie that no attention appears to be paid to the fact that perpetrators are overwhelmingly male nor is there much attention paid to effects of male socialisation) and that mothers are held to be partly responsible (McLeod and Saraga, 1988; Wills, 1989).

A more recent systemic view of CSA views the role of women in a different way (McCarthy and O'Reilly Byrne, 1988) observing that:

The description of women in incestuously defined families as victims "colluding" in the male sovereignty myth is a caricature that does not fit with our observations

p183

Their hypothesis is that CSA reflects the confusion at the

heart of the modern family. As traditional roles have been eroded, all that is holding families together are the "pursuit of proximity, meeting of emotional needs and the consumption of goods". In certain circumstances, proximity swings between fusion and distance. Control becomes negotiated in an increasingly competitive way. If in conjunction to this, there is a low threshold to maintaining boundaries about appropriate love and proximity, incest may result. Whilst the theory takes more account of socialisation in that the social pressures on maintaining /changing roles are included, and mention is made that "other familial mis-alliances may be generated", the context focuses extensively on father-daughter incest.

In the light of studies indicating the high prevalence of male victims, the greater awareness that significant numbers of perpetrators abuse within and outside the home, it would appear insufficient to rely solely on systemic models. This is not to say that family factors should be set aside. An explanation for child abuse needs to take into account that the perpetrator is able, either overtly or covertly, to influence the whole family system. Families are known to maintain the secret of abuse for some considerable time. This is not to say that individuals are necessarily overtly hiding the abuse. More usually silence is maintained because open communication between family members is either mandated against or individuals are trapped in a vicious circle of low self-esteem, guilt, fear and self-blame. Also at the time of disclosure, families frequently try to protect the perpetrator either by denying original statements or by even rejecting the

abused child rather than the abuser. One could argue that family dysfunction is a consequence of CSA rather than a cause.

In summary, it would appear that overall, family models described above are lacking. As well as the criticisms mentioned above, it is not clear why the result of dysfunctional communication and distorted relationships necessarily results in sexual abuse as opposed to any other form of abuse.

5) Abuse of Power

More recent analyses of child abuse have focused on the concepts of power and control. In essence the behaviour of perpetrators has been seen as a manifestation of male dominance, as a way in which men manipulate weaker and more vulnerable individuals. Certainly sexual assault is becoming much more widely understood as a function of anger and hostility rather than as a primarily sexual act. For example Groth and Burgess (1979) wrote that:

distorted expression of identification and affiliation needs, power and control issues, and hostile and aggressive impulses, rather than sexuality were the underlying issue in paedophilia

p146

A number of studies demonstrate that control by the perpetrator is a common feature in abusing families. For example, Gordon and O'Keefe (1984) in a sample of fifty families showed that the pattern of male domination was

demonstrated by: a) indicators of the weakness of the mother, either her death, illness or due to her own victimization from spouse violence, and b) the victim's and wife's expressions of submission and fear towards the male. However the exertion of power is not always necessarily expressed in overt terms, for example, Stern (1980) identified three patterns of control:

a) Possessive/passive pattern. Here a patriarchal type of father dominates a passive wife and children. Such families are often described as conventional, financially stable households where the father controls everything with absolute authority.

b) Dependent man/ domineering woman. Typically the father looks to the wife for support and nurturance and has little overt power. The mothers are seen as cold and emotionally distancing and withdraw emotionally and sexually. Stern does not go further with this description. It cannot be overlooked, however, that the father still manipulates the child, invoking sympathy from the child (for example, explaining to the child that if the sexual abuse is allowed, then "everything will be better between me and your mum" or "I need you to make me feel better").

c) Incestrogenic. A relationship between an emotionally dependent man and an emotionally dependent woman. Both parents are inadequate and cannot meet each other's needs. Mother becomes unable or unwilling to prevent the abuse.

A more feminist interpretation of the abuse of power is that proposed by Herman and Hirschman (1977). The incest taboo is described as representing an agreement as to how women

shall be shared. However, boys and girls learn different versions of the taboo. Boys learn that they cannot consummate their sexual desires for their mother due to their fear of the punishment from the father. In compensation they learn that one day they can possess women of their own. If they do have daughters when they become older, they are obliged to give them away in marriage (the mother gives away neither her daughter or her son). The taboo against sex with his daughter will never carry the same force, either psychologically or socially as the taboo against incest with his mother as there is no punishing father to avenge the act. Girls learn that they are powerless as children, and they will remain so into adulthood. As a child she cannot possess her mother or her father. When she is an adult her best hope is to be possessed by someone like her father.

Chesler (1974) stated:

Women are encouraged to commit incest as a way of lifeAs opposed to marrying our fathers we marry men like our fathers...men who are older than us, have more money than us, more power than us, are taller than us, are stronger than us.....our fathers

p76

As the prohibition on sex between a father and his daughter carries less weight, it is frequently violated. Herman and Hirschman consider that violations of the taboo will occur in families which demonstrate extreme paternal dominance. This was supported from their findings that incestuous fathers were considered as family tyrants, but may not necessarily be functioning powerfully outside the family. It was speculated that women conform to the taboo because of their historic

experience as sexual property and as the primary caretakers of children. Having been frequently obliged to exchange sexual services for protection and care, women are in a position to understand the harmful effects of introducing sex into a relationship where there is an inequality of power. As primary caretakers women may be in a better position to understand more fully the needs of children and the appropriate limits of parental love. In a similar vein, MacFarlane (1978) viewed sexual abuse as a fundamental betrayal of childhood trust and an affirmation of the powerlessness of being young and female in a society where victimization is often not recognised and protection not guaranteed. As much of the feminist writings stem from women who were abused or from clinicians working with women abused as children, it is not surprising that the emphasis is on female children. However, similar power issues have been considered with respect to children in general (Macleod and Saraga, 1988; Summit, 1983).

In attempts to make sense of a family in which abuse occurs, commonly a high degree of control is exerted on family members, albeit in a complex and often covert way. However, again the explanatory problem arises in that it is not clear why the exploitation is expressed in a sexual way rather than as physical abuse or psychological abuse. Whilst it could be argued that the boundaries between the three forms of abuse are blurred (particularly between sexual and psychological), the three also occur as distinct and discrete problems in families (De Francis, 1969; Finkelhor, 1979; Potter and Mohr, 1977; Renvoise, 1982). In other words, an explanation for

sexual abuse needs to incorporate more specific processes than "abuse of power".

ALTERNATIVE APPROACHES

Child abuse encompasses such a wide range of behaviours that it is not surprising that no one model can fully encompass the facts. Differences include a lack of concordance in personal histories of abusers, some abusers use violence others do not, the sexual behaviours vary tremendously with some perpetrators actively prostituting their children and also abusing children outside their family contacts. However in order to effect change, professionals clearly need some form of structure within which to base formulations. Some attempt to integrate features of a number of models. For example, Finkelhor (1984) described a four factor model. For abuse to occur, four preconditions need to be met:

1) Motivation to abuse sexually. Motivation to abuse is seen as stemming from three factors:

- a) relating to the child sexually fulfils some emotional need
- b) the child becomes a potential source of sexual gratification
- c) alternative sources of sexual gratification are not available or are less satisfying

Explanatory factors cover a wide range including: arrested emotional development, being a victim of sexual abuse, fear of adult women, repressive norms about masturbation and extra-

marital sex, socialisation demanding that men be dominant and controlling.

2) Overcoming of internal inhibitions (disinhibition).

Finkelhor considered that disinhibition must occur in order for abuse to occur (as opposed to the other factors which may be implicated but are not a requirement). Disinhibition occurs as a result of numerous conditions including alcohol, impulse disorder, male inability to relate to child, ideology of patriarchy, social toleration for sexual interest in children, child pornography.

3) Overcoming external inhibitors. This covers factors related to opportunity to abuse and factors accounting for the child's isolation from protection from others. For example, mother absent or ill, mother not close to child, lack of supervision, erosion of social networks.

4) Overcoming the resistance of the child. This relates to factors which undermine the child's ability to protect itself from abuse. For example, child emotionally insecure, child lacks knowledge, powerlessness, situation of trust between child and abuser, coercion.

It could be argued that Finkelhor has sought to incorporate all models within one. However he argued that the key causal factor in understanding the predominance of male offenders is male sexual socialisation. For him:

- a) Men are brought up to sexualise their emotions such that sex becomes the vehicle through which emotional needs get met;
- b) Men are socialised to be attracted to younger, smaller and less powerful partners. Children are an extension of this

power gradient; and

c) Society exempts men from child care. Hence men do not understand the victimisation of children and may rationalise their abusive actions.

The four factor model places less emphasis on factors maintaining the abusive environment. Yet this is the mechanism by which the perpetrator continues to abuse despite changes as time goes on. Hence the sexual activity may continue even when the child has become an adult. It is also difficult to fit female perpetrators, however rare, within the model. Whilst Finkelhor acknowledged that women form a minority of abusers, some women do abuse their children.

It is the clinical experience of the author that the abusive behaviour of female perpetrators, however rare, is not sufficiently qualitatively different to be viewed as a separate phenomenon: they must be able to be incorporated within any explanatory model. Similar views are expressed by Wolfe (1985) who conducted a study of twelve female offenders. He found that the women were not suffering from a psychiatric disorder nor were they coerced into the abuse. He noted that half committed the abuse in conjunction with an adult male. However he also observed that the women more frequently abused children within their families and reported using deviant fantasies for sexual arousal. Despite the small sample in this study, it suggested that, at least for some women, features of female abusive behaviour are the same as for male perpetrators. Any model placing strong emphasis on masculine socialisation processes, fails to explain female offenders.

Tierney and Corwin (1983) also adopted a more systemic view in attempting to provide a model for child sexual abuse. They felt that previous attempts have been hampered by a number of factors including:

- a) Knowledge. It was noted that there was a lack of knowledge concerning prevalence of CSA.
- b) Methodology. Investigating CSA presents a number of methodological difficulties. For example, researchers often had to limit their study to small pre-screened samples (such as convicted offenders); control groups were not often used and those that did, commonly employed retrospective accounts which may have introduced bias (such as social desirability).
- c) Cooperation. Tierney and Corwin noted the difficulty in separating out the antecedent conditions from the effects of abuse, compounding the problem of post hoc rationalisations.
- d) Aims and objectives. The goals of the researchers differed and this was considered to have influenced the research design adopted.

In order to overcome the problems outlined above, Tierney and Corwin (1983) proposed a model that explains sexual abuse as a behaviour that is influenced at several levels (see Table 1.1). They focus on a few "key variables". The criteria for selection as a key variable were:

- a) significant support in the literature;
- b) considered by clinicians to have the most explanatory value and
- c) potentially effective in terms of prevention and treatment.

Table 1.1 A Model for CSA (Tierney and Corwin, 1983)

LEVEL OF ANALYSIS	VARIABLE
1) SOCIO-ECOLOGICAL	Geographic isolation, household density, social isolation
2) FAMILY STRUCTURE	Reconstituted families, role disturbance, absence of good mother-child relationship, power imbalances
3) INDIVIDUAL PREDISPOSITION	<u>Male parent</u> : psychosexual immaturity, few social ties, childhood trauma, low marital and sexual satisfaction. <u>Female parent</u> : Poor self concept, low marital and sexual satisfaction. Emotional distance from victim, history of abuse. <u>Victim</u> : isolated, high need for affection and attention.
4) PRECIPITATING FACTORS	Life stress, parental absence

In summary, the factors are subdivided into four levels of analysis:

- 1) socio-ecological factors
- 2) family structure
- 3) individual predisposition
- 4) precipitating factors - ie the other factors may be present but need not necessarily lead to abuse unless there is some sort of trigger.

It could be argued that the fourth level of analysis requires the most scrutiny. Yet it is the level with the fewest factors. Tierney and Corwin only addressed two life stress and parental absence. They proposed that a series of major life changes could, in the absence of adequate coping strategies lead to acting out behaviours in predisposed

persons. Parental absence may channel the acting out in a sexual way either due to the father's absence and then return to a changed family situation or incapacitation of the mother. They argued that parental absence may be important because it relaxes normal constraints, makes detection less likely, exacerbates sexual need and isolates the victim.

Tierney and Corwin's model again highlights the complexity of working in the area of CSA. New ideas continue to be generated about abuse and as yet there are no nationally agreed, let alone more universally agreed, explanatory concepts. This raises the question of how professionals make sense of sexual abuse in order to carry out their day to day tasks and interventions. This is an important issue as exemplified by the numerous enquiries and reviews that have been conducted (eg Butler-Sloss, 1988). It would appear that there is disagreement amongst professionals regarding identification of abuse and methods of intervention (eg Finkelhor et al, 1984,p203ff; Wilk and McCarthy, 1986). Whilst this is not surprising in the light of the discordant research in the area, it warrants further investigation.

PROFESSIONALS AND CSA

Despite the seriousness of child sexual abuse and the potential cost to a family should professionals fail to make appropriate decisions, the literature reveals few studies that consider how professionals understand CSA. Latham (1981)

considers that part of the problem relates to the reluctance professionals have to discuss sexual matters, particularly sexual offences. Many papers refer to the way in which professionals can "mirror" the problems of the family and become enmeshed in the complicated family dynamics (eg Glaser and Frosh, 1989; Kaye and Winefield, 1988). One of the few empirical studies on this subject is that conducted by Frenken and Stolk (1990). It was found that eighty five per cent of professionals surveyed experienced some sort of emotional strain from working with CSA cases. Responses included: anger, embarrassment, disgust, strong identification with the victim and general feelings of powerlessness. Subjects also described having insufficient knowledge and skills.

Frenken and Stolk concluded that the combination of lack of skills and emotional difficulty had negative effects on helping victims. When examining case histories it was found that clues that pointed to CSA experiences were not pursued or were overlooked. In fifty per cent of cases when suspicion of CSA arose, the professional did not pursue the subject. Reasons offered by the professionals were always "rationalised as to the effect further questioning might have on the clients". In a second study which involved interviewing fifty victims who had experience of therapy, the victims did not share the view that avoidance was in their best interests.

Finkelhor (1984) surveyed attitudes about goals of work. Criminal justice workers (ie police, prosecutors, probation officers) favoured prosecution and put a low priority on

keeping families together. This was at odds with child protection workers who favoured the opposite approach. This finding has been replicated in several studies (eg Kelley, 1990; Saunders, 1988; Wilk and McCarthy, 1986). Mental health workers tended to lie between the two polarised positions. It is possible that confounding factors included gender and age differences. For example, in Saunders' study (1988) the majority of respondents were men (seventy four per cent) but seventy one per cent of the social work group were female. However in Finkelhor's study the majority of criminal justice workers were women and also included more young people. Kelley's study (1990) was predominantly female (sixty eight per cent versus thirty two per cent) and included a wide range of ages, but it is not clear what the gender or age mix was across the professional groups. In Wilk and McCarthy's study (1986) it is not possible to identify the gender or age mix. Again, the differences in design make comparison across studies difficult.

Differences in views about what approach to adopt may reflect differences about the nature of the problem (eg dysfunctional family or perhaps abnormal male) or the perceived effects of the abuse.

a) Problem. Attias and Goodwin (1985) found that more than half of the professionals they surveyed considered that CSA families were dysfunctional and twenty nine per cent viewed them as "normal". Subjects in another study (LaBarbera et al, 1980) rated CSA families to be dysfunctional.

b) Effects. Studies tend to indicate that professionals demonstrate little consensus about the likely after effects (Eisenberg et al, 1987; LaBarbera et al, 1980).

The literature details the difficulties children have in understanding the abuse they experience, the extent of their divided loyalties and inability to communicate about their distress (eg Glasgow, 1988; Kempe and Kempe, 1984; Summit, 1983). However, several studies have demonstrated that some professionals appear unable to (or do not have the knowledge base to) apply this to their practice. For example, studies demonstrate that subjects differ in their approach and attitude depending on whether the victim was construed to have "resisted" their abuse (eg Johnson et al, 1990; Kelley, 1990; Virkkunen, 1975). However, Saunders (1988) found no evidence of "victim culpability" in his survey of social work and judicial system workers. The only statistically significant differences were related to victim credibility and punishment.

Attitudes were consistent with the roles of the professionals, ie district attorneys, police and social workers were found to be advocates for the child (found the victim the most credible and least responsible), whereas public defenders found the perpetrators the least responsible and recommended the least punitive response). Judges held more neutral beliefs than the other groups. It should be noted however that Saunders' sample was primarily male (seventy four per cent) and the response rate from judges and public defenders was under fifty per cent.

Another factor influencing ways of working may be the number of years of work experience. Increasing years experience was found to have decreased the perceived psychological harm caused by CSA (LaBarbera et al, 1980) a finding which appears to be contradicted by the author (Eisenberg et al, 1987) who found that with increasing experience, professionals were more likely to opt for removing a child into care. Other studies either found that experience did not influence results or did not control for this variable. Again, there would appear to be a need to investigate this further.

DISCUSSION AND CONCLUSIONS

The literature reveals that CSA is an area that poses professionals with many difficulties, ranging from definition, prevalence, explanation to intervention. It is perhaps not surprising that professionals appear to show little consensus about how this area should be tackled. However, in the interests of the clients that seek help and the clients that need protection, it is important that there continues to be not only further investigation of CSA, but also further evaluation of interventions by professionals. This point is particularly pertinent considering the continuing controversy about professionals and their role in CSA, the continuing evidence that victims feel unable to report at the time of their abuse.

One of the few studies conducted assessing victims' experience of contact with professionals makes salutary reading (Frenken and Stolk, 1990). It was found that on average women who were abused as children and later sought help as adults were seen on average by 3.5 professionals. Just under fifty per cent failed to find their therapeutic experience satisfactory. The women reported that sixty one per cent of the first professional they saw failed to take up the issue with the victim. Of the professionals who did, thirty per cent met their story with disbelief, thirty eight per cent belittled it, thirty eight per cent put the blame on the victims and thirty four per cent made light of the perpetrators behaviour. Ten per cent of the women reported sexual abuse by the professional they saw. A finding which has been reported across the whole spectrum of therapeutic work (Brown, 1988; Masson, 1989; Pope, 1986).

In conclusion, it can be seen that: a) sexual abuse cannot be understood in isolation b) the research that has been conducted has focused mainly on specific target groups and on few factors. A need has thus been identified for a research design that incorporates:

- 1) a broad based assessment of an abusing family
- 2) an evaluation of factors that may contribute to the maintenance of abuse
- 3) the use of control groups
- 4) investigation of the knowledge base and attitudes held by professionals

The immediate difficulty facing a researcher is that whilst a broad based approach is desirable, there are so many factors involved in CSA that no one study can incorporate them all. A possible solution is to consider the current knowledge contributing to points two and three which may highlight factors that have the most explanatory value. For example it has been proposed that CSA should be understood as an abuse of power. However, other forms of abuse could also be construed as such. Investigating factors related to power would only be profitable if it could be demonstrated that there are differences in the way in which power is exercised in different types of abusing families. The following chapter will argue that in fact it is possible to highlight particular factors that have particular relevance to sexually abusing families as opposed to other groups of dysfunctional families.

CHAPTER TWO

POWER AND POWER PERCEPTIONS IN THE FAMILY

INTRODUCTION

Chapter One provided an overview of CSA. It was apparent that many of the models proposed to understand why men abuse their children are not empirically based. In order to address this it was proposed that there would be merit in exploring whether it is possible to differentiate between CSA families and others. Considering the complexity of the area it was considered important to focus on one particular aspect of families. From the review of the literature, it was apparent that concepts related to power and control feature in several of the models. It was therefore decided that this would be a useful starting point.

Chapter Two will review the literature with respect to power and control within families. This will involve a comparison of different types of families in order to tease out whether these concepts provide a useful way of making sense of CSA.

POWER AND CONTROL WITHIN THE FAMILY

Within the context of the family, the concept of power has been used extensively. Providing a definition that could be used universally however, is a difficult task. Bierstedt (1950) noted:

In the entire lexicon of sociological concepts, none is more troublesome than the concept of power. We may say about it in general only what St. Augustine said about time, that we all know perfectly well what it is - until someone asks us.

p7

The literature can be divided into three main approaches:

1) Resource theory, 2) Exchange theory, 3) Feminist Theories.

1) Resource Theory

Resource theory stems from early work on marital couples (Blood and Wolfe, 1960; Wolfe, 1959). Resources are defined as anything one individual could offer another to help that person satisfy needs or goals. The more resources an individual has, the more powerful they are. The focus of experimental work in resource theory is on decision making, in particular who has the final say. Power is expressed by the extent to which one partner influences decision making within the dyad. Cromwell and Olson (1975) attempted to define power more precisely and divided family power into three "domains":

a) Bases of family power: The resources an individual possesses which may increase their ability to exercise control in a given situation.

b) Family power processes: The interaction between family members such as in problem solving or conflict resolution.

c) Family power outcomes: The decision maker, in other words, who wins.

An individual's capacity to influence others has been further explored by Raven et al (1975, p218-219). Six specific bases of power were delineated.

a) Legitimate power: Otherwise known as authority ie an individual's legitimate, normatively prescribed right to change another's behaviour.

b) Referent power: A "model" with whom another identifies, the model displaying appropriate, desirable behaviour.

c) Expert power: The perceived superior knowledge of an individual relative to another.

d) Informational power: The ability to use explanations and other persuasive communication to modify the behaviour of others.

e) Reward power: The perceived ability to provide rewards to another in order to obtain behaviour change.

f) Coercive power: The perceived ability to administer punishment to another if a desired behaviour does not occur.

Whilst this provides a useful breakdown of forms of power, the difficulty of measurement arises. This is particularly complex since they are not mutually exclusive. It is likely that any interaction will be the product of a number of the bases operating at once.

Traditionally, researchers have often relied on post hoc reports of decision making in families in order to try and quantify power (eg Blood and Wolfe, 1960; Cooney et al, 1982; Rank, 1982). However, critics of resource theory have argued

that this provides only limited information about family functioning; relying on an individual's (usually the wife) perception of the outcome of decision making. Another criticism is that resource theorists typically do not address the whole range of resources exchanged between couples but tend to concentrate on income, occupational prestige and education (Olson and Cromwell, 1975; Safilios-Rothschild, 1976).

2) Exchange Theory

Exchange theory was originally developed by Homans (1951). The principles are that human interaction is guided by the pursuit of rewards and the avoidance of punishment and costs. An individual who supplies reward services to another is then in a position of power in that reciprocation is expected (Blau, 1964; Gelles and Straus, 1979). Gelles (1983) developed exchange theory to account for family violence. Power was construed in a physical sense in that abusers were bigger, stronger and economically independent. This meant that victims were unable to retaliate, either physically or by imposing economic sanctions. Abusers therefore continued to use violence because the rewards outweighed the costs. Gelles argued that a major factor contributing to male abusers' power was their position in society. For example, cultural expectations that men are "head of the household", "a man's home is his castle" and even in some situations where violence is associated with being a "real man". It would appear that exchange theory would provide a useful framework to begin to

look at abusing families. However, one would need to add further mediating factors in order to understand the complexity of abusing behaviour (for example, that one child tends to be scapegoated in violent families, that some abusers assault children physically and sexually. Family functioning of abusing families will be discussed below).

3) Feminist Theories

A major aim of the feminist movement has been to empower or re-empower women and children ie those denied the ability or opportunity to influence behaviour in a society which is predominantly a male power structure. Abuse is very much understood in terms of power, of dominance, and of authority. Power is mediated in a number of ways:

a) Economic

Despite the Equal Pay and Sex Discrimination Act (1975) women are still over-represented in the lower wage band (Equal Opportunities Commission, 1977; Fothergill and Vincent, 1985; Snell, 1986). This, in conjunction with poor child care resources available to working women (Fothergill and Vincent, 1985), makes it very difficult for women to be economically independent from men.

b) Psychological

Much has been written about the socialisation of women as the "weaker" and more passive sex (eg de Beauvoir, 1972; Friedan, 1963; Rose et al, 1984, Chapter 6). Such behaviour is

expressed in different ways, for example: deference to men in social settings and in conversation (Bell and Newby, 1976; Fishman, 1978; Henley, 1977); women being under-represented at management level in many professions (Fothergill and Vincent, 1985; Scrivens and Charlton, 1985).

c) Physical

Unequal power relationships are often maintained through male violence (eg Finkelhor and Yllo, 1985; Hall, 1985; Goode, 1971; Wardell et al, 1983).

Child abuse from a feminist perspective was summarised in Chapter One and will therefore not be developed at this point. However, whilst the concept of abuse of power is useful in understanding general dynamics of abusing families, the mechanisms operating in child abuse need to be further delineated. For example, it is necessary to understand why a parent sexually abuses as opposed to abusing in another way.

It is appropriate to combine different features of the various perspectives on power to provide a working definition for the purposes of this study. Power is:

the extent to which an individual has the capacity to exercise authority over another/others, based on legal, economical, psychological or physical distinctions or differences.

Power can be seen to be closely related, indeed integral, to the issue of control. It could be argued that control mediates power: A person exercises power through a range of control mechanisms. A parent is manifestly powerful, for example, if

he or she is able to exercise control by applying sanctions to particular behaviours or by limiting behaviours by withdrawing resources however these are defined.

FAMILY ENVIRONMENTS: A COMPARISON

In order to make sense of the literature relating to power and control within different sorts of families, it was considered appropriate to place the research in the context of more general descriptions of families. In other words the discussion will initially focus on the general structure/environment of families and then more specifically on how power is mediated. In order to provide a comparison to CSA, three other types of families will also be reviewed:

- 1) normal
- 2) those in which physical abuse takes place and
- 3) those in which emotional abuse occurs.

1) Normal Families

Traditionally, the concept of the "normal" family has been rooted within the structure of the Western nuclear family. However, beyond that definition, it is not clear what would constitute a "normal" family. The literature predominantly focuses on problem families, with clinicians tending to define a healthy family in general statements such as "abuse not happening any more".

Attempts to define the normal family in more precise terms, encounter the problems of evolving societal and cultural

norms. Political and economic factors could also be viewed as influencing the concept of the ideal family. For example, the historical tradition is for women to take on the main child rearing tasks. Despite significant developments in the acceptance of women as equal partners to men, it could be argued that realistic provision and funding of child care facilities (thus enabling women to take on roles outside the nuclear family) are only beginning to be fully debated subsequent to the realisation that there will be a shortfall in young people entering the job market.

Clinicians who have attempted to define what constitutes normal family organisation, include Barnhill (1979), Minuchin and Fishman (1974) and Walsh (1982). All three perceive the family as a system (as described in Chapter One). In order to function successfully, it is considered that the family must adapt to internal and external stressors. Further, the family needs to find a balance between providing encouragement and space for the growth of individuals versus maintenance of family unity. Minuchin (1974) described the family in terms of a developmental schema, a series of evolving stages:

a) Couple formation

Two partners must negotiate patterns of interaction that are mutually acceptable. The couple need to find a way of resolving conflicts and differing expectations. They must develop boundaries between themselves, families of origin, friends, work and their local community but at the same time maintain contact with outside systems. For the couple to

survive there needs to be a realisation that belonging can be enriching as well as constraining.

b) Families with young children

The birth of a child demands that the parental system adapt to a new personality within the family. Stresses include potential conflicts of divided loyalties (ie between the child and one's partner) and disengagement by one of the parents. Problems will occur if the conflicts are poorly resolved and cross-generational coalitions are formed; thus forcing one parent to become isolated or to become over-controlling. As the child becomes older, the parents must establish controls that promote the safety of the child but also allow individuals to grow.

c) Families with school age/adolescent children

The family system now has to accommodate the child's increasing autonomy, particularly in their interactions with the outside world. The child will be bringing new experiences into the family. Parents again have to develop a balance between maintaining contact and control but allowing individual freedom. Another source of pressure may be increasing demands from families of origin due to declining health or death. Added to this loss will be the commencement of the process of separation between children and the parents.

d) Families with grown children

For a couple to negotiate this stage successfully they will

need to have reconciled themselves to their children's adult life style and to construe positively the "empty nest". There is a necessity to appreciate that they now have the time and space to realise possibilities that were impossible whilst parenting was necessary.

Minuchin acknowledged that this developmental schema was descriptive of middle class families and that it was becoming more likely that families would experience separation, divorce and possible re-marriage. However he argued that whatever the social context, families pass through stages of growth and ageing. Families must cope with periods of crisis and transition.

Barnhill (1979) proposed that healthy families could be differentiated from dysfunctional ones on the basis of eight dimensions, see Table 2.1. The dimensions are subdivided into four family themes. Each dimension is interdependent and change in one is likely to promote change in another. Kirschener and Kirschener (1986) described a model of "optimal" family functioning. Akin to other models, they outlined a series of stages that a family experiences: marital transactions, rearing transactions and independent transactions (the functioning of individual family members in their own activities). At the base of an optimal family is a strong marital relationship, in which the prime task of a couple then is to meet each other's needs. As re-parental figures for each other, each spouse can provide inputs that were lacking in the partner's family of origin. A spouse may program the other for self confidence and success through

Table 2.1. Healthy and Dysfunctional Families: Dimensions (Barnhill, 1979).

I. Identity processes

- 1) Individuation versus enmeshment
- 2) Mutuality versus isolation

II. Change

- 3) Flexibility versus rigidity
- 4) Stability versus disorganisation

III. Information processing

- 5) Clear versus unclear or distorted perceptions
- 6) Clear versus unclear roles or role conflict

IV. Role structuring

- 7) Role reciprocity versus unclear or conflictual roles
 - 8) Clear versus diffuse or breached inter-generational boundaries
-

suggestions and directives regarding productive behaviours. Education, modelling, confrontation, validation, encouragement and inspiration may also be provided (Kirschener and Kirschener, 1986, p30). In common with other writers, Kirschener and Kirschener identified the need for couples to negotiate strategies to resolve conflict. Again the criteria of success is that family members are able to function autonomously outside the family without the family unit disbanding.

When considering the usefulness of the concept of a "healthy" or "optimal" family, it would appear that difficulty arises if one is attempting to categorise a particular family. The models outlined above all recognise that family life is characterised by stressful periods and that growth is usually a painful process. At what stage therefore, does a particular

mechanism devised by the family to deal with stress become dysfunctional? Another difficulty with some of the models is the emphasis on the development of autonomy. Within certain cultural groups, autonomy of certain individuals (usually women) is not encouraged and indeed in some instances is effectively prohibited. For example, within certain religious communities, the role of women can be strictly circumscribed with restrictions placed on their social network and freedom of movement (eg Henry and Taitz, 1990; Mernissi, 1985).

2) CSA Families

Chapter One described the numerous approaches proposed to account for child sexual abuse. The model developed by Furniss (1983) was described in detail (see page 26). In summary, the key elements were that the father and daughter had become over-involved and both distanced from the mother. Abuse was considered to either avoid or regulate open conflict within the family. Similar processes have been described by workers such as Mrazek and Bentovim (1981) whereby the abuse avoids other family problems and prevents family disintegration.

A common theme therefore has been that of a breakdown in boundaries between family members. Minuchin (1974) described this as enmeshment. He proposed that a family is constructed of a number of subsystems, eg mother/father, sibling group, mother/child. For the family to function successfully, the boundaries of each subsystem must be clear. A parental subsystem that includes a grandmother, for example, can be effective provided that lines of responsibility are well

delineated. Minuchin described all families as falling somewhere along a continuum whose poles are enmeshed and disengaged (See Figure 2.2).

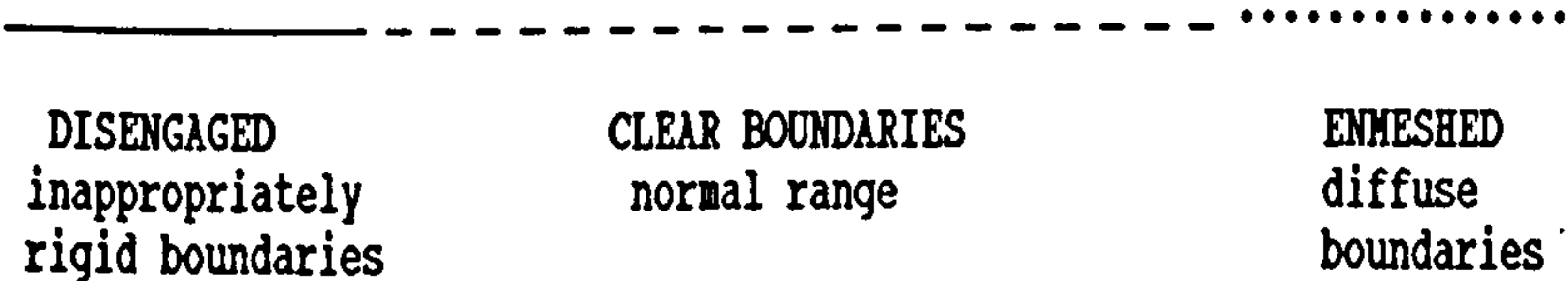


Figure 2.2. The enmeshment/disengaged continuum (Minuchin, 1984,p54).

Families that are enmeshed have become increasingly inward looking, distances are decreased and boundaries become blurred. The family system becomes very diffuse and role reversal can occur. In CSA families, the boundary that is particularly distorted is that between the abused child and the parents. Closeness between the abused child and the abuser has been remarked on (eg Giarretto, 1976; Justice and Justice, 1979) although the term close should not necessarily be construed as suggesting mutual support and consent but rather as a reflection of the strength of the tie (Glasgow, 1988; Summit, 1983). The concept of closeness without support can perhaps be more clearly defined by Olson (1982) who conducted one of the few observational studies. It was noted that CSA families were significantly different from controls on dimensions such as: unusual parent-child coalition, low

empathy, unresolved conflict, hostile depressed tone, incongruent picture of themselves, tendency to obliterate autonomy.

The relationship between the abused child and the non-abusing parent could perhaps be seen as being disengaged. The quality of communication between them is not sufficiently good to allow disclosure of the abuse or, in some cases, the non-abusing parent cannot become sufficiently engaged within the family to protect the children. The child may respond to the lack of support from the non-abusing parent with hostility (eg Elton, 1988).

3. Physical Abuse

The dynamics of physically abusing families has been extensively researched. Traditionally the view has been that mothers are over-represented in physical abuse (Martin, 1983) and some studies have demonstrated a higher incidence of female abusers (Gelles, 1983; Scott, 1973). However, Gil (1970) and Hyman (1978) noted that fatherless homes were over-represented. If allowances were made for this, then the involvement rate of fathers was actually higher than that of mothers. Martin (1978) found that men and women were equally likely to abuse infants, but three out of four adolescents were abused by men.

A valid comparison with CSA is problematic since studies need to bear upon male abusers. However, researchers often do not differentiate between male and female abusers or control for gender. Those that do, predominantly focus on women.

Martin (1983) noted that out of seventy six papers published between 1976 and 1980, only two dealt exclusively with men. The author has met with similar difficulties. Extending the review to studies that include both genders reveal again a bias towards women (for example, Anderson, 1982, included eighty eight mothers and only twenty three fathers). When evaluating the reliability of studies including fathers, there are added methodological problems:

a) Problems of definition

There is difficulty differentiating between "chastisement" and "physical abuse", comparing families in which abuse has occurred on one occasion versus prolonged and extensive abuse.

b) Sampling bias

Research can only sample cases that are disclosed. Despite advances in diagnostic techniques, there can be uncertainty in certain cases as to whether injuries really were accidental or deliberate. Indeed, Gelles and Cornell (1985,p53), noted a bias in the way cases were diagnosed; lower socio-economic groups being more likely to have their children labelled as abused.

c) Small sample size

d) Social desirability biases

Families are aware that their contact and type of communication with professionals is likely to be critical in

- child care decision making.

It could be argued that the paucity of research on physically abusing fathers renders a meaningful comparison with the research on CSA fathers as problematic if not impossible at this stage. For completeness, the main findings will be presented. Unless stated otherwise the studies include a mixed gender subject group and where possible, the male/female ratio is given.

a) Negative interactions

In abusing families members spend less time interacting with each other than non-abusing families and when they do, the interaction is likely to be a negative one (Burgess and Conger, 1977; Reid and Taplin, 1976; Silber, 1985). Typically such studies have involved blind raters coding interaction patterns of various types of family. Some caution must be attached to the results. In the Burgess study, "neglecting" families showed similar interactions to the abusing families. In the Reid study the comparison families were not matched. Silber's study included matched controls but none of the three studies controlled for gender of abuser. Other work has suggested that it is not the actual rate of negative interactions that differentiate between abusing and non-abusing families. Instead it is the reciprocal nature of negative behaviour that is seen as the key factor with the child responding in a hostile or negative way to the parent and the occurrence of little positive interaction (Crittenden, 1981; Davis and Graybill, 1983; Lorber et al, 1984). This

aversive cycle contributes to the maintenance of the abuse.

b) Social isolation

Abusing families tend to be socially isolated or at least lack adequate child care resources, for example a parent struggling with a large family (Elmer, 1977; Smith, 1975; Young, 1964). This finding is by no means universal (Purcell, 1979), but it is common to find that parents feel unsupported or seem unable to use support (Garbarino, 1982; Turner, 1982; Weiner, 1985). However, the resulting "turning in" towards the family and subsequent enmeshment, does not appear to follow the same course as in CSA families. For example, researchers have proposed that physical abuse occurs when parents place unrealistic emotional and developmental demands on their children. Parents then become disappointed and frustrated with their child's apparent non-compliance and punishment results (Cunningham, 1972; Martin, 1977; Spinetta and Rigler, 1972). At some level, role reversal is occurring, but the process is unsuccessful. Further, some studies have indicated:

c) Rigid boundaries

Physically abusing families appear to demonstrate a more rigid form of family organisation (Milner and Wimberley, 1980; Purcell, 1979; Silber, 1985; Weiner, 1985). That is, when faced with a problem or task, abusing families spent less time trying to resolve problems and were less flexible in the way they tried to deal with the problem. Abusing parents also viewed structure and organisation as being more important than

did non-abusing parents (Davis and Graybill, 1983). This is in contrast with enmeshed families whose boundaries are diffuse and lack structure. Murphy (1980) on the other hand, found no differences between abusing families and non-abusing families in the way members perceived family functioning (which included measures of rigidity).

Rather than use the model of enmeshment, perhaps a more appropriate model would be that of expressed emotion (EE) (Brown et al, 1972; Leff and Vaughn, 1985). This model has been more commonly used to describe families with a schizophrenic member. However, there could be seen to be analogies. For example, the characteristics of high EE relatives are: i) showing little understanding of the patient ii) having emotional responses that are marked by high levels of criticism and emotional intensity, iii) behaving in an inflexible way and demonstrating poor problem solving skills (Vaughn, 1988).

4. Psychologically Dysfunctional Families

The research literature on psychologically dysfunctional families is equivocal. This is perhaps not surprising given the wide range of behaviours involved. However, there are certain types of functioning that can be identified. Characteristic are inefficient patterns of communication (O'Connor and Stachowiak, 1971). Several patterns have been described:

a) Under-involved families

These families are characterised by poor organisation and members placing few demands on each other (Rutter, 1976). Children tend to be left by themselves and there is a lack of awareness on the parent's part that children require guidance, reassurance and boundaries. In effect the parents are unable to meet their children's needs (Egeland et al, 1983). Another form of neglect is when parents dismiss their children and fail to consider the child's limitations. The children are often undermined and devalued (Patterson and Thompson, 1980).

b) Inconsistent families

Parents in these families are unable to provide a unified approach towards their children. Often triangulation can occur, whereby the child is brought into the conflict between the parents. Rather than deal with their problems, the marital couple can scapegoat the child as the root of their difficulties. Each parent may undermine the other by giving the child conflicting tasks or messages (Herrenkohl and Herrenkohl, 1981; Herrenkohl et al, 1983). The child thereby grows up in an environment characterised by uncertainty and lack of safety (Fontana, 1973).

c) Over-controlling families

Similarly to physically abusing families, these families have exaggerated expectations of their children and maltreat them when the children are unable to respond (Gordon, 1979, 1980; Jenewicz, 1983). The continual threats and punishments result

in an overfearful and insecure child (Krugman and Krugman, 1984). Alternatively, parents may control the child by overprotection and consistently prevent the child from actualising its potential.

The resolution of conflicts or problems will of course vary from family to family, depending on the nature of the family organisation. In terms of systems, all three forms of family functioning are characterised by an equilibrium achieved at the child's expense. In other words, instead of acknowledging responsibility for problems or for caring adequately for family members, the parents either imbue the difficulties within their children or ignore their presence altogether; psychologically at least.

The first part of this Chapter has explored general structures of different groups of families. It was apparent that in the dysfunctional families, control was an important variable but expressed in different ways. In order to clarify the difference, control will be reviewed in more detail.

UNDERSTANDING CONTROL IN DYSFUNCTIONAL FAMILIES

Control processes within families can become very complex. First, whatever mechanisms are used to regulate family organisation, they cannot operate in isolation ie work, school and social networks will impinge in some way. For example, a family rule that people can get up when they like will soon result in problems with outside agencies. Secondly, individual

members of the family are likely to perceive the control mechanisms operating in very different ways. For example, a young child may assume that a parent can control everything, whereas the parent may actually be despairing of being able to regulate anything in their lives.

In abusing families, the issue of power and control become critical. The type of control mechanism employed can have potentially very dangerous consequences, including ultimately the death of a child. The parental abuse of power can be expressed through acts of commission or omission. It could be argued that in pathologically organised families the processes of control have become maladaptive. The family has evolved as a closed system: for whatever reason or reasons, the family has become psychologically isolated. The result is a closed loop. As stresses begin to build, individuals are unable or unwilling to seek external support/help and become increasingly rigid in their way of dealing with problems, increasing the likelihood of abuse. A more "healthy" family as an open system allows flexibility in dealing with crises. The potential for appropriate conflict resolution is located in openness: the range of possible alternatives for the exercise of control.

An investigation of control mechanisms could highlight those control factors characteristic of types of abuse. This should help to clarify why certain families subject their children to one form of abuse rather than another. It could be argued that in order to investigate control more closely, one needs to

begin with perceptions of the abuser's role from three standpoints:

1) Abuser perceptions

The way in which the abuser perceives control within the family.

2) External perceptions

The way in which the abuser perceives the extent of their control outside the family.

3) Family perceptions

The way in which other family members construe the abuser's control, both within and outside the family.

1. ABUSER PERCEPTIONS

In order to aid comparison between different forms of abuse, these will be considered separately.

a) CSA

Chapter One indicated that sexual abusers usually play a very powerful role within the family. They are able to manipulate the family into maintaining the secret of abuse, often for some considerable time. Power can be exercised in either of two ways.

i) Overt domination

Tierney and Corwin (1983,p108) describe this type of abuser as being in clear control of the family. They make most of the

family decisions and control the family resources. Maisch (1973) described them as

....tend(ing) toward abuses of authority of every conceivable kind, and they not infrequently endeavour to secure their dominant position in the family by socially isolating the members of the family from the world outside. Swedish, American and French surveys have pointed time and again to the patriarchal position of such fathers who set up a "primitive family order"

Maisch, p 140

ii) Covert means

To gain control the abuser often elicits sympathy or loyalty from family members so that they do as asked. Typically such men are said to have low self esteem and have difficulties relating to other adults (Kirkland and Bauer, 1982; Panton, 1979; both studies employed MMPI ratings on incestuous fathers). Through their interactions with children they begin to feel powerful, respected and in control (Loss and Glancy, 1983; Stern and Meyer, 1980). The original loss in self esteem may have stemmed from some earlier trauma in their lives and the abuse becomes a way of overcoming their powerlessness (Groth and Burgess, 1979).

There has been little empirical work conducted to substantiate these processes, the emphasis tending to be on clinical material and observations or drawn from more general child molester populations as opposed to intrafamilial populations (eg Finkelhor, 1986; Herman, 1981; Maisch, 1973; Summit and Kryso, 1978). Studies that have adopted an experimental approach were reviewed by Williams and Finkelhor (1990). Generally, studies failed to find evidence for the

"patriarchal" figure. Instead the fathers portrayed themselves as being somewhat inadequate in their masculine identity. However it should be noted that the studies employed self report questionnaires and used global measures. The results may have been different if questions had been more focused on father/child dimensions.

b) Physical Abuse

Within the literature on physical abuse, the issue of control has received substantial attention. Often a link has been made with self esteem. It is argued that low self esteem reduces ability to cope with crisis or stress (Kempe and Helfer, 1972). As with CSA however, there are problems. For example, Anderson and Lauderdale (1982) have pointed out that in a review of forty one articles that only one empirically examined the issue of self esteem. Of the studies that have included male abusers; findings vary. For example, Murphy (1980) detected no difference between abusing and non-abusing parents in the way they perceived control within the family (the extent to which family life was governed by rules and procedures).

In contrast, according to Spinetta and Rigler (1972) abuse tended to follow feelings of parental impotence. O'Hearn (1974) noted that abusive fathers scored significantly lower on measures of self esteem, ego strength and assertiveness but higher on powerlessness than controls. This study had included abusing fathers only (a sample of twenty three). Similarly Green (1976) identified an externalising of control issues

ie that men felt they had little individual control. Pollock and Steele (1972) noted that a sense of worthlessness was characteristic of abusive parents as did Anderson and Lauderdale (1982) although Anderson's study included a significantly higher proportion of abusing mothers (eighty eight versus twenty three men). However, Purcell (1979) identified that abusing fathers reported a more positive picture of self than controls and Perry (1983) also noted that abusing fathers did not demonstrate lower self esteem than controls.

c) Dysfunctional Families

Some studies describe parents in dysfunctional families as being low in self esteem, impulsive and uncertain about their own identity (Garbarino et al, 1986,p58). These families tend to externalise their problems, with the child being scapegoated. From this develops a power struggle between the child and the parent. However, Martin and Walters (1982) failed to find any parental factors that were predictive of emotionally abusing families. Rutter (1976) also failed to find a consistent pattern in the way parents perceived themselves or their role. These families have nonetheless been observed to use less efficient patterns of communication (O'Connor and Stachowik, 1971), with parents taking longer to come to decisions and resolve disagreements (Haley, 1963; Murrell and Stachowiak, 1967). Such factors suggest that the parents are struggling to maintain control.

2. EXTERNAL PERCEPTIONS

External perceptions refer to the role of the perpetrator outside the family. Again, the discussion will be separated into the separate categories of abuse.

a) CSA

A commonly cited factor in explanations of CSA is that of compensation: perpetrators perceiving themselves to be unable, or as having difficulty in functioning as an adult in the "outside world" (Kirkland and Bauer, 1982; Panton, 1979; Summit and Kryso, 1978). By implication, abusers would feel a lack in any role other than that of a parent, a role in which they can easily control others. Indeed, Meiselman (1978) described abuse as often beginning subsequent to a setback outside the home such as unemployment, bereavement or loss.

As it is known that sexual abuse occurs across the whole range of socioeconomic class, to outsiders abusing men may appear to be functioning very effectively outside the family. However, on questioning, these men frequently express dissatisfaction in their adult relationships. On the other hand, such observations may be construed as post hoc rationalisations for the abuse.

b) Physical Abuse

Although physically abusing families have been portrayed as being over-represented in lower socioeconomic classes with low achievement records (Anderson and Lauderdale, 1982;

Gelles, 1973; Gil, 1970), it is difficult to assess how much contamination there has been from reporting bias. Indeed, Giovannoni (1971) noted that physically abusing parents were coping better in a social sense (ie better housing, higher levels of employment) than neglecting parents. However, other researchers (Conger et al, 1979) have proposed that it is not the number or extent of socioeconomic difficulties that characterises abusing families, but rather that they perceive their difficulties as being more aversive and debilitating than others would. Linking this to the finding that parents appear unable to use social supports (Garbarino, 1982; Turner, 1982) would suggest that abusive parents feel unable to control events or make particular efforts to resolve their difficulties ie an external locus of control.

In support of this, Holmes (1975) described the abusive behaviour as resulting from a spiral of worthlessness. In other words, that abusers generally perceived life as being minimally satisfying. As individuals (as opposed to their role as a parent), they were lacking in self esteem and experienced inadequacy, hopelessness and despair about their ability to improve their lives. Perhaps not surprisingly these feelings then served to damage the parent child relationship. This perceived lack of control of events is supported by findings that abusive parents demonstrated a confused and contradictory sense of self, loneliness, futility and apathy (Anderson and Lauderdale, 1982; Hunter et al, 1978; Simpson, 1967). The concept of locus of control and physical abuse has also been reviewed by Wiehe (1987) who noted previous associations

between aggressive, socially maladaptive behaviours and an externalisation of control issues. Wiehe's own study to investigate an external locus and abusive behaviour demonstrated a link. However, he only reviewed abusive mothers.

In contrast, Purcell (1979) found that abusing males had a more positive self image than controls. However, they also scored more highly on dependency scales which would seem to contradict the previous finding. A possible explanation may be the finding that abusive fathers have been known to deny conflict in the family (eg Dale et al, 1986, p93ff; Weitzman, 1985). Overall, evaluating these findings is difficult since the families were assessed subsequent to the disclosure of the physical abuse and were being monitored by powerful statutory agencies. It is likely that many parents would feel out of control and unable to change their behaviour.

c) Dysfunctional Families

Again, it is difficult to elicit any general findings about how fathers in dysfunctional families perceive their roles. One study noted that such parents tend to blame the environment for their difficulties (Garbarino et al, 1986,p58) and were unable to function successfully outside the family (Fontana, 1973; Rohner and Rohner, 1980). However, parents in dysfunctional families are equally likely to be over-controlling (eg Epstein et al, 1978; Herrenkohl et al, 1983; Steinhauer et al, 1984), there is no indication that

they would feel powerless outside the family, but may in fact feel they have their roles well identified.

3. FAMILY PERCEPTIONS

a) CSA

A notable characteristic of CSA families is that family members often perceive the abuser to be in complete control of the family (Herman, 1981; Kempe and Kempe, 1984; Summit, 1983). In addition, a factor helping to maintain the secrecy about the abuse is a distorted sense of the extent of the abuser's power outside the family (Glasgow, 1988; Summit, 1983). For example, despite the abuser receiving a lengthy prison sentence, families are often convinced that the abuser will somehow find a way to get himself released straight away. Similarly, often underpinning a mother's inability to protect her children are factors related to fear of the abuser or a sense of powerlessness in the face of the abuser.

Professionals are often surprised by the apparent discrepancy between the family's account of the abusers domination and his actual physical presence; often appearing pathetic and weak (eg Renvoise, 1982; Sgroi, 1982). However in terms of affect, the abuser is likely to provoke a wealth of ambivalent feelings from his victim and partner. Commonly these include warmth, support, closeness, love and disloyalty at having disclosed alternating with hate, distrust, rage and contempt.

The resulting confusion and emotional turmoil frequently underlies the destructive effects of child sexual abuse.

b) Physical Abuse

Herzberger (1986) described abused children as having divided loyalties about abusing parents and that they may take part or all the responsibility for the punishment. However they often do not accept the severity of the abuse and often view the abuser in a negative and fearful way. They perceive the parent as being out of control and feel emotionally rejected. Unruh (1977) also found that abused children were critical of the abuser and perceived them as being unaccepting. In contrast, Halperin (1981) noted that children showed considerable ambivalence and tended to deny the emotional rejection by their parents. With regard to the non-abusing parent, they also viewed the abuser in a negative way (Unruh, 1977). Studies do not appear to have investigated how individuals perceive the role of the abuser outside the family, in particular whether the family perceive the abuser as losing control in situations outside the family.

c) Dysfunctional Families

Children have been found to respond differently to their experiences (Garbarino et al, 1986,p59ff). On the one hand they may perceive their parents as being cruel, unpredictable and untrustworthy (eg Egeland et al, 1983; Fontana, 1973; Rohner and Rohner, 1980). However, if the child has internalised the difficulties then they are likely to withdraw

psychologically and outwardly appear to be indifferent to their parents (Garbarino et al, 1986,p62; Rohner and Rohner, 1980). Presumably family members are equally likely to view their parent as being under or over-controlling.

OVERVIEW

From the above, several points can be made about family functioning.

- 1) That it is useful to view families as a system. "Healthy" families are able to adjust to stresses, conflicts and maintain appropriate roles for each family member (for example, not expecting children to behave as adults).
- 2) One can delineate different "structures" for different categories of abusing families:
 - a) CSA families are characterised by enmeshed relationships and the sexual abuse is argued to be a means of avoiding or regulating family conflict.
 - b) Physically abusing families demonstrate reduced interaction between family members and that interaction is likely to be negative, overly rigid boundaries and overt conflict between the abuser and the child.
 - c) Dysfunctional families are equally likely to be under or over controlling. It is possible to elicit three main categories of family organisation: under-involved, inconsistent and over-controlling.

- 3) A common process is an abuse of parental power. However power has proved to be a difficult concept to define and measure. It can be more easily understood if sub-divided into control mechanisms.
- 4) From the literature, it would appear that different types of abusing parents make use of varying control mechanisms.
- a) In CSA, the suggestion is that abusers are perceived as being controlling and that abuse occurs in situations where the parent feels out of control of their adult life. It could be argued a priori that sexual abuse is one mechanism by which perpetrators either maintain or achieve control within the family. However such a process has yet to be empirically demonstrated.
- b) In physical abuse, the research is equivocal in very great measure. On balance, however, a physically abusing father lacks self esteem, feels powerless and worthless. Abuse occurs as a response to loss of power, although unlike CSA, the physical abuser does not subsequently perceive himself to be in control. Antecedents of abuse are much more child oriented (in the sense that abusers perceive the child as triggering the violence) and there has not been a suggestion that abuse results in fulfilling adult needs.
- c) In psychologically dysfunctional families, the literature is equivocal in the findings concerning over/under control.

RESEARCH FOCUS

When considering the literature, issues surrounding power and control are very pertinent to understanding abuse. However, with regards to CSA, there has been little experimental work conducted with respect to control mechanisms. There would appear to be a need, therefore, to investigate this further. It would be problematic to consider this work in isolation and there is a need for controls. However, this in turn is problematic in the light of the myriad of variables underlying the complex structure of families. Also, as Weisman (1979) pointed out in his study of vulnerability and coping with cancer,

....emotional distress is very personal and idiosyncratic. Feelings are often too deep for words. Observers, however compassionate are forced to generalize from a few signs and signals. Nevertheless, demands of research require measurement.....This is a task somewhat like comparing and measuring the amount of grief in a series of new widows.

Weisman, p59

Initially it was felt appropriate to consider different types of families in which abuse took place in order to control for stress in general, involvement with statutory/or other professional agencies. However, the research on physical abuse appears to be significantly biased towards female abusers. As it is unknown whether gender of abuser has significant effects on family dynamics, it would appear unwise to draw comparisons with CSA families, considering the preponderance of male abusers. Further, whilst it may be possible to investigate a

sample of physically abusing males, given the very small number of studies involving male abusers, it would appear difficult to place this research in context.

An alternative would be to consider families experiencing some form of psychological crisis which was affecting family functioning but not abuse. Again the literature on such families does not tend to focus on the gender of the parents. However, it would appear difficult to do so in the sense that both parents play a part (eg Barker, 1986; Minuchin, 1974) and there is usually no clearly defined perpetrator. Whilst this is not satisfactory, at least the group provides a context from which to compare families in which sexual abuse occurs, and is a group with no apparent gender bias. It would be possible to consider CSA families in comparison with "normal" families alone. However, if differences between the groups emerged, it would then appear difficult to elicit which characteristics (if any) resulted from the CSA as opposed to a family in psychological distress.

In summary, it would appear more appropriate to consider a research design that incorporated comparison groups as opposed to control groups. Although "normal" families are usually considered as control groups in studies, one has no obvious way of controlling for the absence of abuse or psychological dysfunction in a normal sample. This is pertinent considering the high rate of under-reporting of abuse and reluctance of parents to acknowledge difficulties within their family (eg Carpenter and Treacher, 1983; Finkelhor, 1986).

CHAPTER THREE

RESEARCH STUDY ONE: POWER AND CONTROL IN FAMILIES

INTRODUCTION

It will be recalled that the first two chapters provided an overview of the main issues in CSA. Chapter One focused on the difficulties inherent in both defining CSA and identifying the incidence and prevalence of abuse. This complexity not only creates problems for researchers but presumably, also for professionals who have to deal with CSA on a day to day basis. The lack of clarity about CSA is further exacerbated by the number of conflicting theories and models that have been proposed to account for this phenomenon.

It was noted that there have been relatively few studies that have focused on how professionals make sense of CSA in order to make decisions about intervention. This would appear unfortunate considering the gravity of the decisions that professionals have to make, for example whether to prosecute, whether to remove a child into care. A recent inquiry (Butler-Sloss, 1988) highlighted the importance of establishing whether decisions made by professionals were based on accepted theory and practice or on some personal conviction about CSA.

It was considered timely therefore, to conduct a study that attempted to elicit from professionals some understanding of the way in which they construed abuse and how they translated this understanding into actual practice.

When reviewing the various theories and models about CSA, it became apparent that a common theme to several accounts was that of control and power. In other words that perpetrators of sexual abuse appeared to be compensating for some loss of control/power. This loss could stem from a variety of life events including early childhood, initial sexual experiences or stem from the complex structure of family dynamics. In the light of this commonality, it was decided that it would be profitable to explore the issue of power and control further.

Chapter Two provided an overview of the concept of power and control and discussed how such concepts could be applied to families. Particular attention was paid to how the perpetrator perceived their control within the family, outside the family and how other family members perceived the perpetrator's use of control. It will be recalled that it became apparent that it was possible to distinguish different patterns of family organisation and use of control across different types of families. However, it was also apparent that within the CSA literature, there have been few experimental studies that address the issue of control. Accounts tend to be theoretical or based on case studies.

It was concluded therefore that it would be useful to conduct a study that examined the way in which power and control was exercised in CSA families. It was also considered

appropriate to include some comparison groups. Chapter Two reviewed particular options and in conclusion it was decided to include a comparison group which consisted of families undergoing some psychological crisis other than abuse (Psychology Families) and a normal group. Difficulties with this design were acknowledged: for example, the inability to screen for sexual abuse or psychological disorder in the normal group.

To summarise, from the first two Chapters it was concluded that there would be merit in conducting two studies. One concerning how professionals make sense of sexual abuse and then employ such knowledge in their work and one focusing on the dynamics of CSA families, with particular reference to power and control. It was considered more appropriate to conduct the family study first (Study One) as it was anticipated that this would provide greater understanding about CSA families. This could then inform the study focusing on professionals (Study Two). For example, when analysing responses from the professionals about CSA families, it would be possible to draw upon what the families actually reported in the first study. Study One will be presented in this chapter, Study Two in Chapter Four.

STUDY ONE: RESEARCH AIMS

The aims of Study One were to investigate the functioning of families in which CSA takes place, with particular reference to the issues of power and control, by:

1. Assessing the organisation and structure of families in which sexual abuse occurs, in particular the perceived role of the perpetrator.
2. Establishing whether power and control relative to the roles of family members differs across different groups of families such that there is a characteristic profile of CSA families.

STUDY ONE: HYPOTHESES

Eleven research hypotheses were advanced:

Family Environment

H1. The family environment of CSA Families will be less communicative, less supportive, more chaotic yet more controlling than the other families.

H2. Psychology Families will not show a common pattern on the above dimensions.

H3. In contrast to the other groups, the Normal Families will report family life in a more positive way.

Power and Control

H4. In CSA Families the father will perceive himself to be in control within the family but not outside.

H5. In CSA Families, mothers will perceive themselves to be powerless and view their partners as being all powerful.

H6. CSA daughters will perceive their father to be powerful, within and outside the family.

H7. In Psychology Families it is expected that both parents will feel out of control of events within the family but not necessarily outside the family.

H8. Psychology daughters will be equally likely to perceive their fathers as being under or over-controlling.

H9. In CSA Families, most decisions will be made by the father.

H10. In Psychology Families no particular biases are expected in terms of decision making.

H11. It will be possible to define a characteristic profile for CSA families.

RESEARCH DESIGN CONSTRAINTS

It was acknowledged that a number of constraints would have to be taken into account in the design of the research:

1. The Nature of Sexual Abuse

The literature suggests that more female victims are seen by professional agencies than male (eg Finkelhor, 1984; Pierce and Pierce, 1985) and this is also the author's experience. It was decided therefore, that for the purposes of this study, the identified client would need to be a girl. This is not to suggest that male victims necessarily experience the abuse any differently, but it was likely that a sample containing both would have girls heavily over-represented and it would be difficult to allow for a gender effect.

2. Access to the Whole Family

Once CSA has been disclosed, contact between the perpetrator and the family (particularly the victim) can often be very limited if not mandated against. Such access restrictions are imposed in order to protect children, both physically and psychologically.

3. Therapy

It would be crucial that the research procedure did not interfere with any therapeutic programmes. Disruption would be minimised if the professional conducting assessment/therapy, also administered the research task.

4. Emotional Distress

Considering the potential degree of emotional distress already experienced by families, it would be important that the research procedure was not invasive and maintained confidentiality. Again this would require a technique that minimised if not eliminated any need for direct contact with the researcher.

5. Age Limits

Some lower and upper limits have to be set with regard to the children. The lower limit would need to be constrained by the particular research approach, for example if tasks included completing questionnaires the child needs to be able to read competently. With regard to the upper limit, some decision needs to be made as to when an adolescent becomes an adult. Such a limit would be arbitrary as there is no universally agreed criterion (eg Ausubel et al, 1977; Long, 1988). For this study it was decided that the limit would be seventeen years, the rationale being that older than this, an individual would be more likely to perceive themselves as an adult and likely to be undergoing different types of experiences than younger children.

5. Recruiting a Normal Group

In order to maximise the potential for co-operation by the normal group, it was considered important that the tasks involved would need to be not too lengthy and to require minimal personal information. It was recognised that those

families agreeing to participate would, by definition, be self selecting (Beck et al, 1984). This raises perennial research questions about potential differences between families that agree and those that do not. However in such research this issue appears unavoidable.

6. Professionals

Professionals involved in CSA work are likely to be very busy and have constraints on their time. The issue of CSA is also particularly sensitive. In order to maximise the potential for co-operation, it was considered important to keep the required time as short as possible and the task to be as least invasive as possible.

AVAILABLE RESEARCH METHODS

Study One would involve assessing characteristics of family dynamics. Assessing families is recognised to be a complex task not least as a result of the many variables involved (eg Barker, 1986; Goldberg and David, 1991; Wilkinson and Stratton, 1991). The main research methods include: observation, interview, self-report questionnaires.

1. Observation Methods

Perhaps the most popular method of assessing family interactions is by observation (Cone and Foster, 1982; Wilkinson and Stratton, 1991). Typically studies involve a

family being observed whilst they either complete a task or the family is observed at home (eg Burgess and Conger, 1978; Reid and Taplin, 1976; Schaffer and Crook, 1980).

a) Advantages

Observational methods provide the researcher with evidence of how a family interact as opposed to how they say they interact. The method can also reveal information that perhaps the family are not aware of, or have become so used to that they no longer notice (eg ignoring the contribution from one member because they are labelled "mad"). It is also possible to have directly accessible, quantifiable information about certain family behaviours (eg Cone and Foster, 1982; Wilkinson and Stratton, 1991).

b) Disadvantages

Observation as a research strategy relies heavily upon the skill of the observer and is liable to subjective distortion (Cone and Foster, 1982; Walden et al, 1990; Wilkinson and Stratton, 1991). Also the rating scales tend to provide a narrow focus as judgements have to be made about a small range of specific issues (Wilkinson and Stratton, 1991).

c) The current study

The behaviours under review for the current research focus are not easily isolated and quantified, ie assessing the use of power and control within a certain family interaction. This problem would be exacerbated as the author would need to rely

on others to conduct the observation, introducing the problems of observer training, of inter-observer reliability, and problems in maintaining accuracy (eg Cone and Foster, 1982). The method would require a family to be seen as a group, would be highly intrusive and would disrupt any on-going therapy.

d) Summary

On balance, an observational approach was not considered appropriate.

2. Interviews

Research protocols that include interviews typically adopt a structured approach (for example Engfer and Schneewind, 1982; Green et al, 1974; Vaughn and Leff, 1976). Interviews have a number of advantages and disadvantages.

a) Advantages

Interviews provide a great richness of information (Oppenheim, 1979; Wilkinson and Stratton, 1991). The process allows flexibility, for example it is straightforward to provide information if the subject does not understand, the researcher can easily follow up a particular or unexpected issue, there is more time for rapport to develop.

b) Disadvantages

A number of difficulties associated with the reliability and validity of interviews are subsumed under the heading of "demand characteristics" (eg Barlow et al, 1986; Kahn and

Cannell, 1957; Kazdin, 1980). These are factors which are difficult to control for as they pertain directly to the person being interviewed. For example, it is likely that interviewees form some pre-conception about the interview and will have some apprehension or even suspicion about the results. Interviewees may wish to be seen to be a "model subject" (or otherwise) and will be particularly sensitive to any cues from the interviewer as to the desired response. A related issue is that of "social desirability", where the respondent takes social values into account. Particular care therefore has to be taken in order to establish that the interviewer and the interviewee share the same frame of reference and that leading questions are avoided.

A further major disadvantage of interviews is that the data generated is not readily amenable to analysis (eg Oppenheim, 1979). One possibility is to conduct a content analysis (eg Holsti, 1979). However, this method of analysis requires a relatively high degree of subjectivity on the behalf of the researcher and there is debate as to the validity and reliability of the technique (Holsti, 1979; Krippendorff, 1980).

c) The current study

The current research approach would require that interviews were conducted by a number of professionals, not the author. The immediate difficulty therefore would be attempting to control for interviewer bias (eg Kahn and Cannell, 1957; Oppenheim, 1979; Wilkinson and Stratton, 1991). Some

researchers have implemented interviewer training programmes in order to reduce this problem but this requires a significant time commitment from participants (eg Hall, 1985; Russell, 1983). Personal bias is particularly of concern considering the sensitive nature of the research focus ie CSA, which can elicit powerful reactions from professionals as discussed in Chapter One. In addition, interviews could potentially cause disruption to therapeutic programmes and could be perceived as being overly intrusive by individuals from the normal comparison group.

A further problem would arise from the fact that children use language in different ways to adults (eg Jones and McQuiston, 1988). This would make comparisons between the two groups on responses problematic, particularly on open-ended questions.

d) Summary

Despite the flexibility of using an interview approach, the problems of interviewer bias and those related to analysis suggested that this was not the most appropriate approach.

3. Self-Report Questionnaires

Self-report questionnaires have been described as an indirect method of measuring behaviour as the process requires filtering by the respondent (Cone, 1978). Questionnaires have been used extensively in psychology research as it is the only available measure of subjective experience or cognitive activity (eg Anderson and Lauderdale, 1982;

Barlow et al, 1986; Gynther and Green, 1982; Scott and Stone, 1986; Wiehe, 1987).

a) Advantages

The advantages of a questionnaire is that it is far less invasive than the other techniques. There are a number of well researched questionnaires which measure various attributes of family life (eg Eyberg Child Behaviour Inventory, Eyberg and Ross, 1978; Family Environment Scale, Moos 1984; McMaster Family Assessment Device, Epstein et al, 1983). Data can be collected in a format that is readily accessible to multi-variate analysis and is less time consuming.

b) Disadvantages

These include the difficulties of constructing a valid and reliable measure that has some conceptual grounding (Golden et al, 1984; Oppenheim, 1979). Haynes (1978) noted that many questionnaires were determined by logic rather than by empirical investigation. Similar to an interview, questionnaires are vulnerable to demand characteristics, social desirability and in addition "response bias" (eg Barlow et al, 1986). This refers to serial dependency, for example answering "yes" to several questions in a row.

Another disadvantage of a self-report questionnaire is that it makes intellectual demands on respondents. Contingency plans need to be made to ensure that individuals who have particular difficulty receive assistance. A well documented problem with experimental designs incorporating self-report

questionnaires, is that of retrieving questionnaires particularly when one is relying on others to administer the forms (eg Oppenheim, 1979,p34).

c) The current study

Questionnaires emerged as particularly appropriate for the current research considering the research constraints ie the process does not require the whole family to be together, is relatively quick and makes few demands on the professionals, need not interrupt therapy and maintains confidentiality. One drawback is that the intellectual demand of completion would restrict the lower age range, ie children would need to be old enough to understand and to complete the questionnaires.

There are a number of measures to minimise the difficulties with questionnaires. For example, for the experimental groups the questionnaires could be administered after an initial engagement process by the clinician. It could be anticipated that this would help to minimise potential "faking good/bad". Also it is important to note that it was, in fact, perceptions that were to be assessed, not factual detail about family living. Asking professionals to complete questionnaires about the family would provide some external anchor with which to compare the results arising from the responses of the families.

The results of the questionnaires could potentially be of benefit to the keyworker involved as part of their assessment. An appropriately designed questionnaire would therefore be of value to the keyworkers as well as the family in terms of

gaining some feedback. This would increase the likelihood of questionnaires being returned for marking.

d) Summary

On balance, the advantages of self-report questionnaires appeared to outweigh the disadvantages.

RESEARCH DESIGN

Study One comprised of two stages:

Stage 1. Construction of an assessment package

Selection and development of test materials to compile an assessment package that investigated issues related to control and power.

Stage 2. Conduct of research and analysis of findings

Assessing family environment within the context of power and control and analysing the results.

STUDY ONE: STAGE 1.

It will be recalled that the aim of Stage 1 was to compile an assessment package to be presented to family members and their keyworkers. The keyworkers' responses were needed to provide some external observation with which to compare the responses from the families. This process involved searching the literature for instruments that would fit the aims and design constraints of the research. Questionnaires needed to address:

- 1) General family functioning with the emphasis on the use of control within the family.

- 2) Perceptions of the role of the father, with particular reference to power and control.

- 3) Demographic details of the families

- 4) Keyworkers questionnaire

1) General Family Functioning

As indicated in Chapter Two, there has been little structured research regarding power and control in CSA families. However, Moos (1984) developed a questionnaire, the Family Environment Scale, that measured the social environment of families. The advantage of this scale is that it includes subscales related to power: the organisation and control subscales. These measure the degree to which rules and structure are used to govern family life. A more detailed description of each scale is detailed below in Table 3.1. (Full questionnaire is listed in Appendix A, page 271). It is possible to calculate an incongruity score from the subscale means. This score reflects

Table 3.1. The Subscales of the Family Environment Scale (Moos, 1984).

<u>Subscale No. Title</u>	<u>Relationship Dimensions Description</u>
1. Cohesion	The degree of commitment, help and support family members provide for one another.
2. Expressiveness	The extent to which family members are encouraged to act openly and to express their feelings directly.
3. Conflict	The amount of openly expressed anger, aggression and conflict among family members
<u>Personal Growth Dimensions</u>	
4. Independence	The extent to which family members are assertive, are self-sufficient and make their own decisions
5. Achievement Orientation	The extent to which activities (such as school or work) are cast into an achievement oriented or competitive framework
6. Intellectual - Cultural Orientation	The degree of interest in political, social, intellectual and cultural activities.
7. Active-Recreational Orientation	The extent of participation in social and recreational activities
8. Moral - Religious Emphasis	The degree of emphasis on ethical and religious issues and values
<u>System Maintenance Dimensions</u>	
9. Organization	The degree of importance of clear organization and structure in planning family activities and responsibilities
10. Control	The extent to which set rules and procedures are used to run family life

the amount of agreement/ disagreement between family members with regard to their scores on all the subscales.

The scale appears reliable over time (ranging from 0.86 to 0.68 depending on the subscale), correlates with other

measures of family life and has been widely used with different groups of families (eg those in therapy, Scoresby and Christensen, 1976; families with disturbed adolescents, Malin, 1978, Steinbock, 1977; families with a depressed member, Wetzel and Redmond, 1980). The disadvantages of the scale include the fact that norms were gathered on mainly American families, and that family size, age of parents and education has an influence on some of the subscales. However, the aim of the study was to compare across experimental and control groups rather than compare with established norms. More problematic was the question of family characteristics. In the light of the difficulty of gathering data for the experimental groups, it was not felt that it would be possible to control for family size. Also, considering the extent of the information required from normal families, it was felt best to keep any demographic data to a minimum. It should be noted however, that the effects become particularly noticeable when comparing two member families with six member families. It was anticipated that family size across the groups would not vary as greatly as this but the issue would need to be addressed in more detail in the discussion as would issues related to ages of parents and their educational background.

2. Perceptions of Power and Control

It could be argued that there is no one direct method for assessing perceptions of power and control within a family. However, there are a number of related concepts that address this issue. For example:

a) Semantic Differential (Osgood et al, 1957)

The advantage of the semantic differential is that it is designed to measure meaning within a particular research focus, reflected in the bi-polar labels chosen by the researcher. The instrument was of particular value therefore because the aim of this stage of the research was to quantify how individuals perceived the role of the father.

It is important to note however, that there has been some controversy in the literature regarding the semantic differential. On the one hand studies noted the reliability and validity of the procedure (eg Jaccard et al, 1975; Osgood, 1957), others questioned basic premises. More specifically questions have been raised regarding: the assumption that semantic space is bi-polar (eg Green and Goldfried, 1965); the practice of assigning multiple meanings to the middle response category (eg Forthman, 1973) and the extent to which a given scale undergoes changes in meaning from one concept to another (eg Heaps, 1972).

In order to investigate concerns, Mann et al (1979) re-examined these key problems. Their findings demonstrated that the typical Evaluative/Potency/Activity (EPA) structure was very robust, reliable over time and that there was strong evidence for bipolarity of semantic space. However, there was found to be a clear interaction between concepts and scales. In other words, the meaning of the scales could differ across different concepts. Thus one scale could have a positive connotation when applied to one concept but a negative when applied to another. The authors also pointed out though that

despite this effect, the traditional EPA structure still emerged. Therefore the factorial structure that sorts scales into the EPA categories was sufficiently powerful to overcome and obscure the concept/scale interaction.

Mann et al (1979) also found there to be significant differences in the way in which individuals used scales according to the concept being judged. This has implications for interpretations based on three-dimensional semantic space. In other words, EPA was not found to be equally descriptive of everyone.

Despite reported difficulties with the semantic differential, on balance, the technique appeared to have some merit for the current study. This was because individuals would be asked to rate the same concept (ie father's role) and the emphasis was on a group result rather than examining individual differences. The technique also allows examination of a specific dimension, for the current study the emphasis would be on collecting data related to the potency dimension. Potency has been found to be the second most important factor underpinning meaning and work has been done to ascertain which scales load on which factor (Jenkins et al, 1958).

In order to adapt the scale for the current research focus, statements were generated in order to refer to the role of the father both within the family and outside the family. Also a comparison was made between how the father was and what the ideal should be. For example, the daughter's version included the following statements:

In the family my father is.....

In the family my father should be.....

Outside the family my father is.....

Outside the family my father should be.....

The father's version referred to him directly, ie "In the family I am...". The mother's version referred to her partner, ie "In the family my partner is....". Each statement for all the versions was followed by the bi-polar labels for the evaluative, potency and activity dimensions. The complete questionnaire is listed in Appendix A (page 273).

b) "Final say" measures (Blood and Wolfe, 1960)

As discussed in Chapter Two, one approach that has been used to investigate power balance in families is to address decision making. Blood and Wolfe (1960) devised a scale that was intended to sample the main decisions most couples would need to make. The significant part of the question was that individuals had to decide who made the final decision ie who had the "final say". These types of measure have been widely used in studies about marital power (eg Cooney et al, 1982; Rank, 1982; Rust, 1984). However, some researchers have argued that the measure demonstrates low correlation with other measures of family power and conclude the scale has poor validity (eg Hadley and Jacob, 1973, 1976; Olson and Rabunsky, 1972; Turk and Bell, 1972). On the other hand, Allen (1984) has argued that the low level of interrelationship may well have more to do with:

i) miscalculation,
ii) improper use of technique and
iii) the lack of external criterion variables. When these factors are taken into account, final say measures appear to be a useful instrument.

For the current research focus, some alterations were made to the original scale devised by Blood and Wolfe (1960). The changes included making the scale more appropriate to the culture of the families being assessed. For example, the original scale asked parents who made decisions about whether to buy life insurance, instead families were asked who made decisions about whether to borrow money. Whilst this is not a direct equivalent, the important aspect of the scale is to understand who makes decisions within the family. The intention was not to compare scores with those obtained by Blood and Wolfe but to compare across the three family groups investigated in the current research. The original scale and the one devised for the study is listed in Appendix A (pages 274-275).

c) Locus of control

Locus of control scales measure the extent to which an individual perceives events as being a consequence of their own actions. The most widely known scale was that devised by Rotter (1966) which measured to what degree an individual ascribed consequences as being purely due to luck (external control) or as a consequence of personal effort (internal control). Such a measure appeared useful for the current

research, however it has been argued that if the concept is to be applied to a specific situation (as in this study to family life) then there is a need to construct a special scale for that use (Lefcourt, 1976,1981; Rotter, 1975). The first stage of the research therefore involved the development of a locus of control in families scale.

Developing a Locus of Control in Families Scale (LCFS)

Construction of the Instrument

In order to develop the LCFS, the first task involved generating items about control in families. This was done as a brainstorming exercise and in total forty statements were chosen (eg "In my family, decisions don't get made they just seem to happen"). The full list is given in Appendix A, page 276. Whilst these had apparent face validity, in order to test construct validity another scale of locus of control was added to the questionnaire to investigate whether there was any correlation. The scale chosen was the Locus of Control of Behaviour Scale (Craig et al, 1984). This scale was chosen because it is shorter than Rotter's scale, demonstrates reliability, is unrelated to gender, age, social desirability and has construct validity (correlating with Rotter's general expectancy scale, $r=0.67$). Questions from both scales were then added together to form one questionnaire (full questionnaire in Appendix A, page 276). A five point Likert-type scale was chosen in order to heighten sensitivity and reliability (Craig et al, 1984; Lissitz and Green, 1975; Oppenheim, 1979).

Subjects

From the author's experience, it was considered likely that the CSA families that would take part in the main study would mainly comprise of families from lower socioeconomic backgrounds. This was not as a result of increased prevalence of CSA in this group but due to factors associated with detection, as discussed in Chapter One. The questionnaire was therefore distributed to parents of secondary school age children who attended a comprehensive situated in a relatively deprived, outlying district of Liverpool. Returns were screened so that only questionnaires from two parent households were analysed. Again this related to the fact that the questionnaire would later be used with two parent families.

In order to maximise the number of returns, no demographic data was requested from the parents. Liverpool Education Authority had some understandable reservations about research being conducted in schools. This meant that the protocol needed to be as non-invasive as possible. However, as the questionnaire was circulated across second and third year children, it was known that the household contained at least one child aged between 13 and 14 years of age. In total 188 of the questionnaires returned were suitable for analysis.

Procedure

A teacher from the school distributed questionnaires to all children in the second and third years. Accompanying the questionnaire was a short letter to the parents describing how

the school was involved in a project from Liverpool University. The project was looking at how parents felt about family life. Parents were told that the study was anonymous and confidential.

Analysis and Results

An item scale correlation was conducted in order to identify those items contributing most to the overall score. From those items the LCFS was constructed using an equal number of positively and negatively biased items in order to reduce the possibility of a response set (see Table 3.2). The 12 item scale is scored so that a high score indicates internality, ie the individual attributes outcomes as a result of their own effort. The mean score was 8.4 and the standard deviation, 5.5.

The family items were found to correlate with the locus of control of behaviour scale ($r=0.48$). To investigate this further, a principal components analysis with Varimax rotation was conducted on all the items. This demonstrated that the items emerged on a single factor. All LCFS items loaded greater than 0.44 on the first factor, which accounted for 21.2% of the variance. Rotated item loadings are given in Table 3.2. The Locus of Control of Behaviour items mostly loaded on Factor Two, although the results for these items were less consistent than those for the LCFS scale. As the two scales tended to partial out on the two factors, this suggests that they form distinct scales. However, there is a correlation between the two and therefore the difference could

Table 3.2. Rotated Factor loadings on LCFS (nos 1 to 12) and locus of control of behaviour scale items (nos 13 to 29).

	Factor 1	Factor 2
1. The other members of my family usually let me know what they are up to	-.592	-.161
2. In my family decisions don't get made they just seem to happen	.494	.334
3. Usually I can get family members to see things my way	-.466	.044
4. In my family no matter what I do we always seem to have difficulties	.598	.190
5. I usually know what is happening in my family	-.597	.015
6. In my family, if I manage to control things really it's due mostly to luck.	.540	.333
7. In my family people do as I tell them.	-.437	.295
8. In my family I feel that people make decisions without me.	.691	.082
9. I usually have no difficulty getting members of my family to do things.	-.574	.015
10. Even though I try hard, events in my family just seem to be beyond my control.	.628	.350
11. I don't seem to be able to have much say in my family.	.662	.056
12. I usually don't have any difficulty keeping a grip on things at home.	-.533	-.059
13. I can anticipate difficulties and take action to avoid them.	-.295	-.161
14. A great deal of what happens to me is probably just a matter of chance	.191	.686
15. Everyone knows that luck or chance determines ones future	.180	.623
16. I can control my problem(s) only if I have I have outside support	.302	.219
17. When I make plans, I am almost certain I can make them work	-.162	-.244
18. My problems will dominate me all my life	.328	.451
19. My mistakes and problems are my responsibility to deal with	.101	-.262
20. Becoming a success is a matter of hard work, luck has little or nothing to do with it	.035	-.586
21. My life is controlled by outside actions and events	.124	.463
22. People are victims of circumstance beyond control	.014	.509
23. To continually manage my problems I need professional help	.321	.346
24. When I am under stress, the tightness in my muscles is due to things outside my control	.361	.344
25. I believe a person can really be the master of his fate	.001	-.364
26. It is impossible to control my irregular and fast breathing when I am having difficulties	.358	.358
27. I understand why my problem(s) varies so much from one occasion to the next	.082	-.181
28. I am confident of being able to deal successfully with future problems	.249	-.376
29. In my case maintaining control over my problem(s) is due mostly to luck	.333	.542

reflect the fact that one scale assesses a general dimension of internality/externality whereas the other measures a more specific situation ie internality/externality within the family.

Summary and Conclusions

The Locus of Control in Families Scale fulfilled face and construct validity criteria. The Scale was completed by nearly 200 families from a normal population. This would provide a comparison with which to compare scores from different groups of families.

3. Demographic Data Questionnaire

The author compiled a simple questionnaire to elicit basic demographic details eg age of family members, family composition, nature of abuse or presenting problem (a copy is detailed in Appendix A, page 278). The decision regarding which questions to ask was influenced by the Family Environment Scale. It will be recalled that age and size of family were differentiating factors. This would be completed by keyworkers.

4. Keyworkers Questionnaire

The author devised a questionnaire for keyworkers involved with the family. The aim of this questionnaire was to provide some external source of information with which to compare responses from the professionals. Particularly pertinent dimensions from the questionnaires for the families were abstracted (this decision was also influenced by the dimensions considered particularly significant by the literature as described in Chapters One and Two). These included:

- a) the degree of organisation/chaos within the family
- b) the degree of support within the family
- c) the amount of open communication within the family
- d) father's level of control within the family
- e) father's level of control outside the family
- f) mother's control of family events
- g) daughter's perception of father's control within the family

It will be recalled that a research constraint was that the professionals would have limited time available. It was decided therefore that the quickest way of eliciting the above information from the professionals was by presenting them with a series of seven point ratings with bi-polar dimensions rather than open ended questions requiring written answers. As Oppenheim (1979) pointed out, rating scales do pose some difficulties, for example it is not possible to assume equivalence between the various points on the scale. However, all that was required for this part of the study was a general impression rather than an exact number (eg whether a family was considered more organised than chaotic).

It was anticipated that the various keyworkers would have differing lengths of contact with the families and may feel less or more confident about their responses. Questions regarding both issues were also included. (A complete copy is included in Appendix A, page 278).

STUDY ONE, STAGE 1: SUMMARY

The aim of Study One, Stage 1 was to develop an assessment package to administer to families. Six questionnaires were adapted or developed in order to be able to investigate the concepts of power and control within families. The next stage of the research involved setting up the main study to investigate characteristics of CSA families, Psychology families and Normal families.

STUDY ONE: STAGE 2

The aims of stage two were to collect a sample of families, administer the questionnaires and analyse the results.

Setting Up the Stage Two Study

In order to recruit sufficient families, it was considered likely that approaches would need to be made to a large number of agencies. This was particularly the case with CSA Families for the following reason. From the literature as described in Chapter One and the author's clinical experience, it was known that there are relatively few CSA families in which the perpetrator acknowledges the abuse. Of this group, only a percentage are prepared to engage in therapy, for example, some women divorce their husbands and wish no further reminder of the abuse. This experience was confirmed by the various

agencies and therefore the author had to survey departments across the North of England, not just Merseyside.

Once a particular organisation had been approached, the first step involved preparing a report for their Research Ethics Committee in order to gain access to families. Subsequent to approval being given, the next step involved meeting with professionals to explain the research design. Agencies contacted with regard to the CSA group included forensic psychology departments, social services offices, NSPCC offices and probation departments. For the Psychology group, contact was made with numerous Child Clinical Psychology and Psychiatry Departments, Family Therapy Services, Voluntary counselling agencies (such as Barnardos Family Therapy Services, Drop-in facilities for families). In order to recruit normal families, approaches were made to schools, adult training centres, personnel departments of hospitals and a department store.

It was explained to professionals that the author had administered the questionnaires to families from the author's own department, and that the questionnaires had not been found to be disruptive and in fact, had proved a useful source of information as part of the usual clinical assessment. However, despite confirmation that a full written feedback would be provided on the results, recruitment proved difficult. Indeed at times the response from professionals can only be described as obstructive. This will be discussed later and in Chapter Five as it was considered to be an important issue concerning research in general. It should be noted that the initial

response from clinical psychologists in particular was more positive regarding the aims of the research, however recruitment still proved problematic. For the Normal group it was not possible to send personal reminders as completed questionnaires were to be returned anonymously. The recruitment process therefore, was somewhat protracted.

To summarise, collecting sufficient numbers of families proved to be a difficult task. However, once a family was identified, it was then possible to administer the six questionnaires:

Questionnaires

1. Family Environment Scale (Moos, 1984).
2. Locus of Control in Families Scale.
3. Final Say Decision Index (Blood and Wolfe, 1960).
4. Semantic Differential (Osgood, 1957).
5. Demographic Questionnaire.
6. Keyworkers Questionnaire.

Subjects

It will be recalled that an upper age limit of seventeen years was set for the daughters. As the research approach involved completing questionnaires, a lower limit of eight years was set. It is acknowledged that these limits were arbitrary and set more by pragmatic considerations than psychological. Forty six families contributed to the research: ten CSA families, thirteen Psychology families and twenty three Normal families.

Procedure

Experimental groups

Professionals agreeing to take part administered the questionnaires as part of their general assessment phase, after they had engaged the family. Families from the experimental groups were told that the questionnaires were to help the worker understand them better. It was explained that the results would also be used in a study comparing their results with others, in order to help families in the future. Anonymity and confidentiality was assured. On scoring the questionnaires, workers received a summary of the results that they could feedback to the families as appropriate. Individual family members completed the questionnaires by themselves, either at a session or at home. The daughters completed the questionnaire with the worker either present or close at hand in case of difficulties. CSA families were asked to complete the questionnaire in order to describe family life as it was prior to the disclosure of abuse. Psychology families were asked to complete the forms to describe the family prior to starting therapy sessions.

Normal Group

For the normal group, parents with teenage daughters were told that a study was being conducted about how people felt about family life. The results were to be compared with families with different sorts of problems but that the answers were anonymous and confidential. The author did not have any direct

contact with the families completing the questionnaires ie colleagues approached the different groups.

Keyworkers

Keyworkers were asked to complete two questionnaires about the family they were working with, one requesting demographic data, the other eliciting their opinion about the family in terms of general functioning.

STUDY ONE, STAGE 2

RESULTS: DEMOGRAPHIC DATA

Descriptive Statistics

1. CSA Group.

Ten families completed the questionnaires. Subjects were drawn from: Merseyside Regional Forensic Psychology Service, Barnardos Family and Conciliation Service, and Rochdale NSPCC. Demographic details are given in Table 3.3.

Nature of abuse

It is important to note that the details of the sexual abuse perpetrated against each daughter need to be interpreted cautiously. The cases differed in the way in which information was initially elicited and from the author's experience, it can take many years before a victim reveals the full extent of their experience. The information available is presented in Table 3.4.

Table 3.3. CSA Families: Demographic Data (n=10).

	Father	Age Mother	Child	Number in Family		
Mean	36.33	33.89	12.60	4.8		
(SD)	(6.4)	(3.59)	(1.35)	(0.63)		
Socio-economic Class	I	II	III	III _m	IV	V
Fathers	0	2	0	3	3	2
Mothers	0	2	1	0	3	4
Socio-economic class codes						
	I	Professional				
	II	Intermediate (eg nurse, teacher)				
	III	Skilled non-manual (eg secretary)				
	III _m	Skilled manual (eg carpenter)				
	IV	Partly skilled (eg postman)				
	V	Unskilled				

Table 3.4. CSA Families: Nature of the Sexual Abuse.

Subject	Type of sexual activity	Perpetrator	Age of child at onset	Duration
A	F, M	Father	13	2 years
B	F, M	Father	12	18 months
C	F, M	Stepfather	10	6 months
D	F	Cohabitee	8	2 years
E	F	Father	13	1 occ
F	F, M, I	Father	12	1 year
G	F, M, I	Stepfather	10	3 years
H	IC	Father	10	3 years
I	F, M	Father	9	1 year
J	F, M	Father	5	4 years

F = fondling
M = masturbation
I = intercourse

occ = occasion

A more detailed breakdown of demographic information is given in Appendix B, Table B1 and B2 (page 282).

2. Psychology Group

Thirteen families who had been referred for psychological help completed the questionnaires. The presenting problems varied but each family was considered to be dysfunctional. As far as the therapists were aware, CSA was not occurring. Referrals were drawn from Liverpool, Wirral, Bolton and Leeds Child Psychology Services, Family Day Unit Liverpool. Summaries of the demographic data are given in Table 3.5 and 3.6. (More detailed information is given in Appendix B, page 283).

Table 3.5. Psychology Families: Demographic Data (n=13)

		Age		Number in Family			
Father		Mother	Child				
Mean	41.92	35.38	13.08	4.23			
(SD)	(8.32)	(4.35)	(2.25)	(0.83)			
Socio-economic Class			I	II	III	III _m	IV V
Fathers			0	2	6	2	1 2
Mothers			0	2	4	1	2 4
Socio-economic class codes			I	Professional			
			II	Intermediate (eg nurse, teacher)			
			III	Skilled non-manual (eg secretary)			
			III _m	Skilled manual (eg carpenter)			
			IV	Partly skilled (eg postman)			
			V	Unskilled			

Table 3.6. Psychology Families: Presenting Problem

Family	Problem	Age at onset	Duration
A	exam anxiety	13	3 years
B	anxiety, depression	10	1 yr
C	hysterical pain	12	6 mths
D	nocturnal enuresis	13	never dry
E	stealing, arguments	15	1 yr
F	daytime enuresis	6	6 years
G	migraine	11	2 years
H	stealing, sleeping probs.	5	6 years
I	aggression, tantrums	7	1 year
J	anorexia nervosa	13	2 years
K	anxiety, sleeping probs	10	1 year
L	anxiety at school	14	1 year
M	anorexia nervosa	15	6 mths

3. Normal Group

Normal families were drawn from a variety of sources. The groups included:

Staff working in a department store

Adult students attending a training college

Domestic and catering staff from various institutions

Secretarial staff from two health authorities

Teachers from a secondary school

In total, twenty three families completed the questionnaires. From the author's experience, in order to facilitate cooperation from a normal group, demographic data was kept to a minimum. Only the daughter's ages were collected. The mean age was 13.70 years (SD =2.38).

ANALYSIS

The main aim of the analysis was to investigate whether the scores from the questionnaires differentiated between family members and between groups. A variety of statistical procedures were used to analyse the data. Details of the analysis and the results are presented separately for each questionnaire. Before embarking on this analysis, the data was first inspected with regard to homogeneity across groups.

Homogeneity Across Groups

In order to investigate the degree of homogeneity across the groups with regard to demographic characteristics, a variety of parametric and non-parametric tests were performed. No significant differences were found across the groups in respect of age (Fathers, $F(1,20)=2.87$, $p>0.05$; Mothers, $F(1,20)=0.72$, $p>0.05$; Daughters, $F(2,43)=0.97$, $p>0.05$); socio-economic class (Fathers, chi square (4)=4.28, $p>0.05$; Mothers, chi square (4)=1.33, $p>0.05$); number of individuals in one family ($t(21)=1.06$, $p>0.05$). It will be recalled that data was not available regarding the ages of the parents in the normal group or their socio-economic group. Further details of the analyses are presented in Appendix C, Tables C1-C5, pages 285-286.

RESULTS: FAMILY ENVIRONMENT SCALE (FES)

Group means for the FES data are shown in Table 3.7 (means and standard deviations are also listed in Appendix D, Table D1, page 288). A MANOVA was carried out on the data, with groups (ie CSA, Psychology and Normal) and roles (ie fathers, mothers, daughters) as between subjects factors (details listed in Appendix D, Table D2, page 289).

Groups Effect

A significant main effect was found for groups ($F(20,240)=4.80$, $p<0.001$). Univariate tests on the individual subscales revealed significant differences between the groups for all the subscales except Achievement Orientation (FES 5). The results are listed in Table 3.7. Inspection of the group means indicated that on the subscales Cohesion (FES 1), Expressiveness (FES 2), Independence (FES 4), Intellectual Orientation (FES 6), Active Orientation (FES 7), Moral/Religious Emphasis (FES 8) and Organisation (FES 9), the CSA group scored lower than the other groups and the psychology group scored lower than the normal group.

For Conflict (FES 3) and Control (FES 10) the CSA group scored higher than the other two. On the Conflict subscale the Psychology group scored higher than the Normal group and on the Control subscale the Normal group scored higher than the Psychology group.

Table 3.7. FES Data: Group Means and MANOVA Results.

FES Subscale	Means (SD)			F	p	
	CSA	Psych.	Normal			
1. Cohesion	5.07 (2.05)	6.74 (1.97)	7.35 (1.60)	16.01	****	
2. Expressiveness	3.80 (1.51)	4.18 (1.55)	5.45 (1.70)	13.50	****	
3. Conflict	4.40 (2.09)	3.56 (2.50)	2.79 (2.05)	5.85	***	**** p<0.001 *** p<0.005 ** p<0.01 * p<0.05
4. Independence	4.43 (1.80)	5.67 (1.55)	6.00 (1.27)	11.45	****	
5. Achievement Orientation	5.37 (1.71)	5.26 (2.20)	5.78 (1.65)	1.17	ns	
6. Intellectual/ Cultural	3.63 (2.06)	4.77 (1.98)	6.03 (1.79)	17.28	****	
7. Active/ Recreational	3.47 (1.91)	3.85 (2.25)	5.74 (1.46)	16.50	****	
8. Moral/Religious	3.87 (1.82)	4.18 (2.17)	4.97 (2.02)	3.77	*	
9. Organisation	4.03 (1.24)	5.21 (1.60)	5.99 (1.90)	13.85	***	
10. Control	5.8 (1.45)	4.33 (2.17)	4.67 (1.89)	5.29	**	

Roles Effect

A significant MANOVA main effect was found for role ($F(20,240) = 2.61, p < 0.001$). Univariate tests revealed that two subscales, Cohesion ($F(2,129) = 5.79, p < 0.01$) and Expressiveness ($F(2,129) = 6.47, p < 0.005$) differentiated between the roles. A third subscale, Achievement Orientation, approached statistical significance ($F(2,129) = 3.00, p = 0.053$). Inspection of the means

indicated that for Cohesion the differences were particularly marked for the daughters, who scored lower than their parents as was the case for Expressiveness. For Achievement Orientation, the daughters scored higher (details of all the means and standard deviations are listed in Appendix D, Table D1, page 288).

Group by Role.

Results from the MANOVA indicated that there was no significant overall group by role interaction (overall $F = 1.00$, $p > 0.05$).

Incongruity scores

It will be recalled that the incongruity score measured the degree of agreement/disagreement between family members. The MANOVA indicated that there were no significant differences between the groups regarding the incongruity scores ($F(2,43) = .22$, $p > 0.05$, details in Appendix D, Table D3, page 291).

RESULTS: LOCUS OF CONTROL IN FAMILIES SCALE (LCFS)

Means and standard deviations were calculated for the LCFS (see Table 3.8).

Table 3.8. LCFS Data: Means and Standard Deviations.

Group	Role	Mean	S.D	N
CSA	Father	7.60	8.10	10
	Mother	6.30	7.69	10
Psychology	Father	8.00	4.30	13
	Mother	8.00	3.49	13
Normal	Father	9.78	6.69	23
	Mother	11.57	4.10	23

A MANOVA was carried out using groups and roles as between subjects factors (details listed in Appendix E, Table E1, page 293). A significant main effect was found for group ($F(2,86)=3.59$, $p<0.05$) but not for role ($F(1,86)=0.02$, $p>0.05$) or group by role ($F(2,86)=0.55$, $p>0.05$). As can be seen from Table 3.8, the CSA parents felt least in control of family events and the normal parents felt most in control. It can be seen that the mean for the normal group was a little higher than the mean obtained from the preliminary study to devise the LCFS scale.

RESULTS: FINAL SAY DECISION INDEX

Means and standard deviations were calculated for the overall score (ie summation of the scores to each question) as shown in Table 3.9 and for each individual question. All the scores are listed in Appendix F, pages 295-296.

Table 3.9. Final Say Data: Means and Standard Deviations For the Overall Score.

Group	Mean	SD	N
CSA			
F	29.30	5.22	10
M	29.00	6.02	10
C	29.80	8.04	10
Psychology			
F	31.00	3.79	13
M	30.15	3.91	13
C	30.39	5.85	13
Normal			
F	33.04	2.84	23
M	31.70	3.11	23
C	31.01	4.69	23

It will be recalled that the Final Say questions covered a range of issues that families usually need to make a decision about. The questionnaire is detailed in full in Appendix A (page 275) but to aid interpretation of results, the questions are summarised below:

- B1. What job the husband should try for
- B2. Whether to get a car
- B3. Whether to buy something expensive
- B4. Whether to go on holiday
- B5. What house to get
- B6. Whether wife should work
- B7. Whether to call a doctor
- B8. How much money to spend on food
- B9. What school a child should go to
- B10. Day to day child care decisions
- B11. Who disciplines the children

A MANOVA was conducted, with role and group as between subject factors (details in Appendix F, Table F2, page 296). For the overall score, the MANOVA revealed that there was a significant main effect for group ($F(2,129)=3.69, p<0.05$) but not for role ($F(2,129)=0.35, p>0.05$) or group by role ($F(4,129)=0.21, p>0.05$). From the means listed in Table 3.9, it can be seen that the CSA families scored lowest and normal families the highest. A high score indicates that decision making is usually made by the father (maximum score would be 55, complete equality would result in a score of 33 and if all the decisions were made by the mother, score would be 11).

In order to make more sense of the means, it was considered important to look at the spread of the individual scores. A second MANOVA was conducted on the individual question scores, with group and role as between subject factors. Considering the size of the data, only a summary table is presented, Table 3.10.

Table 3.10. Final Say Data: Relative Scores on Each Question

Question	CSA	Psych.	Normal
1. Job	Low	High	Mid
2. Car	Low	Mid	High
3. Purchase	Low	Low	High
4. Holiday	High	Low	Mid
5. House	Mid	Low	High
6. Wife/work	Mid	Low	High
7. Doctor	Mid	Low	High
8. Food bill	Low	High	Mid
9. School	Low	Mid	High
10. Child care	High	Mid	Low
11. Discipline	Mid	High	Low

Low = scored the lowest of the three groups
Mid = middle score
High = scored the highest

Results showed that there was only a significant effect for group ($F(2,129)=3.69$, $p<0.05$) not for role ($F(2,129)=0.35$, $p>0.05$) or group by role ($F(4,129)=0.21$, $p>0.05$). Details are in Appendix F, Table F4, page 296. Inspection of the means showed that the only questions in which the CSA families scored higher than the other two groups were for the questions about whether to go on holiday and who makes the day to day decisions about the children (details in Appendix F, Table F3, page 296).

RESULTS: SEMANTIC DIFFERENTIAL

The Semantic Differential provided data on a number of dimensions. Of particular interest was the result of the analysis on the potency scores. Potency means and standard deviations are listed in Appendix G (Table G1, page 299). A MANOVA was carried out on this data, groups and role as between subject factors (details in Appendix G, Table G2, page 299). Overall, there were no significant main effects (by group $F(128,2)=0.73$, $p>0.05$; by role $F(128,2)=2.38$, $p>0.05$; group by role $F(128,4)=1.10$, $p>0.05$).

Another MANOVA was conducted on the means relating to potency inside the family compared to potency outside of the family (See Table 3.11 and Appendix G, Table G2, page 299). A significant main effect was found for overall internal scores versus external scores ($F(128,1)=15.93$, $p<0.001$) and by role ($F(128,2)=12.24$, $p<0.05$). Inspection of the means

Table 3.11. Semantic Differential Data: Internal and External Potency Means by Role.

	Internal	External
Fathers	13.57	14.52
Mothers	12.73	13.70
Daughters	13.74	13.75

indicated that the fathers felt that they were more powerful outside the family, the mothers viewed their partners as being more powerful outside the family but the daughters felt their fathers were as powerful inside and outside the family.

Actual Potency Versus Ideal Potency

A significant difference was found between the means for actual potency versus ideal potency ($F(128,1)=8.48$, $p<0.01$), group by actual/ideal ($F(128,2)=4.03$, $p<0.05$), role by actual/ideal ($F(128,2)=7.78$, $p<0.005$) but not for group by role by actual/ideal ($F(128,4)=1.61$, $p>0.05$). Inspection of the means in Table 3.12 showed that as a group, the CSA and Psychology families wanted the fathers to be more powerful, whereas the normal families were happy with the way things were. When the results are broken down by role, with reference to Table 3.12, it can be seen that the fathers would like to have been more powerful than they were already, the mothers would also have preferred their partners to be more powerful than they were, but the daughters wanted their fathers to be less powerful (means are also listed in Appendix G, Table G2, page 299).

Table 3.12. Semantic Differential Data: Actual Potency Versus Ideal Potency.

	<u>Actual P</u>	<u>Ideal P</u>
CSA	13.77	14.15
Psychology	12.92	14.10
Normal	13.52	13.55

	<u>Actual P</u>	<u>Ideal P</u>
Fathers	13.38	14.71
Mothers	12.87	13.56
Daughters	13.95	13.53

Actual P = Internal actual score plus external actual scores
Ideal P = Internal ideal score plus external ideal scores

In the Family Potency/Outside the Family by Actual/Ideal
The means are shown in Table 3.13. A significant main effect was found using inside /outside by actual/ideal as within subject factors ($F(128,1)=9.20, p<0.01$). In particular a significant effect was found for role by inside/outside by actual/ideal ($F(128,2)=5.70, p<0.01$) but not for group by inside/outside by actual/ideal ($F(128,2)=2.39, p>0.05$) nor for group by role by inside/outside by actual/ideal ($F(128,4)=1.04, p>0.05$). With reference to Table 3.13, it can be seen that for the fathers, they felt more powerful outside the home and the ideal would have been to feel more potent within the family than outside the home.

Mothers felt that their partners were more powerful outside the home and that their partners should have been more potent outside the home.

The daughters felt that their fathers were too potent within the family and should have been more potent outside the home.

Table 3.13. Semantic Differential Data: Internal/External Potency Scores by Actual/Ideal.

	IA	II	EA	EI
Fathers	12.94	14.20	13.82	15.22
Mothers	12.44	13.02	13.30	14.10
Daughters	14.50	12.98	13.41	14.08

IA= Internal Actual Potency, II= Internal Ideal, EA= External Actual, EI= External Ideal

RESULTS: DISCRIMINANT FUNCTION ANALYSIS

One aim of the research was to investigate whether it was possible to identify a particular profile of scores that characterised CSA families. In order to assess this, a discriminant function analysis was carried out on the questionnaire data for each family member (except the semantic differential data due to the complexity of analysis). Calculation of the discriminant function involved stepwise addition using Wilks lambda as a criterion, and with the prior probabilities of group membership known.

Fathers

The programme took four steps to arrive at a solution. Two functions with eigenvalues of 0.85 and 0.21 were obtained. Significance values of $p < 0.001$ and $p < 0.05$ were obtained prior to the calculation of Factor One and prior to the calculation of Factor Two respectively. The standardized canonical discriminant function coefficients are shown in Table 3.14,

Table 3.14. Standardized Canonical Discriminant Function Coefficients, Fathers.

Variable	Function 1	Function 2
FES 2, Expressiveness	0.16	0.86
FES 7, Active/Recreational	0.46	0.29
FES 9, Organisation	0.74	-0.53
FES 10, Control	-0.50	0.81

Canonical discriminant functions evaluated at group means

Group	Function 1	Function 2
CSA	-1.52	0.37
Psychology	-0.16	-0.70
Normal	0.75	0.24

which also shows mean canonical discriminant functions for the three groups.

It can be seen that Function 1 discriminated mainly between CSA/Psychology fathers and Normal fathers whereas Function 2 discriminated mainly between CSA/Normal fathers and Psychology fathers. None of the variables contributed very highly to either function. On Function 1, FES 9 "Organisation" contributed the most and FES 10 "Control" was the next highest. On Function 2, FES 2 "Expressiveness" and FES 10 "Control" contributed the most. A classification table based on the canonical discriminant functions is given in Table 3.15. It can be seen that 71.7% of the cases were correctly classified, including 90% of the CSA fathers.

Table 3.15. Discriminant Analysis: Classification results, Fathers.

Group	No. of cases	Predicted group membership		
		1	2	3
CSA (1)	10	9 90%	1 10%	0 0%
Psychology (2)	13	0 0%	7 53.8%	6 46.2%
Normal (3)	23	1 4.3%	5 21.7%	17 73.9%

Mothers

The same analysis was conducted on the scores for the mothers. On this occasion, the programme took 7 steps to arrive at a solution. Two functions with eigenvalues of 1.68 and 0.39 were obtained (significance values of $p<0.001$ before Function 1, $p<0.05$ before Function 2). The standardized canonical discriminant function coefficients are shown in Table 3.16 which also shows mean canonical discriminant functions for the three groups.

Table 3.16. Standardized Canonical Discriminant Function Coefficients, Mothers.

Variable	Function 1	Function 2
Final Say Index	0.49	-0.06
FES 2, Expressiveness	0.86	0.52
FES 5, Achievement Orient.	0.35	0.19
FES 6, Intellectual	0.42	-0.32
FES 8, Moral/Religious	0.30	0.34
FES 9, Organisation	0.40	-0.48
FES 10, Control	0.25	0.96

Canonical discriminant functions evaluated at group means

<u>Group</u>	<u>Function 1</u>	<u>Function 2</u>
CSA	-1.09	1.02
Psychology	-1.38	-0.70
Normal	1.25	-0.05

It can be seen that Function 1 discriminated mainly between CSA/Psychology mothers and Normal mothers whereas Function 2 discriminated mainly between CSA mothers and the other two groups.

A classification table based on the canonical discriminant functions is given in Table 3.17. It can be seen that 82.6% of the cases were correctly classified, including 70% of the CSA mothers. The results indicate that it was more difficult to compute a profile that differentiated CSA mothers, however a much better discriminating profile was arrived at for normal mothers.

Table 3.17. Discriminant Analysis: Classification Results, Mothers.

Group	No. of cases	Predicted group membership		
		1	2	3
CSA (1)	10	7 70%	2 20%	1 10%
Psychology (2)	13	2 15.4%	10 76.9%	1 7.7%
Normal (3)	23	1 4.3%	1 4.3%	22 91.3%

Daughters

Again, the same analysis was conducted on the scores for the daughters. The programme took 6 steps to arrive at a solution. The eigenvalues were 0.60 and 0.22, significance values $p < 0.01$ before calculating Function 1, $p > 0.05$ before calculating Function 2. This indicates that only one function

significantly contributed to group differences. The standardized canonical discriminant function coefficients are shown in Table 3.18 which also shows mean canonical discriminant functions for the three groups.

It can be seen that Function 1 discriminated mainly between CSA daughters and the other two groups. A classification table based on the canonical discriminant functions is given in Table 3.19. It can be seen that 65.2% of the cases were correctly classified, but only 60% of the CSA daughters.

Table 3.18. Standardized Canonical Discriminant Function Coefficients, Daughters.

Variable	Function 1	Function 2
Final Say Index	0.31	0.35
FES 1, Cohesion	0.81	-0.05
FES 4, Independence	0.62	-0.45
FES 6, Intellectual	-0.34	-0.59
FES 7, Active/Recreational	0.08	0.73
FES 8, Moral/Religious	0.25	-0.73

Canonical discriminant functions evaluated at group means

Group	Function 1	Function 2
CSA	-1.41	0.11
Psychology	0.25	-0.71
Normal	0.47	0.35

Table 3.19. Discriminant Analysis: Classification Results, Daughters.

Group	No. of cases	Predicted group membership		
		1	2	3
CSA (1)	10	6 60%	1 10%	3 30%
Psychology (2)	13	2 15.4%	5 38.5%	6 46.2%
Normal (3)	23	2 8.7%	2 8.7%	19 82.6%

RESULTS: KEYWORKERS QUESTIONNAIRE

The aim of the keyworkers questionnaire was to provide some external point of reference for the family data. Workers were asked to rate the family on a number of scales and the means are given in Table 3.20. The rating scale was 1 to 7, 7 indicating a high score.

Table. 3.20. Keyworkers: Means and Standard Deviations

Group	T	RATING SCALES 1 - 7, 7 INDICATES HIGH SCORE							
		KO	KS	KC	KFIC	KFEC	KMC	KD	KCONF
CSA	9.60	4.50	3.57	3.32	5.60	2.30	4.20	4.90	5.40
(SD)	(2.76)	(1.78)	(1.31)	(1.12)	(1.71)	(0.68)	(2.30)	(2.33)	(0.52)
Psych	7.62	4.92	3.94	3.65	3.31	4.31	5.08	4.62	5.40
(SD)	(3.45)	(1.44)	(1.22)	(1.11)	(1.65)	(1.49)	(1.75)	(1.45)	(1.38)

- T = Time involved with family (months)
- KO = Rating on organised/chaotic scale (7=very organised, 1=very chaotic)
- KS = Rating on supportive/non-supportive (7=very supportive, 1=non-supportive)
- KC = Rating on open/closed communication (7=very open, 1=closed)
- KFIC = Fathers level of control within the family
- KFEC = Fathers level of control outside the family
- KMC = Mothers control of family events
- KD = Daughter's perception of fathers' control
- KCONF = level of confidence of worker about ratings

A t-test was conducted on the length of time results and Mann-Whitney U-tests on the other scores. Results revealed that the only significant difference between the keyworkers concerned the results for the questions about fathers' control (KFIC, $U(10,13)=20$, $p<0.01$; KFEC, $U(10,13)=18.5$, $p<0.005$). The remaining results are presented in Appendix H, page 302. Inspection of the means shows that the CSA fathers were considered to have more control within the family, but less

control outside the family than the Psychology fathers.

Comparison With Families

In order to compare the responses from the keyworkers with those from the families, the above scores were correlated with particular scores from the families. Each group was analysed separately (in other words, CSA family scores compared with CSA keyworkers and similarly with the Psychology families). Table 3.21 demonstrates which scales/subscales were selected for comparison and which demonstrated significant correlations (full details in Appendix H, Table H2, page 302). It can be seen that there was a significant correlation between the

Table 3.21. Families and Keyworkers: A Summary of the Scales that were Correlated

FAMILY CHARACTERISTIC	SCALE/SUBSCALE	
	Family Responses	Keyworker Responses
Family structure	FES 9, Organisation	KO, Organised/Chaotic
* (1) Level of support	FES 1, Cohesion	KS, Supportive/Non-supportive
* (1,2) Communication	FES 2, Expressiveness	KC, Open communication/Closed
Father's control within the family	Father's LCFS score	KFIC,
Father's control outside the family	Father's Semantic Differential, EAP	KFEC,
* (1) Mother's control	Mother's LCFS score	KMC
* (2) Daughter's perception of father's control	Daughter's Semantic Differential, IAP	KD

* A significant correlation between the families and the keyworkers was found at the $p < 0.05$ level
 (1) = CSA Families and CSA Keyworkers
 (2) = Psychology Families and Keyworkers

CSA Families' scores and keyworkers for dimensions relating to support, communication and the mothers' perception of their control over family events. For the Psychology Families and their keyworkers, the correlation was between scores on communication and the daughters' perception of father's control. The implications of these results will be discussed in the next section, along with the other findings.

STUDY ONE: DISCUSSION

The aim of Study One was to investigate characteristics of CSA families within the context of power and control. Study One comprised of two stages, first to develop an assessment package and then second, to conduct the study. In total, four questionnaires were completed by CSA families and the results were compared with two other groups, Psychology families (families experiencing some form of psychological dysfunction) and Normal families. Keyworkers also completed some questionnaires about the first two groups in order to have some external assessment of the families.

Before reviewing the results, the discussion will focus on the following methodological issues:

- 1) Sample characteristics
- 2) Experimental approach
- 3) Instruments: The questionnaires
- 4) Analysis

1) Sample Characteristics

a) CSA group

As described in Chapter One, the literature abounds with the difficulties of defining sexual abuse and gaining access to families in which it occurs. Within the current research these questions continue. Not only was the sample very small, but it is difficult to judge how representative they were because the selection process excluded many. This occurred at many levels. To begin with the sample may have been different from those families who did not reach agencies and of those that did, the author's experience has been that it is only a minority of perpetrators who in any way admit the abuse. As a result of the high denial, few families are accessible for treatment.

At least the study incorporated families from a range of sources: social work, NSPCC and psychology departments. However, there is also the issue of why the professionals selected the families they did to complete the questionnaires. Some professionals commented that they had chosen families they were having particular difficulty with in terms of communication, others commented that they chose families they were working well with and felt they had engaged.

b) Psychology group

In order to gather data it was not felt possible to have strict limits with regard to demographic characteristics of this comparative group. In other words the psychology group were not a matched control. However, examination of the

demographic data revealed that in fact, the two groups were not statistically different.

It will be recalled that the Psychology families presented with a range of psychological difficulties. Different results may have occurred if the Psychology group had a similar presenting problem. However, this would have restricted interpretation of results as the comparison would have been between CSA families and possibly, those with an enuretic child. The current study allowed a broader comparison between CSA families and families experiencing some psychological difficulties.

c) Normal group

As with any research, questions need to be raised regarding the viability of a normal group. In order to minimise the intrusiveness of the exercise, it did not feel appropriate to ask many demographic questions other than the ages of the child completing the form. It was impossible to estimate whether any of the families included abusers, although one would suspect that these families would not have taken part. The spread of institutions from which the normal sample was taken has hopefully provided a demographic spread. On reflection, it would appear difficult to predict which factors influenced a family's decision to take part in such a study, perhaps factors included:

i) adults who felt confident about their abilities as parents, thus possibly resulting in a sample with particularly cohesive families.

ii) families who had some familiarity with research eg a member who had a university background, thus possibly resulting in a sample with a higher than average education level.

iii) adults who perceived the request from their manager/lecturer to take part in the study as being a task that it would be "better" to be seen complying with. This possibly resulted in a sample that presented family life in a more "socially desired" way.

In fact it is possible that the motivation to take part included all the above factors plus many idiosyncratic to each individual. Whatever the reason, it would appear prudent to interpret the results with caution.

2) Experimental Approach

The use of self-report questionnaires clearly has its drawbacks as discussed at the beginning of this chapter. It will be recalled that the major problems include establishing reliability and validity for a questionnaire and demand characteristics. However, an important aspect of the research was to investigate individuals' perceptions of family life rather than actual fact. Also, steps were taken to try to reduce bias, such as administering the questionnaires after the families had developed some form of rapport with the keyworker.

Perhaps a more difficult issue concerns the timing of questionnaires. The CSA families were asked to give a retrospective account, as did the Psychology group but the

length of time between experiencing the crisis (whatever its nature) varied from family to family. The normal families completed the questionnaires in the "here and now".

Retrospective accounts are liable to error, although in the context of the current research the bias could be either way. For example some families may have wanted to portray things as worse than they were in order to show how much progress they had made. Others may have wished to present a better picture than reality. From the author's experience, the latter is more likely, families tending to want to draw a veil over the past.

3) Instruments: The Questionnaires

Over and above the general issue of whether the questionnaires selected were the most appropriate for this study, there are a few points to make about the problems of the ones chosen. A more general discussion of the appropriateness of the approach will be presented in Chapter Five.

a) Family Environment Scale

As there was limited information regarding demographic data for the Normal group, this could potentially have had a distorting effect on the results from the Family Environment Scale (FES). FES results are affected by factors such as age of the respondents and family size. However, it was likely that the families were relatively similar in family size and age, certainly with no large discrepancies such as comparing a single parent with one child to two parents with six children.

b) Information from professionals

The research required professionals to provide a profile of the family. It is acknowledged that this was very subjective and relied exclusively on the professionals' opinion. It is difficult to tell to what extent their view was biased by their own agendas about CSA in general as opposed to particular characteristics of the family. Whilst professionals were asked to state how long they had involvement with a family, it is recognised that this does not necessarily indicate the reliability of the profile.

4. Analysis

There are varying opinions in the literature about the most appropriate form of statistical analysis to use. For example, Skinner (1984) argued that the widespread availability of computer software packages, presents temptation to use sophisticated multivariate analyses when in fact other approaches would be more fruitful. In particular he referred to the artificial creation of independent variables by categorising a continuous measure. It is considered that in the current study, subjects have not been categorised in artificial ways. However it is also acknowledged that some theorists would argue that "all men are rapists" and would view the groups as continuous (eg Dworkin, 1987; Rich, 1981).

A number of the statistical procedures used in the current study (for example, MANOVA) assume that the dependent variables are from a multivariate normal distribution (Norusis, 1985). However, for small samples, it is usually

difficult to rigorously demonstrate lack of normality in the data (Ferguson, 1976). Other assumptions include there being homogeneity of variance and that the effects of various factors are additive. An advantage of analysis of variance is that it is quite a robust technique in that reasonable departures from normality and homogeneity will not seriously affect the validity of the results (Ferguson, 1976; Norusis, 1985).

A further difficulty concerns that of sample size. The current study had small numbers of subjects but large numbers of variables. However, the variables were chosen because it was considered likely that they would discriminate between the groups and that this decision was based on a review of other research. It is also acknowledged that care must be taken when considering correlational data with a small sample. Skinner (1984) presents data on the minimum correlation necessary for statistical significance at different sample sizes. It was possible to establish that results from the current study would be considered significant (correlational analysis was used to examine the responses of the keyworkers with responses from the families).

Discriminant analysis needs to be interpreted with care (eg Klecka, 1980; Lachenbruch, 1975). For example the analysis may provide a mathematical solution which is relatively meaningless. Also, the stepwise process which is designed to discriminate between variables produces an optimal set. This is not necessarily the best solution. However, an advantage is that the procedure is robust and will tolerate some deviation

from the basic assumptions needed for the calculation (assumptions which are the same as described above for MANOVAS).

Study One: The Results

It will be recalled that the hypotheses were divided into two sections relating to:

- 1) Family environment
- 2) Use of Control

1) Family environment

It was predicted that the family environment of CSA Families would be less communicative, less supportive, less disorganised yet more controlling than the other families (Hypothesis 1, page 84). In contrast it was not expected that the other families, Psychology and Normal, would show characteristic patterns (Hypotheses 2, and 3 page 84). Family environment was investigated using the Family Environment Scale (FES).

CSA families reported the lowest scores on dimensions relating to Cohesion, Expressiveness (the degree of open communication), Independence (the level of autonomy within the family), Organisation (to what degree activities are planned), Intellectual Orientation, Active Orientation (both subscales relating to activities the family pursue together) but highest on Conflict and Control (use of rules and procedures).

On the whole, the reported differences were as predicted (Hypothesis 1) in that there was little open communication and

little support for family members (ie low Cohesion scores). There was also some confusion within the family about limits and responsibilities (low Organisation score) suggesting confused boundaries. The low score on the Intellectual Orientation and Active Orientation could be seen to support the report that there was little togetherness. It will be recalled that these dimensions refer to the amount of interest as a family in intellectual/cultural or sport activities which would involve communication and time with each other.

The high Control score was also as predicted but perhaps this conflicts with the low Organisation score. Possible reasons for this could be that although there were many rules within the family, application was not consistent thus resulting in confusion. Alternatively it may be that the rules were very clear but it was not clear why they were applied. This could be seen to be consistent with a CSA family. For example, children are clear that abuse happens and that the rule is not to talk about it. However the likelihood is that there is a great deal of confusion as to why it is happening to them and how they are supposed to make sense of it. The Communication and Cohesion scores provided by the families were significantly correlated to the ratings provided by the keyworkers.

It was perhaps surprising that the families reported high scores on the Conflict subscale. The dimension refers to openly expressed expression of anger and aggression. On the whole the literature tends to emphasise the lack of openly expressed anger in CSA families, presumably in part related to

the gross distortion in self esteem. For example victims commonly taking on responsibility for the abuse and therefore having great difficulty in either disclosing or feeling angry with the perpetrator, the rage often being turned inwards (eg Kempe and Kempe, 1984; Salter, 1988; Summit, 1983).

Overall, family members were relatively in agreement with each other about family life. This was demonstrated by the finding that there were no significant differences in overall incongruity scores (a score calculated by comparing family members scores on each subscale). However, it was noticeable that across all the groups, the daughters reported significantly lower scores for Cohesion and Expressiveness. In other words, daughters found family life less supportive and found it harder to express themselves than their parents. Scores on a third subscale, Achievement Orientation, nearly approached statistical significance with daughters reporting a higher score than their parents. As this result derives from only a few subscales, it is important not to over-emphasise the finding. However, the result suggests that in some respects, daughters across the range of groups felt similarly which possibly suggests some of the differences between the families were more to do with the adults.

It was notable that the CSA families reported family life to be more dysfunctional than the Psychology families. It will be recalled that on the whole, the scores from the Psychology Families fell between the CSA and the Normal group. This suggests then, that there is some qualitative difference about CSA families. However it should be recalled that as the

families completed the questionnaires after abuse had been occurring for some time, assumptions cannot be made as to whether the dysfunction precedes or follows sexual abuse.

Considering the range of problems presented by the Psychology Families (which included enuresis, anxiety, anorexia and tantrums) it was perhaps surprising that the results did indicate some common patterns particularly with respect to the Control subscale (the extent to which family life is governed by rules). The score was lower than the other two groups. Contrary to the hypothesis therefore (Hypothesis 2, page 84) the Psychology Families reported family life to be more unstructured and chaotic than the Normal Families.

The report from the keyworkers involved with the Psychology Families tended to agree with the scores provided by the families. There was a significant correlation between the scores relating to communication. In addition, the keyworkers reported that the families were more organised than chaotic and not particularly supportive.

Regarding the Normal group, the results were what one would expect in comparison to the other two groups ie demonstrated a more positive family environment. Such a finding was predicted by Hypothesis 3, page 84. As indicated earlier, it could perhaps be argued that the Normal sample did not provide an appropriate comparison group because they were self-selecting. On the other hand, if one argues that the Normal families were likely to be confident about their functioning and experiencing a "positive" phase, then this would represent what an effective family could be like.

2) Use of control

It was predicted that in CSA families, fathers would perceive themselves as being in control within the family but not outside (Hypothesis 4); mothers would feel powerless and both mothers and daughters would perceive the father as being in control both within and outside the family (Hypothesis 5 and 6). Some of this paternal control would be expressed through his significant role in decision making (Hypothesis 9).

Three questionnaires addressed control issues, the Locus of Control within Families Scale (LCFS), the Semantic Differential and the Final Say Index. From the LCFS, the parents in the CSA Families reported feeling out of control of family events. This could be seen to conflict with the finding that the families reported a high Control score on the FES. However it could be argued that just because there are a great deal of rules this does not necessarily mean one feels in control of what happens. As the families reported that there was little open communication it is perhaps not surprising that the parents felt that they did not know what was going on within the family.

The prediction was that CSA fathers would feel in control of family life but this has not been demonstrated. However, it can be seen that the CSA mothers scored lower than their partners and although this did not reach statistical significance, it was in the predicted direction ie mothers would feel less powerful than their partners. Perhaps if the group had been larger, the result would have been more marked.

All CSA family members reported that overall the father did not have a significant influence over decision making (Final Say Index), but was more in charge of decisions about child care - except for disciplining. It would appear therefore, that the stereotypical, authoritarian picture was not borne out. This was similar to the results of Williams and Finkelhor (1990) who failed to find evidence for the "patriarchal" figure. However studies had focused on global measures and it was notable that in reference to specific questions about child care in the current study, the father was seen to strongly influence day to day child care. This would be in keeping with the usual impression of perpetrators, that they find ways to ensure control over their children's lives but not necessarily in an overtly punishing way (eg Glasgow, 1988; Summit, 1983).

The Semantic Differential results did not clearly differentiate between the groups of families. Considering the critical role of the father in CSA families, one perhaps would have expected some greater contrast across the groups. The only effect to distinguish between the groups, concerned actual potency scores by ideal potency scores. Both the CSA and the Psychology fathers reported that ideally they would wish to be more powerful. Mothers reported the same, but daughters wanted their fathers to be somewhat less powerful. Otherwise there was no clear differentiation within the groups in terms of roles. In other words, CSA family members did not differ significantly in how they perceived the fathers' actual potency.

Considering the reported high rates of denial by perpetrators (eg Salter, 1988; Wyre, 1987,1988) one would perhaps have expected the fathers to say that they did not feel very potent within the family. To have said otherwise would have been likely to raise issues about their responsibility for the abuse. In support of this, the ratings about the families by the keyworkers indicated that they perceived the father to be very much in control of family events and that they considered that the daughters perceived their fathers to be powerful. Also it could be argued that at the time that the CSA families completed the questionnaires, they were undergoing assessment for possible rehabilitation.

In all the families the mothers had been important figures in the decision to consider rehabilitation. It is possible therefore that the mothers would not have seen it to be in the family's interests if the father was presented as a powerful figure whom they felt dominated by. Certainly it is the author's clinical experience that mothers who overtly state that they wish the perpetrator to return, tend to have minimised the abuse, are defensive about their own role and deny the extent of the problems within their family. A useful parallel can be drawn with observations made by sociological researchers who criticise conventional research strategies because it is considered that data is taken out of context and thereby distorted:

People use the defense mechanism of "forgetting" their reality.....Everyday reality is too difficult to look in the face. Possibilities of real change seem too far away, and previous experience was often deceptive and painful. So the hope for change is renounced and exchanged for refuge in an attitude of passivity and resignation in which one can feel more secure.

Darcy de Oliveira, p54, 1982

Alternative explanations about the lack of clear differentiation across the groups include the possibility that:

- a) The measure was not sensitive to actual differences between the groups because the labels were either inappropriate or too global.
- b) CSA family members do not perceive the father any differently than other families do.

As indicated in Chapters One and Two, the literature and clinical experience indicates that CSA family members have very strong feelings about the role of the father which would mitigate against the second point (eg Bentovim et al, 1988; Herman, 1981; Summit, 1983). This then raises questions about the Semantic Differential. Perhaps different results may have been elicited if the questions had focused more clearly on the abuse, for example, instead of asking "In the family my father is..", posing the question, "When I think about the abuse, what I feel about my father is..". However, this would have been potentially very distressing for the daughters. Either way the daughters may have felt the pressure of divided loyalties when answering direct questions about their fathers.

Again, it could be asked whether there were alternative strategies for gathering data. As indicated at the beginning of the chapter, there were a number of design constraints as well as the overriding problem of how one measures distress in the first place. This issue will be addressed further in Chapter Five.

Considering the results from the other groups of families, it had been hypothesised that Psychology parents would expect to feel out of control within the family but not necessarily outside the family (Hypothesis 7), daughters would be equally likely to perceive their fathers as being under or over-controlling (Hypothesis 8). In contrast to the CSA Families, no pattern was expected with regards decision making (Hypothesis 10).

The results for the Psychology Families showed that unlike the original hypothesis, the group did not report equivocal results but felt less in control than normals. Also, the Final Say Index scores indicated that in general decision making was not as democratic as the normal group, with mothers having more influence (except for disciplining which was more influenced by the father). Keyworkers agreed with this report in part. Their scores indicated that they considered the fathers to have low control within the family but that mothers had more control.

Perhaps the finding about the influence of mothers was predictable, in that clinical experience indicates that problems with children tend to be cast as the mother's responsibility and encouraging fathers to attend for therapy sessions can be problematic (eg Harvey, 1991; O'Brian, 1988).

With regard to the Normal families, it will be recalled that their score on the LCFS was higher than that obtained from the normal group in the original study conducted to develop the questionnaire (Study One, Stage One). The higher score obtained may have been due to the wider sampling achieved in

Stage Two. In Stage One, the parents were drawn from one school in a relatively deprived area. This may well have depressed scores a little as poor social conditions may have affected all aspects of the parents' sense of control. Such an effect has been noted in other research, for example the findings of Brown et al (1973) regarding depression and mothers living in poor housing conditions.

Chapter Two outlined the difficulties of defining what constitutes a normal family. It is perhaps reassuring that the families in the Normal group for this study appeared to be functioning more effectively than the families from the two other groups. However, it is acknowledged that the families may have felt it important to present a "united front".

On a general note about keyworkers, it was found that the groups were not found to differ significantly with regard to the length of time they had been involved with the family, or regarding their confidence about the ratings they had given. In both groups of keyworkers, the predominant profession was clinical psychology (70% CSA keyworkers, 85% Psychology keyworkers).

Discriminant Functional Analysis

Overall, the results suggested that the CSA fathers stood out as a particular group, CSA mothers less so. The analysis was less successful in identifying CSA daughters although significantly more than chance. It was also notable that it was possible to generate a rule that classified a large number of the Normal Families correctly.

With regard to the CSA Families, common variables for both fathers and mothers included the FES subscales Communication, Organisation and Control. These subscales are of interest because it had been predicted that these factors were particularly relevant when considering CSA Families. The finding that the analysis was especially successful in identifying CSA fathers, would appear to lend more support to theories that focus on the role of the perpetrator rather than more general family dysfunction models.

The differentiating profile for CSA fathers can be drawn up by using the following subscales from the FES: Expressiveness, Active/ Recreational Orientation, Organisation and Control. Referring back to the means for the scales (Appendix D, Table D1, page 288) the profile highlighted a father who reported:

- a) a low score for the amount of open communication in the family
- b) spent less time with his family in organised activities
- c) little importance placed on clear organisation
- d) high emphasis on rules and procedures.

It is notable that the analysis was not particularly successful identifying Psychology fathers but more so for Normal fathers.

For CSA mothers the profile selected a number of dimensions. Perhaps it is more useful to identify those variables on which CSA mothers scored clearly the highest or the lowest compared to the other two groups. The CSA mothers were characterised by:

- a) greater influence on decision making than other groups
- b) lower than normal score on the level of open communication in the family
- c) lower score on spending time as a family in organised activities
- d) lower score on the degree of importance on organisation
- e) high score on the extent to which rules were used to run family life.

The analysis was particularly successful identifying Normal mothers.

With regard to daughters, only 60% CSA girls were correctly classified compared to over 82% of normal girls. For the Psychology group, classification was no better than chance. The normal girls tended to report experiencing family life in the way in which one would expect, for example more cohesive, more able to communicate openly than the other two groups.

The literature suggests that the factors addressed in the study are relevant when considering the effects of CSA on children. However, clinical experience indicates that victims can present in different ways, for example, some children coping better than others, some experiencing their mothers as being less or more supportive. The varying nature of their presentation may therefore have accounted for the difficulty in categorising them.

It was noticeable however that the analysis was more successful in identifying the "normal" daughters. It could be said then that the measures differentiated between normal girls and those experiencing distress. This finding could be

useful when considering what factors to assess when deciding whether therapy has been effective. In other words if after some therapeutic intervention, a girl scored markedly different from the profile of a "normal" girl, one should question whether sufficient change has occurred.

With regard to the Normal group, the discriminant analysis was somewhat more successful in identifying the mothers and the daughters than the fathers. This possibly suggests that there was greater variability in the fathers' views about family life. This may reflect changes in the way society is beginning to view the role of the father. For example, it is becoming more acceptable for men to express their feelings, to adopt a more child centred view but these changes are far from universal. Without more detailed demographic details of the normal group it is difficult to offer other explanations. Influential variables may have been employment, for example it is possible that a high percentage of the women were housewives whereas the men may have represented a wide variety of employment statuses and thereby represent a wide range of views.

STUDY ONE, STAGE 1 AND 2: SUMMARY

It will be recalled that the aims of Study One were to develop a research approach to assess power and control (Stage 1) and then to implement the study (Stage 2). Three groups of families were sampled, a) CSA families b) families undergoing some form of psychological crisis necessitating a referral to a counselling service, known as the Psychology group and c) a Normal group. It was hypothesised that CSA Families would differ in terms of their family organisation and in the use of control. It was also hypothesised that the comparison Psychology group would not report common patterns of functioning and that a Normal group would report more effective family functioning than the other two groups.

Due to a number of research constraints, it was decided to conduct the research by self-report questionnaire. Stage 1 therefore involved selecting an appropriate assessment package. This included developing a Locus of Control in Families Scale as existing schedules were not considered appropriate. In total, families were to complete four questionnaires and keyworkers two forms: a) demographic data and b) general information about the functioning of the family.

Despite canvassing agencies across the North of England, recruitment of families proved problematic and resulted in a small sample size. Whilst in part, the low numbers was due to there being relatively few perpetrators who acknowledged responsibility for the abuse (a requisite for the study), the

Table 3.22. Main Findings: A Summary Table

MAIN FINDINGS		
CSA FAMILIES	PSYCHOLOGY FAMILIES	NORMAL FAMILIES
<u>Family Environment</u>	<u>Family Environment</u>	<u>Family Environment</u>
<ul style="list-style-type: none"> * Little support * Little communication * Little time spent together * Disorganised * High control High conflict 	Same pattern as CSA families but scores not as low or as high (depending on sub-scale) <u>except</u> scored very low Control	<ul style="list-style-type: none"> * More effective functioning than other families
<u>Use of Control</u>	<u>Use of Control</u>	<u>Use of Control</u>
<ul style="list-style-type: none"> Father reported low control * Mother reported low control Mother influenced decisions more than father Parents would like father to be more potent within family - * daughters did not 	<ul style="list-style-type: none"> * Father reported low control * Mother reported low control Mother influenced decisions more * Parents would like father to be more potent within family - daughters did not 	<ul style="list-style-type: none"> * Both parents more in control than other groups * More democratic decision making Parents would like father to be more potent - * daughters did not
<u>Profile</u>	<u>Profile</u>	<u>Profile</u>
<ul style="list-style-type: none"> * Profile defined for fathers Less successful for mothers Difficult to discriminate daughters 	Some success describing mothers	Particularly able to describe mothers and daughters
* Predicted findings		

reaction from professionals was not always favourable. The implications of this will be discussed in Chapter Five.

In total, the sample included 10 CSA Families, 13 Psychology Families and 23 Normal families. The results are presented in summary form in Table 3.22. As can be seen, some of the findings were not predicted. However it was notable that the

CSA keyworkers disagreed with the fathers' reports about their level of control, the keyworkers considering the fathers to be very much in control. Other factors possibly influencing results included the fact that perpetrators are known to deny the extent of their responsibility, the families were being assessed and may not have felt able to portray family life as it was, daughters may have felt divided loyalties about their fathers. Alternatively the questionnaires may not have been sensitive enough or were inappropriate.

Whilst the results from the discriminant analysis need to be interpreted with caution, it appeared that CSA fathers in particular could be separated out. It was far more difficult to do the same with the daughters. Instead there tended to be a distinction between "normal" and "not normal" rather than between the three groups. This would tend to lend more support to theories of CSA that focus particularly on the perpetrators' role rather than that of a dysfunctional family.

CHAPTER FOUR

RESEARCH STUDY TWO: PROFESSIONALS AND CSA

INTRODUCTION

The findings from Research Study One indicated that understanding of CSA families is incomplete, particularly with regard to issues of power and control. Predictions from the research literature were not always borne out by the results of Study One. It was also of note that the perceptions of keyworkers was at times at significant variance with that of the families. For example, keyworkers reported that the fathers were very controlling and that the daughters would also report this. However, family members did not report this perception.

It was considered timely therefore, to investigate more closely how professionals understood CSA. As indicated in Chapter One, professionals have the unenviable task of making sense of the lack of consensus in the research literature and attempting to work in an area in which our knowledge has yet to grow. Of particular interest therefore, was whether it was possible to identify which factors influenced perceptions. In addition, it was considered important to explore how confident

professionals were about their work. It will be recalled that in Chapter One the literature raised questions about the competencies of professionals and professionals themselves reported high levels of stress.

Chapter Four will report on the findings of Study Two.. In addition this chapter will compare the results from Study One and Study Two.

STUDY TWO: RESEARCH AIM

The aim of Study Two was to investigate how professionals make sense of CSA and then apply their knowledge to their everyday work. Is there congruity between how the professionals view CSA Families and how the families perceive themselves? Due to the paucity of literature in this area, it has been difficult to construct hypotheses which are drawn from current knowledge. However, predictions are listed below.

STUDY TWO: HYPOTHESES

H1. Clinicians will demonstrate a greater ability to apply models into practice than those from a different professional background as this forms an integral part of clinical psychology training.

H2. The greater the confidence in a model, the more confident the professional will be in applying the model.

H3. Professionals adopting similar models will work in similar ways.

H4. Greater length of experience will improve confidence.

STUDY TWO: RESEARCH DESIGN CONSTRAINTS

The main research design constraint was that the extra work or disruption to the professional should be kept to a minimum. Not only was this due to time constraints on the behalf of the professionals, but also due to the sensitive nature of CSA. As outlined in Chapter One, CSA raises many personal issues for workers and therefore it was considered more appropriate to adopt a research method that was as least invasive as possible.

STUDY TWO: AVAILABLE RESEARCH METHODS

It will be recalled that the aim of Study Two was to investigate perceptions held by professionals about CSA. In order to elicit attitudes and opinions from professionals, the main approaches include the use of questionnaires and interviews. The advantages and disadvantages of both these methods have been discussed in Study One. To summarise, the major advantages of questionnaires include minimising interviewer bias and providing easily accessible data for analysis. However, as the aim of the process was to elicit from the professional links between their understanding of theoretical models and actual practice, it was felt that this information was more readily accessed by structured interview than by questionnaire. There were a number of reasons for this:

1. As referred to earlier, the whole area of child sexual abuse is beset by ambiguity around definition and understanding. An interactive research process could more easily deal with potential misunderstandings or misinterpretations (eg Oppenheim, 1979,p31).
2. The amount of information required from respondents was extensive, and it was felt that an interview situation would be more acceptable for professionals than a lengthy questionnaire. The difficulties of retrieving questionnaires are well documented (eg Oppenheim, 1979,p34).
3. An important aspect of the data gathering process would be examination of how the professionals articulated their

application of theory into practice. In contrast to an interview, a questionnaire would be perhaps better suited to the collection of factual information or information that can be given in a concise form.

4. The author would be conducting all the interviews, thus eliminating problems such as training researchers, inter-rater reliability, inability to control for interviewer bias. This then raised the issue of how to analyse the interview data.

STUDY TWO: ANALYSIS

There are a number of approaches that can be used for analysing interview data. These include content analysis, repertory grid technique and multivariate statistics.

1. Content Analysis

Content analysis has been defined in varying ways depending on whether more qualitative or quantitative aspects are stressed. For example, Berelson (1952) defined content analysis as:

a research technique for the objective, systematic and
quantitative description of the manifest content of communication
(p18)

Some researchers prefer not to exclude qualitative aspects of analysis (eg Krippendorff, 1980; Holsti, 1969) and perhaps a more encompassing definition is that of Weber's:

... a research method that uses a set of procedures to make valid inferences from text.

(Weber, 1990, p9)

Whatever the definition, in order to make valid inferences, it is clearly important that the analysis is reliable and valid. For content analysis, particular difficulties arise with:

- a) Defining rules for selection of data,
- b) Deciding on evaluation of data
- c) The need for findings to have theoretical relevance. In other words, that information is not just descriptive but that it is in some way related either to the text as a whole, the sender or the recipient.

a) Selection of data

A difficulty is that no matter how explicit a researcher is about the rules employed to select information, the issue of researcher bias is unlikely to be wholly eliminated (Holsti, 1979). Also one is unlikely to be able to assess all the available information, considering that a message can convey a multitude of meanings which are unlikely to be shared by different recipients in anything but the most obvious, "manifest" way (Krippendorf, 1980).

b) Data evaluation

Quantitative methods have included basic frequency counts ie how frequently a symbol or unit is used; contingency analysis ie whether an attribute is present or absent, or

converting text into numerical data and then employing various statistical measures.

It has been argued that in the social sciences, qualitative analyses are more fruitful than quantitative (eg George, 1959). For example, that the single appearance (or absence) of one attribute may be more significant than frequency counts for other attributes. Holsti (1979) considered that such debate overlooked the fact that quantitative and qualitative approaches are on a continuum and that each use aspects of the other during the procedure. It would appear that a researcher can gain the maximum from data by using both approaches.

c) Validity

Content analysis presents very real difficulties when considering validity, particularly when considering interview data. Krippendorff (1980) argued that content analysis should not be judged in exactly the same way as experimental data, as the process was somewhat different. He considered that the problem was resolvable by considering forms of partial and indirect evidence. This included making judgements about the validity of the data, and whether there existed links between the results and external knowledge or theories.

d) Summary

Whilst content analysis provides some difficulty in terms of reliability and validity, it is possible to elicit meaningful data. Its use would appear particularly justified when the aim of the analysis is to identify concepts and constructs

necessarily verbalised through the use of language (Golden et al, 1984): the rationale underlying the decision to talk with professionals. However, it is also recognised that a research design is strengthened if more than one approach is used. The interview data would also be examined by using a variety of statistical procedures including parametric and non-parametric statistics plus repertory grid analysis.

2. Repertory Grid Technique

The results of a content analysis may provide numerous themes from which it may be difficult to elicit a pattern. A common technique used when making sense of meaning, is that of repertory grid technique (eg Fransella and Bannister, 1977). However, the requirement was for an analysis technique that was flexible enough to deal with grids with large numbers of elements but few constructs and constructs that were not necessarily bipolar. A programme that allows this is the FOCUS grid analysis technique from the "Planet": Personal Learning, Analysis, Negotiation and Elicitation Techniques programme (Shaw, 1984).

FOCUS grid analysis

The FOCUS programme is a distance-based hierarchical cluster analysis technique that sorts the constructs into a linear order. The constructs closest together in space are closest together in ordering. Two constructs that are zero distance apart have their elements construed in the same way and can be considered as equivalent constructs. Constructs that are

further apart but clustered together have some shared meaning for the construer. It should then be possible to elicit a theme for each cluster.

The advantage of this programme is that:

the sorting is used only to present the original grid reorganized by the similarity of constructs and elements. It is left to the user to construe his own personal meaning..

Shaw, 1984,p19.

FOCUS achieves what is known as a focused grid. The rows and columns of a grid are re-ordered to produce a grid showing the least variation between adjacent constructs and adjacent elements. This is done with respect to the way in which the constructs order the elements rather than in terms of the verbal labels given to the poles of the construct (Shaw, 1984 p30). In order to interpret the grid, it is important to look at "patterns of correspondence" (Shepherd, 1981). Constructs with 100% correspondence are equivalent. Moving away from 100% correspondence, the area to focus on is that between 90 and 70%. Groupings within this region represent semantic sets ie identifies which constructs the construer regards as forming a more general theme. The label to be given to the themes is a matter of unifying the set of constituent constructs into a term which reasonably subsumes the whole. Inspection of the individual constructs is the first step towards integrating these into a relatively obvious macro theme. For example, the constructs "dominant in decision making" "powerful" and "closed communication" could be viewed as having a macro theme of authoritarianism. The process is

analogous to labelling Factors in factor analysis.

If there is no significant coalescing of constructs into sets by the 70% region, this indicates the absence of a discrete semantic space, a framework of associated constructs, when making sense of different aspects of individuals. The absence of macro themes or the relative preponderance of constructs which do not coalesce in any apparent semantic or mathematical way, is indicative of relatively unrelated, even diffuse thinking about the topic being addressed, for example perpetrators.

With regard to the elements, the programme could yield interesting information about the professionals. For example, analysis may reveal that those workers who indicated that their preferred model was the feminist perspective, actually think very differently from each other about perpetrators and their families. This would suggest that there is no clear link between having a preference for a theoretical model of sexual abuse and applying principles to practice. Alternatively workers with different models may actually construe perpetrators in very similar ways. Both outcomes have implications for professionals.

As Shepherd (1981) points out, it is difficult to be precise about the level at which the coalescing into structures becomes interpretable or significant. However, he also points out that in practice the patterns stand out. The actual process of drawing out the sets will be described in more detail when presenting the results. The advantage of such a technique, whilst dependent on the researcher's own

interpretation, allows more than a numerical check for the presence or absence of symmetry ie an assessment of the equivalence or non-equivalence of constructs and or elements. The FOCUS technique allows identification of constructs that are distinct in terms of equivalence but closely related in terms of implication. This process is known as logical entailment (Gaines and Shaw, 1981) and has asymmetrical properties. For example, when considering two constructs "can't cope /can cope" and "fed up/ not fed up", whilst inability to cope implies or entails being fed up, being fed up does not imply inability to cope. This method of analysing meaning could be seen to be particularly useful when attempting to make sense of an individual's understanding of say perpetrators, because one would perhaps expect there to be some complexity in the way in which constructs are related to each other.

3. Statistical Approaches

There are a variety of statistical techniques which can be applied to numerical data. Commentary on various techniques was presented in Study One and therefore further reference will only be made at the stages tests were used in the analysis.

STUDY TWO: RESEARCH DESIGN

Study Two comprised two stages:

Stage 1. Construction of Structured Interview

Developing a structured interview which addresses how professionals understand CSA, their application of such understanding into practice and whether their perceptions of families equates with how families perceive themselves.

Stage 2. The Research

Interviewing professionals and analysing the results.

STUDY TWO: STAGE 1

A structured interview was developed in order to investigate attitudes of professionals. In order to provide consistency across interviews, it was decided to present the professionals with a definition of abuse rather than ask them to define their own. The definition presented was: Any physical contact that was sexually motivated between a child/adolescent and an adult who would be considered a caretaker (eg parent, cohabitee, grand parent but not baby sitter).

It was decided to establish what basic knowledge the professionals had about CSA, specifically: prevalence and theoretical approaches. It will be recalled from Chapter One that both these issues have caused considerable debate. The remaining questions were designed with the aim of building a picture of CSA families with a particular focus on power and control. Of particular interest was whether the professionals adopted a particular theoretical model and if so, how they then applied this model in practice. It was acknowledged that the questions would require professionals to make judgements about an area that is far from well defined. It was considered important therefore to ask professionals at each stage of the questionnaire to indicate how confident they felt in their responses. The interview would involve a mixture of closed, open and scaled questions (Figure 4.1).

Figure 4.1. Professionals' Perceptions: The Structured Interview

Section 1: Demographic Data

- 1. Name
- 2. Profession
- 3. Age
- 4. Job description
- 5. Number of years working with CSA cases
- 6. Nature of clients seen (ie victims/adult survivors/perpetrators/mothers of abused children)

Section 2: Knowledge Base

- K1. Estimated prevalence of CSA
- K2. Rating re confidence about this answer
- K3. What explanatory models or theories was the subject familiar with
- K4. Did the professional have a preference
- K5. Confidence rating in model
- K6. Why that rating
- K7. How does the model inform the professionals work

Section 3: Role of the Perpetrator

- P1. Did professional think there were any typical characteristics of perpetrators
- P2. Confidence rating
- P3. Why that rating
- P4. How did the professional think a perpetrator would rate himself on the following dimensions:
 - a) His control of events within the family
dominant -- -- -- -- -- powerless
 - b) His role in decision making
dominant -- -- -- -- -- powerless
 - c) His view on support within the family
significant -- -- -- -- -- minimal
 - d) How he perceived family organisation
organised -- -- -- -- -- chaotic
 - e) His view of communication in the family
open -- -- -- -- -- closed
 - f) His view of his functioning outside the family
successful -- -- -- -- -- unsuccessful
- P5. In the professional's experience, how did the perpetrator seem to them to be on the dimensions above
- P6. Confidence rating
- P7. How did their view of perpetrators influence their work

Section 4: Role of Mother

- M1. Did professional think there were any typical characteristics of mothers in CSA families
- M2. Confidence rating
- M3. Why
- M4. How did the professional think a mother would rate herself on the following dimensions:
 - a) Her control of events within the family
dominant -- -- -- -- -- powerless

- b) Her role in decision making
dominant -- -- -- -- -- powerless
- c) Her view on support within the family
significant -- -- -- -- -- minimal
- d) How she perceived family organisation
organised -- -- -- -- -- chaotic
- e) Her view of communication in the family
open -- -- -- -- -- closed
- f) Her view of the fathers functioning outside the family
successful -- -- -- -- -- unsuccessful

- M5. In the professional's experience, how did the mother seem to them to be on the 4a and 4b.
- M6. Confidence rating on answers to question 4 and 5.
- M7. How did their view of mothers influence their work

Section 5: Role of the Daughter

- D1. Did professional think there were any typical characteristics of children in CSA families
- D2. Confidence rating
- D3. Why
- D4. How did the professional think a daughter would rate her father on the following dimensions:
 - a) His control of events within the family
dominant -- -- -- -- -- powerless
 - b) His role in decision making
dominant -- -- -- -- -- powerless
 - c) Her view on support within the family
significant -- -- -- -- -- minimal
 - d) How she perceived family organisation
organised -- -- -- -- -- chaotic
 - e) Her view of communication in the family
open -- -- -- -- -- closed
 - f) Her view of the fathers functioning outside the family
successful -- -- -- -- -- unsuccessful
- D5. Confidence rating
- D6. How did their view of daughters influence their work

Section 6: Families

- F1. Did the professional think that families in which CSA occurred were different from other families, if not, could they identify why sexual abuse occurred in one sort of family as opposed to some other form of abuse
- F2. Confidence rating
- F3. Why
- F4. Did their view about CSA families influence their work

Section 7: Interview

- I1. On reflection, how had they found the experience of articulating their views on CSA and their work
- I2. Rating
- I3. Why that rating

STUDY TWO: STAGE 2

The aim of Stage Two was to set up the study, conduct the interviews and analyse the results.

Setting Up the Stage Two Study

The first decision was to select which professional groups should be interviewed. As the aim was to investigate how professionals linked theory to practice, it was important to select groups whose work involved direct work with all members of CSA families. It was also felt useful to include groups whose work involved some decision making around provision of services.

Two particular groups appeared to fit the criteria particularly well, social workers and clinical psychologists. Both groups have some input to direct work with families as well as contributing to managerial decisions about CSA, for example at case conferences, planning resources and development of services.

For the social workers, each of the main District offices in Merseyside were approached as well as voluntary agencies employing social workers (eg Barnardos) and hospital social workers. In order to cover the spectrum of managerial levels and range of work, different tiers of management and different sections were approached. The choice of social worker was to some extent dependent on availability of time. However it was possible to draw a mixed sample.

In order to be able to survey psychologists who represented the different grades and the varying nature of the work, effectively all the clinical psychologists who were directly involved with children and their families in the Merseyside Region were interviewed.

Subjects

Fourteen social workers and fifteen psychologists were interviewed.

Procedure

Professionals were told that the study was aiming to find out how professionals worked, what sort of models they used and how they made sense of CSA. Professionals were told that the research was anonymous and confidential. All professionals completed the interview and on average the interview took about an hour and a quarter to an hour and a half.

Analysis

Data derived from the rating scales was analysed by applying t-tests and U-tests. MANOVAS were applied to investigate whether there were any differences between the professional groups for any of the confidence ratings throughout the questionnaire. The results will be presented for each question in the appropriate section. The data derived from the open-ended questions were analysed using the FOCUS grid analysis.

STUDY TWO, STAGE 2: RESULTS

SECTION 1: DEMOGRAPHIC DATA

Descriptive Statistics

The demographic data is presented in Table 4.23. A comparison between the two professional groups is presented in Table 4.24.

Homogeneity of the Interview Groups

The two professional groups were compared in order to assess whether there were demographic differences. Table 4.24 provides a comparison between the ages and the type of work experience. T-tests revealed that the only significant difference between the groups was with respect to age ($t(25)=3.38, p<0.05$). The other results are listed in Appendix I, Table I1, page 304.

It can be seen that although the mean age of the social workers was significantly higher, actual experience of working with sexual abuse cases was very similar. The range of experience differed, the majority of the social workers' experience being with children, whereas for psychologists the bulk of experience was spread more between children and adults abused as children.

Table 4.23. Professionals: Demographic Details

Social Workers

Age	Role	M/C	yrs	Nature of work experience %			
				C	P	M	A
45*	Family therapist	C	5	29	1	0	70
60*	Senior CP	C	15	80	0	20	0
46*	Senior CP	C	10	70	0	30	0
48*	Family therapist	C	4	24	1	25	50
36*	Child care conslt	M	5	60	20	20	0
35*	Area manager	M	8	60	10	0	30
51*	Hospital SW	C	5	80	1	0	19
42	Level 3, CP	C	4	99	1	0	0
43	Team leader	M	4	10	45	45	0
36*	Level 3, intake	C	1	80	1	0	9
34	Level 3, intake	C	6	95	0	0	2
35*	Level 3, team	C	5	99	1	0	0
47	Senior CP	M	3	60	20	20	0
38	Level 3, intake	C	6	70	10	10	10

* = Woman

M/C = Manager or fieldworker

Exp = Experience of CSA work, years

C = child/adolescent victims

P = Perpetrators

M = Mothers of children who have been sexually abused

A = Adults abused as children

CP = Child protection

Psychologists

Age	Role	Exp.	Nature of work experience %			
			C	P	M	A
32*	Senior, F	3	32	32	4	32
41*	Top grade, F	9	5	80	15	0
33*	Principal, F	7	25	50	25	0
27	Senior, C	2	40	10	0	50
34*	Principal, C	9	70	5	0	25
35	Senior, C	3	80	5	0	15
36*	Senior, C	3	90	0	0	10
30*	Senior, F	2	10	70	0	20
40	Top Grade, Fam	5	30	10	0	70
38	Top Grade, C	12	70	10	0	30
40*	Principal, Fam	5	10	0	0	90
34*	Senior, C	4	80	4	8	8
35	Senior, C	2	100	0	0	0
35*	Senior, C	5	50	0	25	25
36*	Principal, Fam	5	30	0	10	60

* = Woman

F = Forensic Psychology

C = Child psychology

Fam = Family Therapist

The manager/clinical distinction is not made because all the psychologists had both managerial and clinical duties.

Table 4.24. Professionals: Demographic Data, A Comparison

Group	Age	Exp.	Range of Work (%)			
			C	P	M	A
Social workers (SD)	42.6 (7.17)	5.9 (3.51)	61.1 (31.39)	9.4 (14.16)	13.6 (15.37)	15.2 (22.23)
Psychologists (SD)	34.8 (4.17)	5.3 (3.20)	47.9 (32.12)	19.7 (27.38)	5.6 (9.29)	30.7 (26.72)

Exp = experience of CSA work
in years

Range of work: C = Child victims
P = Perpetrators
M = Mothers
A = Adults abused as children

SECTION 2: KNOWLEDGE BASE

The questions for Section 2 were:

- K1. Estimated prevalence of CSA
- K2. Rating re confidence about this answer
- K3. What explanatory models or theories was the professional familiar with
- K4. Did the professional have a preference
- K5. Confidence rating in model
- K6. Why that rating
- K7. How does the model inform the professional's work

Questions K1 and K2: Prevalence of CSA

Results of the question about prevalence of child sexual abuse and confidence about this figure are presented in Table 4.25. The ratings were on a 1 - 7 scale, 1 indicated high level of confidence.

**Table 4.25. Prevalence of CSA and Confidence in this Response:
Means and Standard Deviations**

Group	Prevalence			Confidence Rating	
	Mean %	Range	SD	Mean	SD
Social Workers	12.77	2-30	(7.20)	3.93	(2.02)
Psychologists	14.64	5-45	(10.65)	4.86	(1.56)

It can be seen that the prevalence figures were high, but the mean confidence level was not. A t-test was conducted on the prevalence figures but the difference between the professionals was not found to be significant ($t(25)=-.53$, $p>0.05$). There was not found to be a significant difference between the professions with regard to confidence levels ($F(1,26)=1.85$, $p>0.05$) (full details in Appendix I, Table I2, page 304)

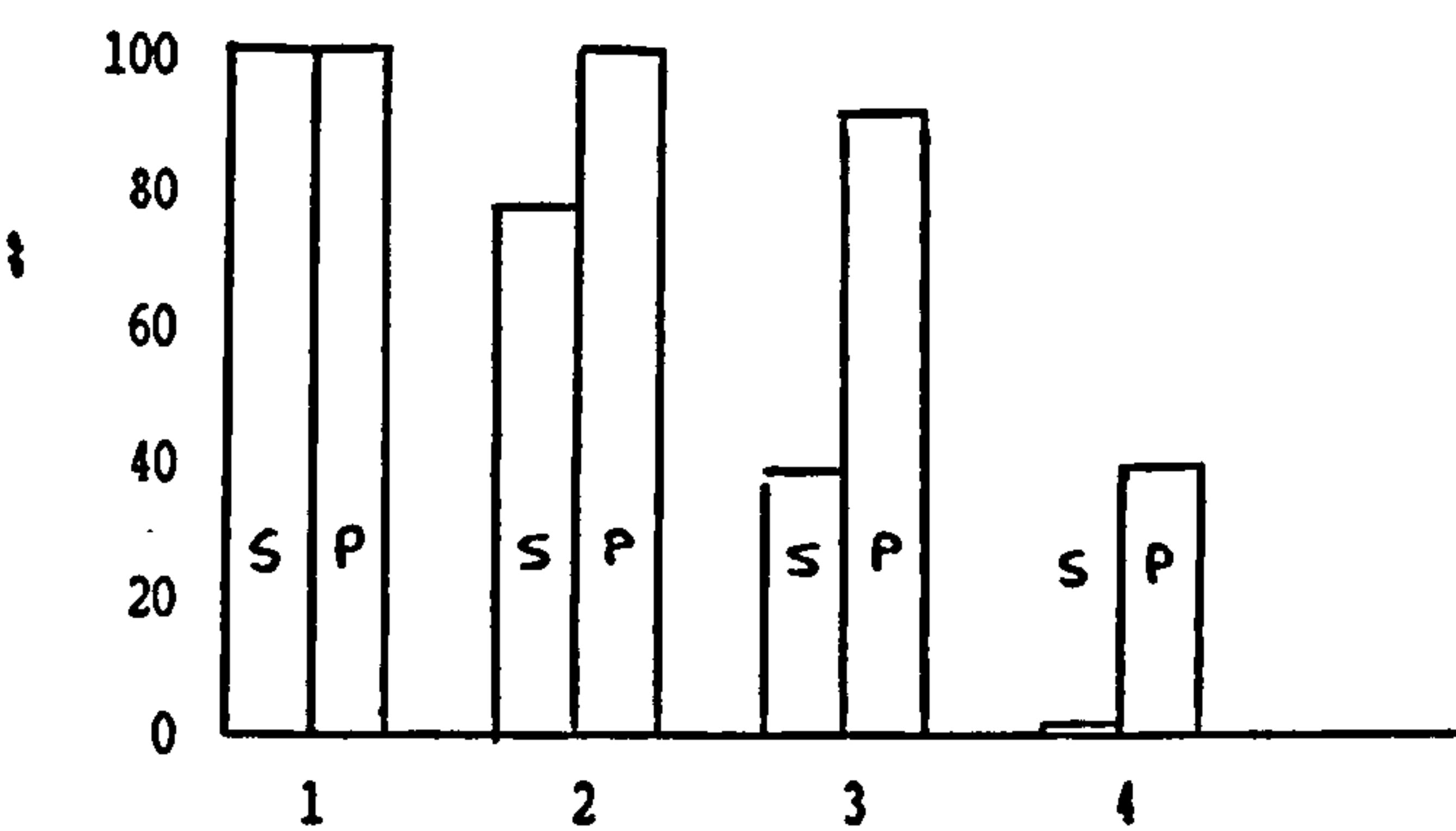
Question K3. Theoretical Models

Professionals were asked to identify which theoretical models they were familiar with. From the answers it was possible to identify seven main approaches. The process of categorising the answers required little subjective assessment as the professionals used either "umbrella" terms, for example, "family dysfunction model" or named an individual whose published work describes a particular approach, eg Arnon Bentovim, who is associated with the dysfunctional family or systemic approach. The details are given in Table 4.26 and Figure 4.2.

Table 4.26. Theoretical Models Identified by Professionals

Model	Social Workers n = 14	Psychologists n = 15
Systemic	78.6%	93.3%
Feminist	92.9%	100.0%
Sexual Arousal	35.7%	80.0%
Finkelhor	7.1%	46.7%
Object relations	0	6.7%
Marxist	7.1%	0
None	14.3%	0

Figure 4.2. Number of Models Identified by Profession



S = Social Workers, Mean number identified = 2.86 (SD=1.14)
P = Psychologists, Mean number identified = 3.27 (SD=0.70)

The "sexual arousal" category included the models that focus on abnormal sexual arousal as being the predominant factor in understanding CSA (eg Wolf, 1984 as described in Chapter One). It will be recalled that Finkelhor (1986) has described a model that incorporates factors from a number of levels, for example predisposing factors, disinhibitory factors. The individuals who identified the Object Relations and Marxist models were using both these models as a basic structure from which to build an understanding of abuse. Although all the psychologists were able to name two or more models (unlike the

social workers) the overall differences were not significant ($t(27)=-2.80, p>0.05$).

Question K4. Preferred Theoretical Model

Professionals were asked whether they made use of a model in their actual day to day practice. The results are detailed in Table 4.27.

Table 4.27. Preferred Models Used for Day to Day Practice

Model	SW ‡ n=14	Psych ‡ n=15	
Feminist	50.0	13.3	
Systemic	14.3	0	SW = Social Workers
Systemic and Feminist	21.4	6.7	Psych = Psychologists
Perpetrator - integrated (PI)	0	6.7	
Feminist and Sexual arousal	0	26.7	
Systemic and PI	0	26.7	
Systemic and Personal development (PD)	0	6.7	
Object relation theory	0	6.7	
Marxist	7.1	0	
Eclectic	0	6.7	
None	7.1	0	

The "perpetrator - integrated" model describes a working model that incorporates factors at several different levels: biological, psychological and environmental. The professional who identified systemic and personal development described such an approach as involving the necessity to incorporate early experience and how this influenced psychological growth as well as family functioning. From Table 4.27 it can be seen that 71.4% of the social workers identified one particular model compared to 26.7% of the psychologists. The remainder incorporated factors from several approaches.

Questions K5 and K6. Confidence About Working Model

Professionals were asked to rate how confident they felt about their model and then asked to elaborate on their ratings. The results are presented in Table 4.28. No significant differences were found between the groups regarding confidence levels ($F(1,26)=0.53, p>0.05$).

Table 4.28. Confidence Ratings About Working Model and Explanations

Confidence Rating About Model (Mean, SD)		Explanation	SW %	Psych %
SW	2.79 (1.37)	Experience confirmed model	71.4	86.7
		CSA a complex area	14.3	46.7
Psych	3.14 (1.23)	Lack experience	14.3	26.7
		Difficulty using model	0	6.7

Rating Scale 1-7, 1=very confident 7=not confident
SW=Social workers Psych=psychologists

In order to investigate whether the type of theoretical model adopted was linked to confidence ratings (for example, did systemic workers feel more confident than feminist workers), the results were analysed using FOCUS. The results are given in Figure 4.3 (Grid 1) and Table 4.29. The information required to draw the clustering of constructs and elements is produced by the FOCUS programme (ie which two constructs/elements to join together to form a particular cluster and at what level they coalesce). Since grids occupy a large amount of space, subsequent grids are presented in the Appendices and summary tables are presented in the text.

Table 4.29. Preferred Model and Levels of Confidence: Results from FOCUS

Cluster	Convergence	Model
A	100%	All models represented
B	"	Feminist (13 and 11)
C	"	Systemic (14) and Systemic/PI (23)
D	"	Systemic/PI (20); Systemic/PI (15); Systemic/Feminist (4 and 19)
E	"	PI (22) and Eclectic (29)
F	75%	Cluster A, B, C + Systemic/PI (20) + Feminist (10)
G	"	Cluster D + E

Numbers in brackets refer to element numbers on Grid 1

For Grid 1, the construct map is not discussed as only four were elicited and the more interesting result is the convergence between professionals.

In Figure 4.3 and Table 4.29 Cluster A included the professional who said that they did not use any particular model (a list of professionals with their identified working model is listed in Appendix I, Table I3, page 305). Professionals 1 to 14 were social workers, 15 to 29 psychologists. This left some professionals who did not converge with the others until the 75% level. This included professionals who identified with: Systemic/PI (21) and Feminist (10), both in Cluster F (See Grid 1, Figure 4.3). The other professional (18) said their model was Systemic/PI (Cluster H). Therefore there appeared to be no clear differentiation between models.

Question K7. Applying Models to Practice

Professionals were asked to describe how their model informed their work. As a group, it was possible to identify 15 themes. The decision on how to categorise a particular answer was done by first reviewing all the answers and identifying keyphrases. Key phrases are listed in Table 4.30.

Table 4.30. Applying A Model to Practice

	SW ‡	Psych ‡
The model helps in my work because it:		
1. Provides a way of dealing with personal issues	57.1	20.0
2. Places an emphasis on the degree of trauma caused	7.1	13.3
3. Provides a political context	28.6	13.3
4. Provides a link between past abuse and current functioning	7.1	6.7
5. Provides a multi-layered approach	14.3	20.0
6. Provides techniques/way of working	35.7	60.0
7. Provides a clear structure within which to work	64.3	93.3
8. Provides an evaluation of future risk of re-offending	0	6.7
9. Provides a way of integrating information from a wide professional network	35.7	46.7
10. Primarily addresses power issues	14.3	0
11. Provides a way to understand communication from clients	7.1	0
12. Addresses responsibility of the perpetrator	0	26.7
13. Primarily focuses on family work	7.1	6.7
14. Primarily focuses on individual work	0	6.7
15. Provides a way to challenge perpetrators presentation	7.1	13.3

SW =Social workers Psych =Psychologists

The responses were analysed using FOCUS in order to explore whether professionals who shared the same model also shared reasons for selecting it. The results are presented in Table 4.31, 4.32 and in Appendix J, Figure J1 page 312.

Table 4.31. Applying Models to Practice: FOCUS Results, Constructs

Cluster	Convergence	Theme
1	100%	Risk (8) + Individual work (14)
2	86.2%	Communication (11)
3	79.3%	Link with past abuse (4) Emphasis on trauma (2)
4		Cluster B + Cluster C
5		Cluster D + Addresses power issues (10)
6	72.4%	Cluster E + Family work (13)
7		Structure (7) + Political context (3)

From Table 4.31, it can be seen that the Clusters 1 to 4 could be subsumed under a macro theme of aspects of the individual. The themes then began to converge with wider issues such as "power", and "family work". The only remaining themes that converged to a relatively significant degree were "structure" and "political context", cluster 7. These could be seen to be logically entailed because "political context" implies structure but "structure" does not imply a political structure.

With regard to the elements, it was apparent from Table 4.32 that it was not possible to make clear homogenous clusters. There also appeared to be no clear separation between social workers and psychologists.

Table 4.32. Applying Model to Practice: FOCUS Results, Elements

Cluster	Convergence	Models
A	100%	Systemic/PI (15) Systemic (14)
B	"	Systemic/Feminist (19) Systemic/PI (18)
C	"	Feminist (12) Feminist (10) Feminist (27)
D	93.3%	Systemic/PI (15) Systemic (14) Systemic/PD (25) Feminist/Sexual arousal (17)
E	"	PI (22) Systemic/Feminist (19) Systemic/PI (18) Systemic/Feminist (4) Feminist/Sexual arousal (20) Systemic (7)
F	"	Systemic/Feminist (1) Object Relations (24)
G	"	Feminist (13) Feminist (5) None (2)
H	"	Cluster C + Systemic/PI (16) Feminist (3) Eclectic (28) Feminist (29)

Section 2 Results and Years of Experience

Spearman's Rank Order Correlation was used to assess whether there was a link between years of work experience and the results for Section 2. No significant results were found (correlation with confidence about prevalence, $r=-0.03, p>0.05$; correlation with confidence about model $r=-0.22, p>0.05$).

SECTION 3: ROLE OF THE PERPETRATOR

Professionals were asked a number of questions about perpetrators of sexual abuse (the fathers). These included a general question about common characteristics, ratings about certain traits and finally applying models into practice.

Question P1. Perpetrators: Common Characteristics

Professionals were first asked to identify whether they considered there to be any common characteristics about perpetrators. In total, 25 key phrases were identified from the responses (as most of the themes are presented in Table 4.33, a separate list is not presented here. A complete list is listed in Appendix J, Table J1, page 313). Themes were analysed using FOCUS. The results are shown in Table 4.33 and Appendix J, Figure J2, page 314. Overall the clusters did not produce clear macro themes.

To investigate whether professionals adopting similar theoretical models also viewed perpetrators in the same way, clustering of the elements was also considered (Shown in

Appendix J, Table J2, page 313, Figure J2, page 314). However there were no clear groupings by model or profession.

Table 4.33. Perpetrators. Common Characteristics: Constructs

Cluster	Convergence	Characteristic
1	100%	Offending is a chronic problem Have psychiatric problems
2		Immature Violent
3	93.1%	Depressed Use sex to solve problems
4	86.2 %	Cluster 1, 2, 3 + Passive hostility Compulsive Failure to resolve developmental stages Abnormal sexual arousal Oversexed
5	79.3%	Cluster 4 + No self esteem Idealise relationships
6	72.4%	Cluster 5 + Don't know enough Abused themselves Difficulties with relationships Disinhibited

Question P2. Common Characteristics: Confidence about Responses and Explanations

Confidence ratings and explanation are presented in Table 4.34. It can be seen that professionals felt relatively confident about talking about perpetrators and that this was based on their experience. "Experience" included factors such as knowledge acquired from the literature, discussion with colleagues, contact with perpetrators. The difference between

the ratings supplied by the professionals was not significant ($F(1.26)=.22, p>0.05$).

Table 4.34. Common Characteristics of Perpetrators: Confidence Ratings and Explanations.

Confidence Rating About Model (Mean, SD)		Explanation	SW %	Psych %
SW	3.21 (1.67)	Experience confirmed view	50.0	60.0
		CSA a complex area	7.1	33.3
Psych	3.50 (1.56)	Lack experience	42.9	26.7
		Lot we don't know	0	6.7
		Gut feeling	7.1	0

Rating Scale 1-7, 1=very confident 7=not confident SW=Social workers, P=Psychologists

Questions P4, P5. Perpetrators: Perceptions of Themselves and their Families

Professionals were presented with a number of dimensions, for example the extent of perpetrators' power within the family and asked to give two ratings: 1) How perpetrators would describe themselves, ie projected ratings 2) How the professional would describe the perpetrator, ie actual ratings. Means and standard deviations are listed in Table 4.35 (and separated by profession in Appendix I, Table I4, page 305).

Table 4.35. Perpetrators' Perception of Themselves and their Families as Rated by Professionals.

Question 4	Scale 1 - 7	Projected		Actual	
		Mean	SD	Mean	SD
a.Fathers control within family	Dominant - Powerless	4.61	(1.40)	2.54	(1.11)
b.Fathers role in decision making	Dominant - Powerless	4.32	(1.47)	2.54	(1.11)
c.Support within family	Significant - Minimal	4.11	(1.13)	5.07	(1.18)
d.Family organisation	Organised - Chaotic	3.82	(0.98)	4.61	(1.26)
e.Family communication	Open - Closed	3.50	(1.37)	5.50	(0.79)
f.Fathers control outside family	Dominant - Powerless	4.04	(1.26)	5.07	(1.09)

MANOVAS were conducted to investigate whether the projected scores were significantly different than the actual scores and whether profession had an effect. The results are presented in Table 4.36. It can be seen that the projected versus actual scores were significantly different. Profession by projected/actual did not appear to influence the results.

Table 4.36. Projected versus Actual scores for Perpetrators: MANOVA Results

Question 4	F	Sig. of F
<u>a.Fathers control within family</u>		
Projected versus Actual	31.78	.00
Profession by Projected versus Actual	.94	.34
<u>b.Fathers role in decision making</u>		
Projected versus Actual	27.50	.00
Profession by Projected versus Actual	.70	.41
<u>c.Support within family</u>		
Projected versus Actual	10.16	.00
Profession by Projected versus Actual	1.69	.21
<u>d.Family organisation</u>		
Projected versus Actual	6.12	.02
Profession by Projected versus Actual	.46	.51
<u>e.Family communication</u>		
Projected versus Actual	37.61	.00
Profession by Projected versus Actual	.19	.67
<u>f.Fathers control outside family</u>		
Projected versus Actual	9.29	.01
Profession by Projected versus Actual	.28	.60

Perceptions of Perpetrators: Professional Differences

MANOVAS were conducted to assess whether the two professional groups rated perpetrators differently within each section ie first projected ratings and then second, actual ratings (details in Appendix I, Table I5 and Table I6, pages 306-307).

1) Projected Ratings

There was no significant main effect by profession ($F(6,21)=5.01, p>0.05$).

2) Actual Ratings

Significant differences were found for questions 4a and 4b ($F(1,26)=5.83, p<0.05$, and $F(1,26)=5.83, p<0.05$). Inspection of the means revealed that the social workers scored lower on both questions (question P5a, social workers mean rating was 2.07 (SD .73) psychologists, 3.00 (SD 1.24); question P5b, social workers mean rating was 2.07 (SD .73) psychologists, 3.00 (SD 1.24). In other words, social workers thought that perpetrators were more powerful within the family than the psychologists did. The other ratings were not significantly different.

Question P6. Perceptions: Confidence Ratings

Professionals were asked to rate how confident they felt about their ratings about fathers' role in families. The social workers mean confidence rating was 4.07 (SD 1.82), for the psychologists the mean rating was 3.64 (SD 1.28). The difference was not significant ($F(1,26)=.52, p>0.05$).

Question P7. Perpetrators: From Theory to Practice

Professionals were asked to describe how they applied their model into everyday practice. Sixteen issues were raised as a group and two professionals (both social workers) expressed the view that their model did not inform their work. The responses are listed in Table 4.37.

Table 4.37. Perpetrators: From Theory to Practice

	SW %	Psych %
The Responses:		
1. Important to work as a team	42.9	13.3
2. Important to pace carefully as is risk of self-harm following disclosure	7.1	0
3. Focus primarily on power issues	35.7	26.7
4. Conflict between needing to engage client and yet challenging likely denial	0	33.3
5. Begin with individual work and progress to family work	0	26.7
6. Focus on marital relationship	7.1	6.7
7. Focus on their responsibility	21.4	20.0
8. Little optimism about achieving change	7.1	6.7
9. Focus on their relationships	7.1	0
10. Important to get information from other family members	42.9	33.3
11. Develop questioning techniques that minimise denial	7.1	13.3
12. Work must be structured	50.0	46.7
13. Need to challenge perpetrator	50.0	80.0
14. Take care about personal issues for therapist	64.3	53.3
15. Work will be long term	7.1	13.3
16. Focus on early development	0	6.7
17. No particular way of working	14.3	0

SW=Social workers, P=Psychologists

FOCUS was used to explore whether there were common themes in the construing. Results are shown in Table 4.38, Table 4.39 and in Appendix J, Figure J3, page 315).

Table 4.38. Perpetrators. From Theory to Practice: Constructs

Cluster	Convergence	Theme
1	86.2%	Risk of self-harm Little optimism Focus on relationships Focus on early development Work is long term
2		Model does not inform Focus on marital relationship
3	79.3%	Cluster 1 + Cluster 2
4		Cluster 3 + Start with individual work
5	72.4%	Conflict between needing to engage client and challenging likely denial Develop techniques that minimise denial

Table 4.39. Perpetrators. From Theory to Practice: Elements

Cluster	Convergence	Model
A	94.1%	None + Marxist
B		Feminist + Feminist
C		Feminist + Feminist + Feminist
D		Systemic/PI + Eclectic + Systemic
E		Systemic + Systemic/PI
F	88.2%	Cluster E + Systemic/Feminist + Feminist
G		Cluster A, B, C, D + Feminist + Systemic/PD + Feminist/Sexual arousal + Feminist/Sexual arousal + Feminist/Sexual arousal
H	82.3%	Systemic/PI + PI + Systemic/PI
I		Systemic/Feminist + Systemic/Feminist
J	76.4%	Cluster I + Feminist + Systemic/Feminist + Feminist

From Table 4.38 it can be seen that the main theme arising from the clusters was the emphasis on working with the individual rather than the system as a whole. Cluster 5 was influenced by one professional who offered both constructs but no other. Table 4.39 presents the clustering of professionals by model. Professionals not included in the clusters shown are number 24, Object Relations and number 18, Systemic/PI. The most consistent cluster was I which consisted of professionals who adopted the Feminist approach. However it was also clear that some Feminists construed quite differently to those grouped together in Cluster I.

The main common constructs to cluster I were: "power issues", "need to challenge the perpetrator's account" and "need to collect information from others within the family". These form a coherent set of constructs in that the emphasis is on paying particular attention to the perpetrator's use of power and not accepting his account in isolation. There was no clear grouping by profession.

Section 3 Results, Models and Confidence Ratings

In order to investigate whether greater confidence in a theoretical model influenced confidence ratings about work with perpetrators generally, Spearman's rank order correlation coefficient was employed. No significant results were found for the social workers (correlation with common characteristics, $r_s=0.15, p>0.05$; correlation with ratings $r_s= -0.02, p>0.05$) or the psychologists (correlation with common

characteristics, $r_1=0.29, p>0.05$; correlation with ratings $r_1=0.35, p>0.05$).

Section 3 Results and Years of Experience

There were no significant correlations between years of experience and the ratings for Section 3 (correlation with common characteristics, $r_1=-0.12, p>0.05$; correlation with ratings $r_1=-0.20, p>0.05$).

SECTION 4: ROLE OF THE MOTHER

Professionals were asked the same questions as before but with regard to the mother's role within the CSA family.

Question M1. Mothers: Common Characteristics

Professionals were asked to describe whether they considered there to be any common characteristics of mothers of sexually abused children. Professionals identified 18 common factors which are listed in Table 4.40.

Table 4.40. Mothers: Common Characteristics

	SW % n=14	Psych % n=15
1. Mothers tend to deny	42.9	20.0
2. They have divided loyalties	28.6	13.3
3. Are fearful	14.3	0
4. Abused child was not their favourite	7.1	0
5. Abuse is a threat to their sexuality	7.1	0
6. Change roles with their daughter in order to avoid sexual contact with husband	7.1	0
7. Withdraws from sexual relationship	7.1	0
8. Psychologically healthy	0	13.3
9. Powerless	64.3	26.7
10. Variable presentation	57.1	93.3
11. Experience is like a bereavement for them	14.3	0
12. Feel guilt	14.3	6.7
13. Are naive	7.1	6.7
14. Are angry	14.3	0
15. Have difficulties communicating	14.3	26.7
16. Are in shock	21.4	13.3
17. Are victims of CSA themselves	7.1	33.3
18. Blame the child	14.3	6.7

Sw=Social workers, Psych=psychologists

FOCUS was used to identify whether there was common construing. Results are shown in Table 4.41 and in Appendix J, Figure J4, page 317. Inspection of Figure J4 revealed that three main groupings emerged: a) Cluster 1 and 2, b) Cluster 3 and c) Cluster 5. Macro themes could be first, an emphasis on the sexual nature of the abuse and second, emotional problems for the mother.

The clustering of the elements (which is presented in Appendix J, Table J3, page 316, Figure J4, page 317) demonstrated no clear grouping by model or profession.

Table 4.41. Mothers Common Characteristics: Constructs

Cluster	Convergence	Theme
1	100%	Abused child not favourite Substitutes daughter
2	86.2%	Cluster 1 + Threat to sexuality Withdraws from sex
3		Fear Bereavement Naive
4	79.3%	Cluster 2 + Psychologically healthy
5		Guilt Anger Blame child
6		Cluster 3 + Cluster 4

Questions M2 and M3. Mothers Characteristics: Confidence Ratings

Professionals were asked to rate how confident they felt about their responses to Question 1 and explain their ratings. The results are presented in Table 4.42.

Table 4.42. Mothers, Common Characteristics: Confidence Ratings and Explanations

Confidence Rating About Model (Mean, SD)		Explanation	SW %	Psych %
SW	2.86 (1.23)	Experience confirmed view	71.4	86.8
		CSA a complex area	7.1	0
Psych	3.00 (1.24)	Lack experience	21.4	13.3
		Gut feeling	7.1	0

Rating Scale 1-7, 1=very confident 7=not confident

It can be seen that professionals felt fairly confident talking about mothers, the difference between professionals was not significant ($F(1,26)=.09, p>0.05$).

Questions M4 and M5 Perceptions about Mothers' Role.

Professionals were asked to rate the role of mothers from two perspectives, their view on how mothers perceived themselves (projected ratings) and how the professional viewed mothers (actual ratings). Means and standard deviations are listed in Table 4.43 (further details in Appendix I, Table I7, page 308).

Table 4.43. Perceptions about Mothers: Means and Standard Deviations

Question 4	Scale 1 - 7	Projected		Actual	
		Mean	SD	Mean	SD
a. Mothers control within family	Dominant - Powerless	4.68	(1.16)	5.14	(0.89)
b. Mothers role in decision making	Dominant - Powerless	4.75	(1.04)	5.18	(0.91)
c. Support within family	Significant - Minimal	4.50	(0.96)		
d. Family organisation	Organised - Chaotic	3.96	(0.69)		
e. Family communication	Open - Closed	4.18	(0.91)		
f. Fathers control outside family	Dominant - Powerless	3.68	(1.02)		

MANOVAS revealed that the difference between the projected and actual ratings were significant (4a, $F(26,1)=9.76, p<0.005$; 4b, $F(26,1)=7.93, p<0.01$). Profession by projected/actual did not have an effect (4a, $F(26,1)=1.44, p>0.01$; 4b, $F(26,1)=.00, p>0.01$).

Perceptions of Mothers: Professional Differences

A MANOVA was conducted to assess whether the two professional groups rated mothers differently. There was no overall significant main effect by profession ($F(6,21)=1.84, p>0.05$). However, univariate tests on the individual questions revealed some significant differences as detailed below and in Appendix I, Table I8, Table I9, pages 308-309.

a) Projected Ratings

Differences between the professions were found for questions about how mothers perceived their control in the family and how mothers perceived their partners to function outside the family ($F(1,26)=7.44, p<0.05$ and $F(1,26)=10.41, p<0.01$). Inspection of the means showed that the psychologists thought that mothers would describe themselves as being more powerful than the social workers rated (psychologists' mean rating of 4.14, SD 0.86 compared with social workers' mean rating of 5.21, SD 1.19), and that mothers would describe their partners as being less powerful than the social workers rated (psychologists' mean rating of 4.21, SD 0.89, compared with social workers' mean rating of 3.14, SD 0.86). In other words, the psychologists tended to rate mothers as being more powerful than the social workers did.

b) Actual Ratings

Univariate tests revealed that there was a significant difference between the responses from the two professional groups regarding the question about how workers viewed the

power of mothers within the family ($F(1,26)=5.20, p<0.05$). Inspection of the means showed that the psychologists considered mothers to have a more powerful role (mean rating 4.79, SD 0.80) than the social workers did (mean rating 5.50, SD 0.86, full details in Appendix I, Table I9, page 309).

Question M6. Perceptions About Mothers: Confidence Ratings

The social workers mean confidence rating was 3.50 (SD 1.40), for the psychologists the mean rating was 3.00 (SD 1.04). The difference was not significant ($F(1,26)=1.15, p>0.05$).

Question M7. Mothers: From Theory to Practice

Professionals were asked to describe how their model informed their work with mothers of intrafamilial sexually abused children. It was possible to identify 17 key responses (listed in Table 4.44).

FOCUS was used to explore whether there were common themes and whether there was commonality between professionals adopting the same theoretical model. Only a few constructs converged to a significant degree and these are shown in Table 4.45. The grid is shown in Appendix J, Figure J5 page 318. A macro theme of "general approach" could describe Cluster 1 and 2. Further clusters are more content specific (ie facilitate expression of anger and focus on responsibility for abuse).

Table 4.44. Mothers: From Theory to Practice

	SW % n=14	Psych % n=15	
The Responses:			
1. Important to challenge mother's reality	7.1	26.7	
2. Be more directive	14.3	13.3	
3. Focus on self esteem	57.1	33.3	
4. Need to work closely with other professionals, get support	21.4	13.3	
5. Focus on issue of responsibility for the abuse	14.3	13.3	SW=Social workers, Psych=Psychologists
6. Will be gender issues	21.4	13.3	
7. Need therapeutic techniques that minimise denial	28.6	20.0	
8. Focus on relationship/communication difficulties	21.4	33.3	
9. Need a pragmatic approach	14.3	0	
10. Focus on power issues	57.1	33.3	
11. Experience very traumatic and therefore need to create safety for mother within therapy	42.9	33.3	
12. Be clear about boundaries and limits	14.3	26.7	
13. Use group work	14.3	6.7	
14. Important to check whether the mother was a victim of CSA	7.1	33.3	
15. Be careful about denial in professional system	0	6.7	
16. Need to facilitate expression of anger	0	13.3	
17. No particular approach	14.3	13.3	

Table 4.45. Mothers. From Theory to Practice: Constructs

Cluster	Convergence	Theme
1	79.3%	Group work Pragmatic approach Denial amongst professionals Facilitate anger
2	72.4%	Cluster 1 + Focus on responsibility for abuse
3		Gender issues Need to work closely

The clustering of elements demonstrated no common construing either by professionals adopting similar models or within each professional group (Details listed in Appendix J, Table J4 page 316).

Section 4 Results: Models and Confidence Ratings

In order to investigate whether greater confidence in a theoretical model influenced confidence ratings about work with mothers generally, Spearman's rank order correlation coefficient was employed. No significant results were found for the social workers (correlation with common characteristics, $r_s=0.02, p>0.05$; correlation with ratings $r_s=-0.10, p>0.05$). For the psychologists, confidence about a model was correlated positively with their confidence about common presentations of mothers ($r_s=0.51, p<0.05$) but not for power and control ratings ($r_s=0.18, p>0.05$).

Section 4 Results and Years of Experience

Spearman's coefficient of rank correlation was used to investigate whether there was a significant link between responses and years of experience. Both confidence ratings were found to correlate with experience: a) the rating of confidence about common characteristics of mothers ($r_s=-0.48, p<0.01$), b) confidence about power and control ratings ($r_s=-0.56, p<0.005$).

SECTION 5. ROLE OF THE DAUGHTER

Professionals were asked to comment on whether they considered there to be any common characteristics in the presentation of daughters in CSA Families. Questions were also asked regarding power and control and applying theory to practice.

Question D1. Common Characteristics of Daughters

17 responses were elicited regarding common characteristics.

These are presented in Table 4.46.

Table 4.46. Common Characteristics of Daughters

	SW % n=14	Psych % n=15
1. Low self esteem	50.0	73.3
2. Problems communicating	21.4	13.3
3. Risk of self harm	28.6	40.0
4. Girls have ambivalent feelings	57.1	80.0
5. Feel betrayed	7.1	0
6. Lack trust	42.9	26.7
7. Anger	57.1	73.3
8. Guilt	64.3	73.3
9. Withdrawn	21.4	6.7
10. Aim to please adults	7.1	0
11. Abuse has profound effect	7.1	6.7
12. Powerless	28.6	33.3
13. Ashamed	35.7	73.3
14. No general effect	0	6.7
15. Have no psychological boundaries	0	26.7
16. Fearful	28.6	20.0
17. Adverse effects on their sexuality	42.9	73.3

SW=Social workers, Psych=Psychologists

It can be seen that the responses covered a wide spectrum of likely consequences of CSA. FOCUS did not reveal clear differentiation between professionals who adopted similar models or were from the same profession (Details are listed in Appendix J, Figure J6, Table J5 and J6, pages 319-320).

Questions D2 and D3. Common Characteristics: Confidence

Ratings about Ratings and Explanations.

Professionals were asked to rate how confident they felt about their view of common characteristics and explain their rating.

The results are presented in Table 4.47. It can be seen that

professionals felt fairly confident talking about daughters. The difference between professionals was not significant ($F(1,26)=0.64, p>0.05$).

Table 4.47. Daughters, Common Characteristics: Confidence Ratings and Explanations

Confidence Rating About Model (Mean, SD)		Explanation	SW ‡	Psych ‡
SW	2.29 (0.73)	Experience confirmed view	57.1	86.7
		CSA a complex area	7.1	6.7
Psych	2.14 (0.86)	Lack experience	28.6	0
		CSA is so powerful, it is inevitably destructive	21.4	20.0

Rating Scale 1-7, 1=very confident 7=not confident

Question D4. Perceptions About Daughters

It will be recalled that professionals were asked to rate how daughters would rate their fathers and families. Means and standard deviations are listed in Table 4.48 (further details in Appendix I, Table I10, page 309). No significant differences were found between the two professional groups with regard to the ratings ($F(1,26)=0.34, p>0.05$, further details in Appendix I, Table I11, page 310).

Table 4.48. Daughters Perception of Their Fathers and Family as rated by Professionals, Means and Standard Deviations.

Question	Scale 1 - 7	Ratings	
		Mean	SD
a.Fathers control within family	Dominant - Powerless	2.11	(0.57)
b.Fathers role in decision making	Dominant - Powerless	2.07	(0.60)
c.Support within family	Significant - Minimal	5.71	(0.85)
d.Family organisation	Organised - Chaotic	4.18	(0.91)
e.Family communication	Open - Closed	5.89	(0.42)
f.Fathers control outside the family	Dominant - Powerless	2.54	(0.88)

Question D5. Perceptions About Daughters: Confidence Ratings

The social workers mean confidence rating was 2.57 (SD 0.94), for the psychologists the mean rating was 2.36 (SD 0.50). The difference was not significant ($F(1,26)=0.57, p>0.05$).

Question D6. Daughters: From Theory to Practice

Professionals were asked to describe how their thinking about abused girls informed their work. The responses are listed in Table 4.49.

FOCUS was used to explore whether macro themes could be identified and whether professionals using similar approaches construed in the same way. Inspection of the clustering of constructs did not reveal clear themes (details in Appendix J, Figure J7, page 323, Table J7, page 321). There was also no clear differentiation between professionals adopting similar models (see Appendix J, Table J8, page 322).

Table 4.49. Daughters: From Theory to Practice

	SW % n=14	Psych % n=15
The Responses:		
1. Important to instill hope	0	6.7
2. Important to believe child and affirm experiences	50.0	20.0
3. Therapist should take less powerful role	14.3	6.7
4. Facilitate more than usual	7.1	40.0
5. Limit overwhelming feelings, help child regain control	35.7	53.3
6. Use gentle approach	28.6	13.3
7. Pay particular attention to personal issues	7.1	26.7
8. Use family work	7.1	0
9. Need specialist skills	0	6.7
10. Take care as potential for allegations against worker	7.1	0
11. Be more directive	28.6	53.3
12. Take care that system doesn't abuse child	28.6	40.0
13. Consider gender of therapist	28.6	40.0
14. Create psychological boundaries to therapy	28.6	73.3
15. Use less structure	7.1	0
16. Use other victims experiences	21.4	46.7
17. Focus on relationships	7.1	33.3
18. Take a long time	28.6	26.7
19. Guard against denial	0	13.3
20. Get information from a wide source	7.1	26.7
21. Focus on self esteem	21.4	40.0
22. Don't insist on details of abuse	0	20.0
23. Use individual work	0	6.7
24. Therapy not necessarily best option	7.1	0
25. Don't work differently	7.1	6.7

SW=Social workers, Psych=Psychologists

There was an isolated group of five social workers (Appendix J, Figure J7, page 323, Cluster L, 80% convergence). Constructs which predominated in this group were: "Important to believe child" (Construct 2) and "Use gentle approach" (Construct 6). These constructs were not exclusive to the social worker group, but were identified more often by social workers than psychologists (Construct 2, used by 50% social workers, 20% psychologists; Construct 6, 28.6% social workers, 13.3% psychologists).

Section 5 Results: Models and Confidence Ratings

In order to investigate whether greater confidence in a theoretical model influenced confidence ratings about work with daughters generally, Spearman's rank order correlation coefficient was employed. No significant results were found for the social workers (correlation with common characteristics, $r_s=0.22, p>0.05$; correlation with ratings $r_s=0.32, p>0.05$) or for the psychologists (correlation with common characteristics, $r_s=-0.22, p>0.05$; correlation with ratings $r_s=0.31, p>0.05$).

Section 5 Results and Years of Experience

Years of experience was positively correlated with confidence ratings about perceptions about daughters ($r_s=-0.45, p<0.01$) but not common characteristics ($r_s=0.08, p>0.05$).

SECTION 6. FAMILIES

Question F1. Comparison between CSA Families and Others

Professionals were asked to consider whether they thought that CSA families differed from families with other types of problems. Twenty five responses were elicited and are presented in Table 4.50. The results were analysed using the FOCUS programme. No clear construing was evident or commonality by model or profession (see Appendix J, Figure J8, Tables J9 and J10, pages 324-326).

Table 4.50. Differences between CSA Families and Others

	SW ‡ n=14	Psych ‡ n=15
The Responses:		
1. Overlap between different types of families	35.7	86.7
2. CSA families have stricter boundaries	21.4	6.7
3. CSA abusers like what they do	7.1	0
4. CSA more complex problem for professionals	21.4	6.7
5. CSA addictive	0	6.7
6. CSA parents may seem to have good relationship to outsiders	0	13.3
7. In CSA families, sex is a primary issue	28.6	13.3
8. In CSA families, there is sexual attraction to children	14.3	33.3
9. In CSA families, sex isn't talked about	14.3	0
10. CSA is about men not families	7.1	26.7
11. CSA stems from disturbance earlier in life than other problems	0	6.7
12. In CSA families, parents have an unhappy marriage	14.3	0
13. CSA occurs more frequently in lower classes	7.1	0
14. In CSA families there is a conspiracy of silence	35.7	40.0
15. CSA families more likely to be re-constituted families	0	6.7
16. In CSA families there is a blurring of boundaries	28.6	20.0
17. CSA perpetrators are very controlling	35.7	20.0
18. CSA is premeditated	28.6	13.3
19. In CSA families views are more distorted	0	6.7
20. In CSA families, more likely that mother is absent	21.4	0
21. CSA families more introverted and isolated	28.6	40.0
22. CSA families show poorer communication	7.1	26.7
23. Don't have enough experience to know what they are	7.1	0
24. Trauma is greater in CSA families	7.1	6.7
25. Fear is greater in CSA families	7.1	0

SW=Social workers, Psych=Psychologists

Question F2 and F3. Confidence Rating and Explanation

Professionals were asked to rate how confident they felt about understanding why sexual abuse occurred in some families rather than in others. The results are presented in Table 4.51. The ratings reported by the professional groups were not significantly different ($F(1,26)=0.06, p>0.05$).

Table 4.51. Families: Confidence Ratings and Explanations

Confidence Rating About response (Mean, SD)		Explanation	SW ‡	Psych ‡
SW	3.71 (1.64)	Experience confirmed view	57.1	50.0
		CSA a complex area	28.6	20.0
Psych	3.57 (1.34)	Lack experience	14.3	20.0
		The secrecy of CSA makes comment difficult	0	20.0

Rating Scale 1-7, 1=very confident 7=not confident

Question F4. From Theory to Practice

As many professionals had identified differences between different types of families, professionals were then asked to describe whether this influenced their work. 15 responses were elicited and these are listed in Table 4.52. FOCUS was used to explore whether there were common patterns. The results are listed in Appendix J, Figure J9, Tables J11 and J12, pages 327-328. No clear differentiation was apparent.

Section 6 Results and Years of Experience

Years of experience was not correlated with the confidence rating about families ($r_s = -0.25, p > 0.05$).

Section 6 Results and Confidence in Model

No significant correlation between reported confidence in a model and ratings about families was found for either profession (social workers, $r_s = -0.12, p > 0.05$; psychologists $r_s = 0.12, p > 0.05$).

Table 4.52. Families: From Theory to Practice

	SW % n=14	Psych % n=15
The Responses:		
1. Child needs to be heard	21.4	6.7
2. Family assessment critical	0	13.3
3. Confront denial and sexual issues	0	6.7
4. Need more careful/structured approach	50.0	86.7
5. Address power issues	21.4	0
6. Professionals need to take more care about their own issues	21.4	13.3
7. More pessimistic about potential for change	13.3	0
8. Need specialist workers	14.3	0
9. Professionals can feel powerless	14.3	13.3
10. Need extensive resources which social services can't meet	14.3	0
11. Extra careful to keep to policy guidelines	0	6.7
12. Need a team/network	35.7	66.7
13. Focus needs to be on perpetrator	14.3	33.3
14. Does not influence my work	28.6	26.6
15. Can't articulate how thinking informs	7.1	0

SW=Social workers, Psych=Psychologists

SECTION 7. THE INTERVIEW

Question 11. Perceptions of the Interview

Professionals were asked to rate how they had experienced the interview in terms of the ease/difficulty they had in articulating their thoughts and ideas about the questions. The mean rating for the social workers was 4.00 (SD=1.66) and for the psychologists, 3.64 (SD=1.45). The scale was 1 - 7, 1 indicated high degree of clarity and ease about the interview, 7 the opposite. The difference was not significant ($F(1,26)=0.37, p>0.05$).

Question 2. Making Sense of CSA

Professionals were asked to comment on their ease/difficulty of being interviewed about CSA. The responses are listed in Table 4.53.

Table 4.53. Making Sense of CSA

	SW ‡ n=14	Psych ‡ n=15
I found it easy/relatively easy to articulate my thoughts because:		
1. Developed ideas from clinical work, reading and peer review	14.3	13.3
2. My model fits my world view	7.1	0
3. Model provides way of dealing with the complexity	7.1	0
4. Know my limits	7.1	0
I found it difficult/relatively difficult because:		
5. Can be too easy to let personal issues get in the way	21.4	13.3
6. Have clear ideas but need to be cautious because of perpetrators' deception	0	13.3
7. Clear, but not sure better able to help	0	6.7
8. Clear, but wary of generalising	14.3	20.0
9. Difficult to separate effects of CSA from abuse by the system	0	6.7
10. There is little experimental evidence about CSA	7.1	20.0
11. Can be easy to end up mirroring conflicts within family	21.4	13.3
12. Clear in theory but difficult to put into practice	21.4	6.7
13. Job is about fire-fighting and have no time to reflect	7.1	0
14. Clear about some aspects, but very unsure about others	0	26.7
15. Need more training	35.7	13.3

SW=Social workers, Psych=Psychologists

The results were analysed using the FOCUS programme. The results are presented in Appendix J, Figure J10, Tables J13 and J14, pages 329-331. No clear differentiation was noted.

Section 7 Results: Models and Confidence Ratings

The more confident psychologists were about their model, the more confident they were about the interview as a whole

($r_1=0.56, p<0.05$). There was no significant correlation for the social workers ($r_2=0.09, p>0.05$).

Section 7 Results and Years of Experience

Years of experience was not correlated with the confidence rating about the interview ($r_1=-0.21, p>0.05$).

Perceptions about Fathers, Mothers and Daughters

Confidence levels regarding responses to fathers, mothers and daughters were compared. A significant difference was found between the ratings given to family members ($F(2,52)=13.06, p<0.001$) but not by profession ($F(1,26)=1.24, p>0.05$) neither was there a significant interaction effect ($F(2,52)=0.15, p>0.05$).

Tukey HSD tests revealed that scores for both parents differed from those for the daughters ($p<0.01$ for each comparison) but that the scores for the two parents did not differ significantly from each other. Inspection of the group means indicated that professionals felt more confident giving ratings about daughters than fathers or mothers (mean confidence ratings: fathers = 3.87, mothers = 3.38, daughters = 2.45).

STUDY TWO: DISCUSSION

It will be recalled that the aim of Study Two was to investigate how professionals made sense of CSA. The study comprised of two stages, the first involving devising a structured interview, the second involving interviewing professionals and analysing the results. Two groups of professionals were approached, social workers and clinical psychologists. The discussion will first address methodological issues and then review the findings.

Study Two: Methodological Issues

1) Sample characteristics

Only two professional groups were interviewed out of the many that work with CSA families (for example, health visitors, probation officers, police officers). However, as indicated in the introduction, psychologists and social workers are usually the professionals who offer comprehensive work with children and adults.

It is difficult to comment on how representative the sample was of psychologists and social workers generally. Presumably there is no particular reason to suspect significant differences in attitude from other professionals working outside Merseyside. In terms of self-selection, all the psychologists approached agreed to take part in the study. For the social workers, all those contacted agreed to take part but four were unable to find sufficient time. For both groups, more women than men were interviewed (approximately 65%

women). However, research indicates that women predominate in both professions (eg Liverpool Social Services, 1992; Norcross et al, 1992; Scrivens and Charlton, 1985; Ussher, 1990). However, it was notable that it was only possible to gain statistics about gender for social workers from Liverpool Social Services Personnel Office. Apparently national figures are not held by the Home Office or professional Social Work organisations such as BASW or CETSU (eg Department of Health, 1992).

The sample was small and therefore the results need to be interpreted with caution. It is also possible that had the sample been larger, more significant results would have emerged.

2) Experimental approach

It was acknowledged that using interviews as a means of gathering data has strengths and weaknesses. One particular difficulty was the apparent anxiety experienced by many interviewees. Despite repeated reassurances, the author was often asked if the "right" answer had been given. This anxiety was likely to have impaired or inhibited responses.

In addition, considering the subject matter, it is likely that professionals were somewhat guarded in their approach and may have been particularly cautious. Possibly in another setting they would have found it easier to articulate their reasons for working in the way they did. Some commented that they found some of the questions difficult to answer there and then and would have preferred preparation. However, this would

have provided time for them to refer to texts. The aim of the interviews was to investigate how able they were to integrate models and practice with only some general information as presumably this more closely resembled their day to day demands - making the assumption that many professionals often do not have the time to review in lengthy detail why they make the decisions or work the way they do. Indeed, many of the professionals commented at the end of the interviews how this had been the first opportunity that they'd had to really review their work and that the interviews had given them much to think about. It is of concern that the stresses of everyday work result in professionals effectively "fire fighting" rather than regularly reviewing their work.

With regard to the individuals involved, possible biases could include the fact that the author worked in Merseyside and had professional relationships with some but not all the subjects. This may have influenced anxiety levels and possibly resulted in some being more cautious in their answers, particularly those subjects who were newer to the profession than the author. It was also possible that the psychologists felt more at ease with the process, being more used to involvement with research. The lack of time for reflection and the view that research is potentially threatening will be discussed in Chapter Five.

3) Analysis

Content analysis invariably requires some classification and categorisation of data into smaller segments. This results in some loss of data especially as decisions need to be made regarding relevancy. A further difficulty is that although two people may have used the same words, the weight and meaning may have been very different (Cicourel, 1964).

Assessing the reliability and validity is therefore a complex task. However, with regard to the current study, the question of reliability would appear to be less appropriate. The very process of asking individuals questions which require them to reflect as opposed to produce factual information, changes the individual. Therefore asking them the same question on another occasion may well produce a different answer because the process of reflection may have brought about a change in attitude. Similarly, one cannot ignore the context within which individuals were interviewed. For example the preceding hour may have been taken up with a particularly complex case of CSA which left them with certain feelings or thoughts, whereas on another day the subject may have been feeling more optimistic/less confused/ less wary of making statements about the very complex world of child abuse. The author was in the same position and as the whole process required a high degree of subjective judgement, reliability over time would appear to be somewhat peripheral.

What was being investigated was how individuals made sense of a particular model and applied that knowledge to their work. The issue was not whether such applications were

constant over time as one would expect applications to change as the subject gained more experience. The difficulty of re-analysing discourse was described by Ouspensky (1957) who pointed out that there are "buffers" within ourselves:

that keep us from observing ourselves. You may have different emotional attitudes towards the same thing in the morning, at midday, and in the evening without noticing it. Or in a certain set of circumstances, you have one kind of opinion and in other circumstances another kind of opinion, and buffers are walls that stand between them.

(p10, 1957)

It has been argued that content analysis should not be judged in the same way as experimental data (Krippendorff, 1980). Instead it was suggested that judgements about validity were more appropriate. More specifically, this included making decisions as to whether

- a) the data collection method is sensitive to the meaning of the text
- b) the sample was representative
- c) there is a link between the constructs within the content analysis and external theories, models or knowledge.

It is considered that both a) and b) were met. The focus of the interview was to establish meaning and each key phrase (ie every phrase that represented an idea or view) was included in the analysis. Condition c) needs to be considered in conjunction with a review of the results.

The Results: Discussion

Professionals were taken through a structured interview that consisted of seven main sections. The first dealt with demographic details and this has been discussed above. The remaining results are discussed section by section.

1) Section Two: Knowledge Base

a) Prevalence

In general, the prevalence rates supplied by the professionals were in keeping with the literature (13.7%). There were only a couple of subjects who estimated the figure to be different from the group as a whole. One extreme was 45% the other 2%. Considering the divergence of these views from the literature, one can only speculate on what effect such an opinion would have on day to day practice. It is likely that a worker who considered abuse to be as high as 45% will conclude more quickly that abuse has occurred than one who considers the rate to be 2%.

b) Theoretical models

Professionals were asked to identify models of CSA that they were familiar with. Although the mean number of responses was not significantly different between the two groups, it was noticeable that two social workers were unable to identify any model and some could only name one model. It would be expected that psychologists have a greater understanding of theories to explain human behaviour than social workers. However, CSA forms a significant part of social workers caseload and the

consequences of any intervention or lack of, can be far-reaching. One would perhaps have expected a greater range of knowledge from the social workers than was reflected in their answers.

c) Preferred model

Overall, more social workers tended to be confident about their ability to use their theoretical model in day to day practice than psychologists. There appeared to be no particular link between adopting one particular model and the level of confidence in it.

Professionals were also asked how their preferred model informed practice. Only two main themes appeared to emerge, a focus on the individual versus a wider systems approach. There were responses that one would have expected to converge with the two main themes, but this did not occur. For example, some professionals reported that their model provided a "multi-layered approach" but this did not converge with the systems approach and "personal issues" did not converge with focus on the individual. However, from the element analysis, it became apparent that individuals with different models corresponded highly. In other words, although professionals reported adopting very different and at times conflicting models, it was not possible to distinguish differing approaches once one asked professionals how they applied their model. Therefore it is perhaps not surprising that clearer construct groupings did not emerge.

2) Section Three: The Role of the Perpetrator

Professionals were asked whether they considered perpetrators to have common characteristics. It was noticeable that although many responses were offered, FOCUS did not reveal clear themes or commonality between professionals adopting similar models. This was despite the fact that overall, the professionals reported feeling more rather than less confident about their responses and, a significant proportion of professionals commented that their relative confidence was due to their work experience. This has a number of implications, either:

- a) the analysis of the results was not sensitive enough to properly discriminate between differing models
- b) when applying models to practice there is significant overlap, although as described in Chapter Two, differing models tend to have very different implications
- c) professionals have difficulty translating theory into practice

The last issue in particular will be discussed more fully in Chapter Five.

It appeared that more psychologists had experience of working with perpetrators than social workers, although this result would have been biased by the fact that some of the psychologists worked in the field of forensic psychology. It was noticeable that more psychologists than social workers acknowledged the complexity of CSA, and one social worker reported that their response was a "gut feeling". Whilst one could appreciate the honesty of this response, it has worrying

implications for the way in which this individual's work is conducted.

When professionals were supplied with a number of dimensions about perpetrators, the general view was that:

a) Fathers would describe themselves as

: tending to be more powerless than dominant

: having an equal role in decision making

: having average support in the family

: being in a family which was neither particularly organised or chaotic and where communication was average

: functioning adequately outside the family

b) The worker viewed the fathers as being

: powerful within the family

: having a strong role in decision making

: supported within the family

: in a family that was more chaotic than organised and with little communication

: unable to function that well outside the family.

It was interesting that the social workers rated fathers as being more powerful than the psychologists rated fathers to be. This may have been related to the fact that significantly more social workers than psychologists described themselves as adopting the feminist perspective, this approach emphasising the power of the perpetrator. The role of the father was the main issue on which it was possible to some extent to identify differences between workers who adopted different models. As indicated before, results indicated a grouping of feminists

who worked in the same way. Common issues included a focus on power issues, challenging the perpetrators' account and collecting information from other sources. However, these were not exclusive to the feminist group.

3) Section Four: The Role of the Mother

Again, professionals reported a large number of common characteristics of mothers. Nearly all the psychologists commented that they would expect variability in the presentation of mothers. The FOCUS analysis revealed two predominant themes a) sexual issues and b) emotional issues. The first factor is of concern because the research on perpetrators indicates that a lack of sexual contact with spouses is not a relevant factor. This could suggest that the professionals had not read much of the work on perpetrators, focusing instead on family oriented studies which tend to emphasis factors such as mothers' sexual distance from the perpetrator. The result would also tend to suggest that there is a trend towards implicating the mother in the cause of the abuse, which has been noted elsewhere in the literature (eg Glaser and Frosh, 1989; Salter, 1988). This result was perhaps surprising, considering the significant number of professionals who reported adopting the feminist model. Professionals were asked to explain their confidence ratings about mothers. Compared to the results about perpetrators, it appeared that professionals generally had more experience of work with mothers. Complexity was not perceived to be a

problem for psychologists (unlike the explanations for confidence ratings about perpetrators).

When presented with dimensions, in general the professionals indicated that mothers would describe themselves as:

- : having not that much power within the family
- : having not that much role in decision making
- : feeling there was less rather than more support within the family
- : being in a family in which organisation and communication was about average, as was the father's functioning outside the family.

Workers considered mothers would actually have

- : less control over family events
- : less role in decision making.

Overall the psychologists considered the mothers to be more powerful than the social workers rated them to be. It is not clear what influenced such a result. One perhaps would have expected professionals who adopted a systemic perspective to view the mother's role as being more powerful than a feminist would, but there was no clear majority grouping of psychologists who adopted the systemic approach alone. Possibly the results reflected that psychologists take a broader view of CSA, ie take into account more variables than CSA being predominantly about a misuse of male power.

The other main finding was that choice of model did not significantly affect way of working which again has a number of possible explanations. As for perpetrators, options include

problems of methodology or that workers have some difficulty in applying theoretical ideas into practice.

4) Section Five: The Role of the Daughter

Professionals felt more confident about talking about the daughters than they did the other members of the family. As many of the professionals specialised in work with children, this was not surprising. When discussing their confidence ratings about daughters, it was apparent that more psychologists had experience of working with daughters. Some professionals made links between the trauma of CSA and their responses rather than just comment that their ratings were based on experience. Analysis of common characteristics did not reveal clear themes or differentiation between different professionals.

When presented with dimensions, the overall view appeared to be that daughters would describe their father and family as:

- : fathers having a lot of power within the family and have a strong influence in decision making
- : perceiving there to be very little support within the family
- : being in a family which was neither particularly organised or chaotic and that there would be very little open communication
- : fathers would have a powerful role outside the family.

With regard to applying theory to practice, it was possible to identify a small group of social workers but the constructs elicited from them were not exclusive to this group. Social workers were more likely to identify that a child should be

believed and that approaches to victims should be gentle. It could be argued that the statement about believing children is more characteristic of social work discourse than psychological. The latter is more likely to include reference to studies assessing the reliability of accounts given by children (eg Jones and McQuiston, 1988). Perhaps predictably, statements from psychologists were more specific about technique of therapy than a general statement about gentleness.

5) Section Six: Families

The professionals tended to rate themselves as being more rather than less confident about understanding differences between different types of abusing families. However it was again difficult to distinguish between workers who adopted different models. This was not a surprising result for the psychologists as nearly 87% reported that they considered there to be an overlap between different types of abusing families.

In terms of actual practice with CSA families, the FOCUS analysis did not indicate clear macro themes. The results would again appear to suggest that whatever one's underlying theoretical model, actual practice can be very similar to that done by another professional with a very different theoretical approach. However, it was notable that there was more consensus within the psychology group than the social workers. The more common themes were:

- a) Need a more structured approach (reported by 50% social workers, 86.7% psychologists)
- b) Need a team/ network (35.7% social workers, 66.7% psychologists)
- c) Focus needs to be on perpetrator (14.3% social workers, 33.3% psychologists).

It would appear to be of concern that nearly 30% of the professionals claimed that their views about antecedents to abuse did not influence their work. One possible conclusion therefore was that some people felt that CSA is a problem like any other and does not require special skills. The author would challenge such a view and suspect some degree of denial. Whilst it is acknowledged that it is not helpful to attempt to compare whether emotional distress caused by one set of life experiences such as CSA, is greater or less than that caused by another, such as being involved in the Zeebrugge ferry disaster; it would appear unwise to underplay the complexity of sexual abuse, the extent of the secretiveness of it and its potentially devastating effects on a child's ability to communicate.

6) Section Seven: The Interview

It will be recalled that when asked to reflect on the interview, professionals on the whole scored in the middle of the easy/difficult scale about their ability to articulate their thoughts. However, when asked to explain their rating, it appeared that the clarity was less than it appeared. The responses were very varied and there were three times as many

statements about difficulty then ease about the interview. It was also noticeable that nearly 36% social workers gave a statement about ease as opposed to 13% of psychologists.

Perceptions of Confidence

Professionals were asked to give ratings about their confidence as it could be argued there is an implicit relationship between confidence and expertise. Confidence levels were rated in a number of ways, most of which have been discussed. In addition there were two additional perspectives:

1) Years of Experience

Years of experience was only found to correlate with three responses, confidence about common characteristics of mothers, confidence in the ratings about mothers and daughters. It had been predicted that greater experience would have increased confidence (Hypothesis 4, page 158). However this has been only partially borne out. The results may suggest that the professionals encountered less variability in the presentation of mothers and daughters and therefore felt more certain about their responses. One would perhaps have expected a link between experience and the knowledge base questions. However the lack of correlation may reflect the complexity of CSA and the continuing disagreement in the literature.

2. Preferred Model and Confidence Ratings

It was hypothesised that greater confidence in a model would correlate with actual practice. However, only the psychologists demonstrated some links and then only with regard to two responses: a) confidence rating about common characteristics of mothers and b) the interview as a whole. Overall then, this indicated that professionals were aware of the difficulties of applying a model into practice.

Perceptions of Confidence: Overview

A recurrent theme throughout the interviews was some link between greater confidence and increased experience. It is acknowledged that this was not universal and was more apparent with regard to responses about daughters. However, this trend is of concern, particularly if association is made between greater confidence and increased competence. Several authors dispute the correlation between increased experience and increased expertise (eg Dawes, 1989; Dowie and Elstein, 1988). It is argued that professional judgment can only be successful if decisions are based on clear theoretical frameworks:

in a wide variety of psychological contexts, systematic decisions based on a few explicable and defensible principles are superior to intuitive decisions - because they work better, because they are not subject to conscious or unconscious biases on the part of the decision maker, because they can be explicated and debated, and because their basis can be understood by those most affected by them.

Dawes, 1988 p151

It is understandable that professionals have difficulty expressing theory into practice in an area fraught with ambiguity and a lack of consensus. However, at interview, the

professionals had no difficulty identifying with one particular model. What is of concern is that there were no obvious indications that the professionals were aware of the lack of indication in their practice of their adopted model. Also their ratings regarding their level of confidence did not bear out a repeated theme that CSA is a complex and difficult area.

A possible consequence of the relative confidence expressed by the professionals, could be a reduced perceived need for supervision or explicitness about decision making (eg Arkes et al, 1988). Such practice would be unfortunate in an area already marked by controversy. Issues related to reflection upon practice will be discussed further in Chapter Five.

Professional Differences

There were relatively few differences between the two professional groups. Notable exceptions have already been discussed, specifically those regarding differences in view about the power of perpetrators and mothers. Considering the lack of similarity in the training of the two professional groups, one would perhaps have expected a more marked divergence. In particular it had been hypothesised that psychologists would have demonstrated a greater ability to translate theory into practice.

STUDY TWO: OVERVIEW

It was hypothesised that clinicians would be more able to translate theory into practice (Hypothesis 1), that professionals adopting similar models would work in the similar ways (Hypothesis 3). These hypotheses were not confirmed. Overall, the results indicated that although professionals described themselves as working to a particular model, it was difficult to isolate actual differences in working practice between adherents of different models.

There were some exceptions. For example, when considering work with perpetrators it was possible to isolate a feminist way of working, but the groupings were not exclusive. In other words, not all the feminists clustered together. Whilst it could be argued that some models of CSA share some common ground, there are also major conceptual differences. For example, consider the diverging views of feminists and those adopting systemic approaches. It was expected therefore that it would be much easier to differentiate between workers adopting different approaches.

It is possible that the labels for the different models were too crude. However, subjects were asked to talk a little about their model in order that the author could be clear about which model the subject was describing. None of the responses indicated that the subject was describing a model more specific than the labels used in the study. For example, adopting the approach described by one feminist author as opposed to another feminist. It is also not sufficient to

argue that perhaps the results reflected a lack of clarity in established texts as to how models are put into practice. For example, the work of Bentovim (1988) a systemic worker and Wolf (1984) who focuses on the sexual behaviour of the perpetrator, detail very clearly how their ideas extend to their actual work. The lack of shared meaning is of concern, especially as on the whole workers rated themselves as being confident about the way in which they used their model.

With regard to confidence, it had been hypothesised that confidence in a model would be reflected in other responses (Hypothesis 2). Overall this was not found to be the case, except for two responses from the psychologists. One response referred to characteristics of mothers, the other to the interview as a whole. Again, this finding would appear to underline the lack of relationship between adopting a particular theoretical model and actual practice.

Hypothesis 4 was that years of experience would influence the results. This was found in part in that increased experience correlated with increased confidence ratings about mothers and daughters. The fact that increased experience was not shown to be correlated with confidence about a model or prevalence of CSA, suggests a number of possibilities. Perhaps increased experience of CSA only served to reinforce the complexity of the area and our limited understanding about it. Alternatively, or indeed in addition, this result may reflect the difficulty professionals have applying their models to new situations or modifying a model in the light of new information. The indication that professionals link increased

confidence with years experience rather than confidence in a model predominating, is of concern. Studies have indicated that a link between years of experience and competence is illusory, and that successful decision making should instead rest on systematic analysis (eg Dawes, 1988).

STUDY TWO, STAGE 1 AND 2: SUMMARY

A structured interview was devised in order to investigate how professionals made sense of sexual abuse. It was hypothesised that clinicians would be more able to translate theory into practice than other workers and that confidence in a model would aid work. It was also expected that professionals adopting similar models would work similarly and that greater experience would increase confidence.

Two groups of professionals were selected, clinical psychologists and social workers. The rationale for this was that both groups are more extensively involved with all members of a family than other groups. Both are also involved in both the management and policy decisions about CSA as well as working directly with families. In total 15 psychologists and 14 social workers were interviewed. Although the sample was small, it was possible to interview professionals at a range of managerial levels and with varying work experiences.

It was decided to conduct a structured interview rather than other approaches. This was due to the sensitive and complex

nature of CSA. However it was acknowledged that interviews have a number of sources of bias and analysis is problematic. In order to maximise the information available from the interview, both quantitative and qualitative methods of analysis were used. In particular, themes from open ended questions were analysed using FOCUS, a cluster analysis technique. The main results are summarised in Table 4.54.

Of particular concern was the apparent lack of knowledge reported by the social workers and for both professional groups the difficulty of establishing links between an identified model and a way of working. This was despite professionals reporting that they felt confident about their preferred model. The trend appeared to be more that increased experience led to increased confidence, rather than clarity of understanding being related to confidence. This raises questions about several issues, namely a) the way in which professionals learn to apply theory into practice, b) whether professionals are so overstretched that there is little time for reflection about practice, and c) whether the lack of clarity reflects a lack of supervision or case discussion. These issues will be addressed in Chapter Five.

With regard to the professionals' view about families, it was considered appropriate to consider these in the light of the results from Study One. In other words, comparing what the professionals said with what the families reported.

Table 4.54. Study Two: Summary of the Main Findings

QUESTION	PROFESSIONAL GROUP	
	SOCIAL WORKERS	CLINICAL PSYCHOLOGISTS
<u>Knowledge Base</u>		
Prevalence CSA (mean)	12.8%	14.6%
Preferred model (top two choices)	Feminist 50% Systemic & Feminist 21.4%	Feminist & SA (26.7%) Systemic & PI (26.7%)
<u>Perpetrator</u>		
<u>Ratings</u>		
<u>Perpetrators view (projected):</u>		
Control within family	Not dominant	Not dominant
<u>Professionals view (actual):</u>		
Control within family	* Powerful	* More powerful than not
Decision making	* Strong role	* Stronger role than not
Support	Some support	Some support
Organisation	Not organised	Not organised
Communication	Little	Little
Control outside family	Not powerful	Not powerful
<u>From theory to practice</u>	NS - except for small (5) group of Feminist workers who identified constructs which link theory to practice	
<u>Mothers</u>		
<u>Ratings</u>		
<u>Mothers view (projected):</u>		
Control within family	* Not powerful	Middle score
Decision making	Not powerful	Not powerful
Fathers' control outside	* More powerful than less	Middle score
<u>Professionals view (actual):</u>		
Influence within family	* Less	* More powerful than not
<u>Confidence in model</u>	NS	* Correlation with confidence about common characteristics
<u>Years experience</u>	* Correlation between years experience and confidence ratings for common characteristics and ratings	

Table 4.54 Continued.

QUESTION	SOCIAL WORKERS	CLINICAL PSYCHOLOGISTS
<u>Daughters</u>		
<u>Ratings</u>		
<u>Daughters view about fathers:</u>		
Influence in and outside family	Powerful	Powerful
Support	Little	Little
Communication	Closed	Closed
<u>From theory to practice</u>	NS - except for small group of social workers (5) with common but not exclusive constructs: "believe child" and "use gentle approach"	
<u>Years experience</u>	* Correlation between years experience and confidence ratings	
<u>Interview</u>		
<u>Confidence in model</u>	NS	* Correlation with confidence about model

* = Significant result

NS = No significant result

STUDY 1 AND 2: A COMPARISON

It will be recalled that in Study One, families were asked to rate various aspects of their family life. In order to compare the responses from the families and those reported by the professionals interviewed, each member of the family will be discussed separately. A summary of the results is presented in Table 4.55. Interpretations for the professionals are based on the mean scores. It is acknowledged that the results stem from small samples and that there was variability in the responses from the professionals.

Table 4.55. A Comparison Across Study One and Two: Summary

STUDY ONE	STUDY TWO	
<u>Report from perpetrator</u>	<u>Professionals' view of what perpetrator would say</u>	<u>Professionals' own view of family/perpetrator</u>
<u>Family life</u>		
Little communication	Average communication	Little communication
Little support	Average support	Some support
Not organised	Average	Not organised
<u>Use of control</u>		
Low control	More powerless than dominant	Powerful
Not strong decision maker	Equal in decisions	Decision maker
More powerful outside family	Average	Not powerful outside
<u>Report from mother</u>	<u>Professionals' view of what mother would say</u>	<u>Professionals' own view of mother</u>
<u>Family life</u>		
Little communication	Average	-
Little support	Less support	-
Not organised	Average	-
<u>Use of control</u>		
Low control	Not powerful	Not powerful
Stronger decision maker than perpetrator	Not powerful	Not powerful
Perpetrator more powerful outside family	Average	-
<u>Report from daughter</u>	<u>Professionals' view of what daughter would say</u>	
<u>Family life</u>		
Little communication	Very little communication	
Little support	Very little support	
Not organised	Average	
<u>Father's control</u>		
No clear result	Very powerful inside and out	
Not main decision taker	Dominant decision maker	
Equal power inside and out		

Perpetrators

With regard to the questions about family life, the fathers did not answer in the way predicted by the professionals. In fact the fathers' report were more similar to how the professionals viewed the perpetrator except for the level of support. One interpretation of this result is that the fathers had more insight than the professionals thought.

With regard to the responses about control, there was a much greater discrepancy between the differing perspectives. The perpetrators presented themselves as lacking power and as having more power outside the family. However this latter result was true for all fathers in Study One not just CSA fathers. Professionals expected fathers to give a more equivocal result whereas they perceived perpetrators as having significant control within the family but not function well outside the family.

One could argue that as the keyworkers in Study One agreed with the professionals in Study Two, their view was justified, especially as the keyworkers were actually working with the families. It was also concordant with a significant part of the literature (eg Kempe and Kempe, 1984; Salter, 1988; Summit, 1983). Alternatively one could argue that as the families themselves did not portray the fathers as being all powerful figures, the use of power and control in CSA families is too complex to be measurable by the scales used in the research. It has already been argued that a third conclusion that power and control is not an issue in CSA families appears inappropriate. This was due to the significant literature

attesting to the powerlessness experienced by victims of abuse (see Chapter One and Two).

Mothers

There was agreement regarding the lack of control a mother would report about her role in the family. However, mothers perceived themselves as having more influence in decision making than the professionals expected. In addition, there was discrepancy regarding the role of the father outside the family. Mothers reported the father as being more powerful outside the family, not only was this not anticipated by the professionals but they also considered the father not to have a strong role outside the family. Again the keyworkers in Study One reported similar views to the professionals in Study Two.

Daughters

The overall view was that daughters were very isolated, powerless and would perceive their father to be very controlling. This view was shared by the key workers but not entirely consistent with the daughters' own ratings. It will be recalled that the daughters did report low scores on open communication and support but that their ratings were not significantly lower than daughters from the other two groups. The daughters also would have liked their fathers to be less powerful within the family but again there was not a significant difference between the groups. However, as a

family, the CSA group reported the highest scores on the control subscale.

As indicated before, there may have been a number of reasons as to why the daughters responded differently than expected. Taking the results at face value, it may be that daughters perceive their mothers as being the powerful figures. This would explain their high scores on the Family Environment Scale yet not significantly high scores on fathers' power. However, the authors clinical experience and that of colleagues suggest that the effects of sexual abuse almost invariably lead to the child internalising feelings of anger and blame. It is often very difficult for them to express the extent of their negative feelings about their fathers until they have been in therapy for some time. It will also be recalled that the daughters in this study were aware that other family members wanted the father home, were likely to be feeling guilty about the initial disclosure and therefore conditions were not facilitative of open disclosure.

COMPARISON OF STUDY ONE AND TWO: OVERVIEW

The results indicated that there were some discrepancies between how the families perceived themselves and how keyworkers/ professionals viewed the families. However, it was also apparent that there were some links between the professionals' views and the literature on CSA. Whilst this indicated that professionals have a sound knowledge base it

will be recalled that Study Two indicated that professionals had difficulty translating theory into practice. This issue will be discussed in Chapter Five.

From a more global stance, the discrepancy between the groups could also be understood when placed within the context of attribution theory (eg Heider, 1958; Jones and Davis, 1965; Kelley, 1967). Attribution theory actually encompasses a number of diverse contributions. In essence the theory seeks to understand how individuals use information to arrive at a causal judgement. Of particular relevance is "attribution error" and the "actor-observer effect". Attribution error refers to the phenomenon whereby individuals attribute another's behaviour to their personality (Heider, 1958; Ross, 1977) and actor-observer effect refers to the bias individuals have to attribute their own behaviour to situational variables (eg Jones and Nisbett, 1972; White and Younger, 1988). In other words, if an observer watches someone lose a tennis match, the observer tends to infer that the loser is not a skilled player. However if the observer then loses themselves, the observer is likely to attribute the loss to the sun being in their eyes, not having their favourite racket etc.

Within the context of the current research one could postulate that as perpetrators tend to account for their sexual offending as being due to circumstance (eg Salter, 1988; Wyre, 1986, 1987), they would be unlikely to answer questions about their general role in families in the same way. In other words whilst they may acknowledge that with regard to their offending they were being controlling,

attribution theory would predict that they would be unlikely to perceive this behaviour as being a character trait.

On the other hand, as the professionals were making statements about others, one perhaps would expect them to view the behaviour of perpetrators as reflecting personality. Therefore their views about factors underlying CSA would extend to views about the roles of family members.

In order to address power and control, perhaps it would have been more useful for the questionnaires to address the sexual abuse more explicitly. However, it will be recalled that one of the constraints of the research was that the author needed to approach other professionals in order to obtain sufficient families. There would be no guarantee that other professionals would address similar issues about the abuse as the author and to influence others clinical work was not considered ethical or appropriate. In addition, comparison across different groups of families would have been problematic.

The fact that links can be made from the results of this research and another theory, ie attribution theory, indicates that the methodological approach was valid. It will be recalled that Krippendorff (1980) argued that content analysis in particular should be assessed in terms of its validity rather than reliability. One of his criteria for judging whether a specific content analysis was valid was whether links could be made between the results and other pre-existing models. Such a link appears to have been demonstrated.

STUDY ONE AND TWO: CONCLUSION

Study One and Two have raised a number of issues which in effect go beyond the findings of the research. These issues are considered to merit further discussion:

1. The research process and the families

Questions need to be raised as to whether families could have truly consented to partake in research. There is also the issue of the effect of the research process on the families. It will be recalled that the families responded to the request to be involved in the research in similar ways to their functioning within the family.

2. The research process and the professionals

The professionals displayed a significant degree of resistance to the research process. It was also difficult to elicit clarity from the professionals with regard to their ability to translate theory into practice.

3. The research process and the researcher

Reference has been made to the powerful effect CSA can have on professionals. It is also recognised that researchers should examine their personal agendas (eg Goldner, 1991; Hearnshaw, 1979; Marshall, 1985). It is therefore considered appropriate to conclude the thesis with some reflection on the author's experience of the research process.

These issues will be addressed in Chapter Five.

CHAPTER FIVE

BEYOND THE RESEARCH

A RECAPITULATION OF THE ISSUES

A review of the literature revealed a lack of clarity regarding CSA which has concomitant effects for professionals, not only regarding their understanding of the issues but also for their practice. The main aim of this thesis has been to address this problem with particular emphasis on the themes of power and control.

Two studies were proposed, 1) to investigate how power and control is manifested in CSA families, 2) to explore how professionals make sense of CSA and apply their knowledge to their practice. The salient findings were:

1. Role of the Perpetrator

There was agreement between the CSA families and the professionals about critical factors within the family environment: poor communication, little cohesion, high use of control. A divergence emerged, however, concerning the role of the perpetrator. The professionals in both studies construed the perpetrator as having a powerful influence. In contrast the families did not.

Three explanations for this divergence are:

- a) Family denial. The families were undergoing assessment for possible rehabilitation which may well have exacerbated phenomenon characteristic of CSA, namely denial and little open communication (eg Summit, 1983; Wyre, 1987,1988).
- b) Methodological artifact. The conflicting results could have been an artifact arising from the differing methodologies across the studies. However, there was also marked agreement on some issues and the responses from the professionals were supported by the literature (eg Glasgow, 1988; Salter, 1988).
- c) Attributional error. From their "observer perspective" the professionals attributed the sexual abuse to some personality traits of the father. In contrast the families from their "actor perspective" perceived the abuse as being very situation specific. The observer/actor distinction is drawn from attribution bias studies (eg Jones and Nisbett, 1972). Families may have considered perpetrators to be very controlling with regard to the abuse but not in other ways. As the questionnaires did not specifically address the abuse, the results could have been misleading. However, it is unlikely this is sufficient explanation because the literature attests to the pervasive nature of CSA and its effects on all aspects of an individual's life (eg Herman, 1981; Summit, 1983).

2. Profiles

It was possible to discriminate between the CSA fathers and the other fathers, to a lesser extent the mothers. The difficulty of discriminating between the daughters across the

groups was noticeable as well as the possibility of identifying the normal group. The results suggested that the traditional systemic model focusing on a dysfunctional family may be less appropriate than a model highlighting the role of the perpetrator.

3. The Professionals: Theory into Practice

A significant finding of Study Two was that it was difficult to discriminate between professionals who described working as practitioners within distinctive theoretical frameworks or models. There were also indications that professionals were more confident about their practice than was perhaps warranted considering the lack of clarity in their thinking.

RESEARCH ISSUES

An important element of any research endeavour is the necessity to reflect upon the research process. Three facets to such a reflection are:

1. The research process and the families
2. The research process and the professionals
3. The research process and the researcher

1. THE RESEARCH PROCESS AND THE FAMILIES

The responses provided by the families have been investigated in detail. However, little attention has focused on the effect of the research process on the families that took part.

Although ethical guidelines for research note the importance of addressing this (eg BPS, 1991), few research studies actually report on this aspect (eg Korchin and Cowan, 1982; Westland, 1978).

Two key issues would appear to be a) the question of consent and b) an evaluation of the effects of the research instruments.

a) Consent

The issue of meaningful consent has been widely discussed in the literature (eg BPS, 1991; Tyrer, 1983; Wing, 1984). Issues include whether clients can ever be in the position of being able to give complete consent and not feel under some obligation to co-operate (eg Kelman, 1972; Korchin and Cowan, 1982). It is acknowledged that these factors may well have influenced families taking part in the research. Individuals may have felt that despite being told otherwise, the research was in some way linked, or integral, to the therapeutic process and therefore to refuse co-operation would adversely affect therapy.

There is also the issue of the power imbalance between the professional and the family. This may have swayed a decision to participate or to refuse. Indeed refusal may well have

acquired a high degree of symbolic significance. A number of families were in therapy effectively as a result of statutory action by social services. For these families, refusing to become involved in the research was one of the few interventions families had control over. It would be very difficult to disentangle what bias this created in the sample.

b) Effects of the Research Instruments

It was considered at the beginning of the research that the questionnaires would not be intrusive nor would they have an adverse effect. However, as Graham (1984) pointed out, whatever the intention behind eliciting information, it is difficult to predict what information will be disclosed and the effects of that disclosure. With the CSA group it became apparent that responses to the request to be part of the research mirrored their behaviour within the family. On reflection, the response of the professional may have reinforced some aspect of the behaviour. There is merit in developing this point with respect to each family member.

i) Perpetrators

Many of the fathers viewed the information giving process positively. They welcomed the prospect of completing the questionnaires and expressed the hope that their answers would help them understand their behaviour. As indicated in Chapter Two, perpetrators commonly seek to deny responsibility for their own behaviour. In the author's experience perpetrators often profess a complete lack of understanding about why they

abused their children. They look to the therapist to provide them with answers and solutions. Their response to the research could also be seen as a way of shifting responsibility onto some other object than themselves, which in turn reduces the potential for personal pain.

It is hoped that provision of such questionnaires did not reinforce the perpetrators' view that the answer could be found outside themselves. It had been stressed to the professionals that the questionnaires were by no means intended to replace a comprehensive assessment or replace the need for significant work to be done to implement change.

ii) Mothers

Many of the mothers appeared more reticent than their partners to complete the questionnaires. They tended to be more challenging about the use to which their responses would be put. Apprehension was understandable and a natural concomitant response to any research in which information is requested. It is the author's clinical experience that such defensiveness is commonly found in mothers who are actively requesting the return of the perpetrator. There is an understandable wish to want to forget the past and resist attempts to elicit information about what the family was like prior to the disclosure of sexual abuse. It was anticipated that some of the mothers might welcome the questionnaires as a non-verbal means of describing the past - an approach which is sometimes helpful in therapy. This was not borne out. Rather, the request was met more cautiously than by their partners.

iii) Daughters

On the whole the CSA daughters completed the questionnaires with little comment, if not silently. At times their non-verbal behaviour indicated that the exercise was stressful but it was uncommon to experience the much more vocal, assertive response from the psychology group. This passivity in the CSA group can be compared with enforced passivity in the family group where any communication tends to be smothered if not punished. Whilst the author made every effort to respond to non-verbal signs of difficulty/ boredom/ distress, it is not possible to guarantee the responses from other professionals. A lack of response to the CSA daughters may have confirmed to them the powerlessness of their position (eg Glasgow, 1988; Summit, 1983).

Conclusions

A lesson learned from the research was the necessity to acknowledge and wherever possible, proactively address the factors discussed above when conducting research in this field. Some feminist writers propose a stance of "relational engagement" which would appear useful (Baker Miller, 1976; Benjamin, 1989; Gilligan et al, 1988). In essence such an approach emphasises the need to approach clients as equals and consider each other's subjectivity.

It is ten years since Korchin and Cowan (1982) wrote that in the fields of psychiatry and psychology there still persisted a view that it was possible to investigate a phenomenon without affecting it in some way. Research in the field of CSA

raises substantive doubts as to how much longer this illusion can be maintained. However, finding a way of implementing a research approach that minimises a power imbalance between client and researcher with respect to CSA is fraught with difficulty. To have been more explicit about the aims of the study could well have exercised a distorting effect particularly as families were aware that to be seen to be "co-operative" was more likely to lead to an end result they desired.

It might have been of use to engage in a more comprehensive "de-briefing" after completion of the questionnaires. This would have enabled explicit emphasis upon the importance for individuals to be able to develop their own understanding about their experiences. Similarly it would have enabled encouragement of individuals to talk about how they perceived the experience of being involved in the research.

The issue of being seen to be "co-operative" has already been discussed in the context of how individuals may have felt inhibited in their responses. An alternative approach could have been to focus on families where rehabilitation was not being considered. However, the author's experience was that in such situations, the perpetrator was prepared to complete questionnaires, but other family members would refuse to become involved. Understandably the mothers and daughters wanted as little to do with professionals or reminders about the abuse as possible.

Another possibility would have been to question the families at the end of the rehabilitation process. However, this would have decreased the value of the exercise for the families. Administering the questionnaires at the beginning of the assessment aided the information gathering process. Furthermore the author's experience has been that a large number of families do not complete the rehabilitation phase in a safe way. Examples of such outcomes are: the perpetrator returning against the advice of the professionals and within the first year of his return another child discloses sexual abuse; the programme ending prematurely because the children feel unable to communicate openly, finding the experience too painful.

2. THE RESEARCH PROCESS AND THE PROFESSIONALS

It will be recalled that involving professionals within the research ambit highlighted two main issues: a) the very mixed response by the professionals to the request to be involved in a research project and b) the finding in Study Two that professionals appeared to have difficulties translating theory into practice.

a) Professionals and Research

In order to recruit subjects, the author spoke to many groups who were actively involved in work with families. It became apparent that at times it was difficult to even arrange a

meeting to discuss the research, let alone find professionals who were willing to take part. On other occasions the response was very positive, with perhaps too high an expectation about the possible use of results. It became possible to identify four patterns: i) overt resistance, ii) covert resistance iii) empathy and iv) unrealistic expectations.

i) Overt resistance

It should be stressed that an unwillingness to take part in the research was not in itself considered as resistance per se. Overt resistance is used here to describe what appeared to be an immediate distancing from the researcher as soon as the word "research" was mentioned. For example, a typical approach to departments was a suggestion by the author that she attend a departmental meeting to give a short presentation explaining the research rationale and inviting discussion on the work. On occasion the response to this suggestion would be that departmental meetings were very busy. Despite assurances by the author that the presentation need only take 10-15 minutes, it was deemed impossible to find the time. Alternatively when a time was allocated, the presentation was met almost in complete silence and there were no subsequent referrals.

It could be argued that overt resistance may have been unrelated to the question of research, instead being interpersonal, attitudinal or organisational. However, when overt resistance emerged, on the whole it was in departments with which the author had good working relationships and from

which the author received frequent requests for consultancy on difficult cases. It appeared that a link was not being made between the development of practitioner skills and knowledge and the need to conduct research in order to underpin such development of skills and knowledge.

ii) Covert resistance

This tended to take the form of departments agreeing to meet the author, prolonged discussions about how the questionnaires might affect families and whether it was in their interest or not. Consent to being involved was given. However, despite the consent no referrals were made over a two year period and despite the fact these were busy departments who had made many referrals for therapy in the past.

iii) Empathy

This response tended to consist of professionals identifying the research imperative and putting themselves in the position of the researcher. There would be explicit acknowledgement of the inherent difficulties in conducting research. These professionals would try their best to find subjects. On occasions this enthusiasm would extent to a failure to review critically what was expected.

iv) Unrealistic expectations

Some professionals became very enthusiastic and set high unrealistic expectations for the results. They formed the view

that somehow the derived results would shed light on many unresolved cases.

Overt resistance and unrealistic expectations tended to occur in local authority and education departments. Psychology departments were characterised by covert resistance or empathy. Perhaps a particular difficulty for the local authority and education departments was that unlike Psychology Departments, research is not deemed to be an intrinsic part of professional training. Perhaps where distrust emerged, it was as much to do with lack of familiarity and negative connotations about "scientific research" as with processes related to anxiety about an outside professional coming into an organisation and evaluating work. Lack of familiarity with the realities of conducting research might also, paradoxically, have led to unrealistic expectations about the results of the research.

Resistance to participate in a new piece of work may in part have been related to the phenomenon of "burnout", a result of unmediated stress levels. In other words when a person experiences stress and has no outlet or support (Freudenberger, 1974,1975; Maslach, 1976; Pines and Aronson, 1981). A typical definition of burnout is that it is:

characterised by physical depletion, by feelings of helplessness and hopelessness, by emotional drain, and by the development of negative self-concept and negative attitudes toward work, life and other people.... (it is a) sense of distress, discontent, and failure in the quest for ideals

Pines and Aronson, 1981, p15.

The concept of burnout has been applied to many professions including psychologists and social workers (eg Daley, 1979; Farber, 1983). Typically such studies indicate that the longitudinally stressed professional becomes disillusioned, cynical and withdrawn. The burned out professional is unlikely to have many resources left to cope with any new initiative, such as being invited to participate in research or to facilitate another in conducting research. It is not intended to suggest that all the professionals who responded negatively to the research initiative were burnt out. However, it was clear that many of the psychologists and social workers approached by the author worked within organisations that were under-resourced (eg Mowbray, 1989; Schorr, 1992). Similarly heavy work loads have been linked to stress (eg Sutherland and Cooper, 1990) and constitute a chronic stressor. It is likely that many of the professionals would have been adversely affected by this factor in some way.

With regard to the covert resistance, there are a number of possible contributory factors. It could be argued that within the profession of clinical psychology, there is a certain ambivalence about research. On the one hand training emphasises the importance of research. Indeed the profession of clinical psychology is marketed as being unique in that the training produces "scientist-practitioners" who can adapt their evaluative skills to any aspect of the health service, be it clinical, research or organisational (Barlow et al, 1986; Mowbray, 1989). However surveys indicate that relatively few clinicians actually conduct research (eg Head and Harman,

1990). It has to be acknowledged that the rigours of clinical practice makes the prioritising of space for research very difficult. Furthermore it has been noted that there is some element of "animosity" towards research (Barlow et al, 1986).

As long ago as 1950 Raimy commented upon the split between clinicians and researchers:

Too often, however, clinical psychologists have been trained in rigorous thinking about nonclinical subject matter and clinical problems have been dismissed as lacking in "scientific" respectability. As a result, many clinicians have been unable to bridge the gap between their formal training and scientific thinking on the one hand, and the demands of practice on the other.

p86

Factors proposed to account for the lack of research conducted by clinicians have included: the lack of appropriate research methodology, for example traditional research approaches require large samples which for many clinicians working in small departments are in practice almost impossible to recruit; lack of technological resources; ethical implications, for example the problem of withholding treatment from a sample of clients; and philosophical differences between practice and research (Barlow et al, 1986). However, as observed above, the dominant perspective is that practising clinicians should conduct research and find ways of overcoming the challenge of methodological complexity and design difficulties (eg Barkham, 1990; Mowbray, 1989). The contrast between the expressed ideal and the experience of actual practice might have contributed to the emergence of covert resistance. Possibly there was a sense of guilt on behalf of

those professionals not involved in research. Witnessing a colleague conducting a research study may well have constituted a challenge to rationalise, or to reinforce any rationalisations made, as to why they were not conducting their own research.

The cognitive processes underlying the empathetic response to the study may also not have been wholly constructive. A significant number viewed research as a necessary evil and that people help each other in order that one can get the ordeal over with. This raises questions about the way in which research is taught and about the way in which research is portrayed in professional life. One could speculate about the collusion that is present here, not only by fellow professionals but by wider systems as well. It cannot be denied that research involves a great deal of time and energy. This raises questions about the most effective use of time when one is encountering lengthy waiting lists. One could also speculate that those individuals who somehow cross the pain barrier of conducting research have some investment in keeping the enterprise as being seen as a rigorous testing of the intellect (Schon, 1991).

b) Translating Theory into Practice

It was of concern that Study Two indicated that professionals had difficulty translating theory into practice. It will be recalled that the results showed that professionals who adopted very different models, appeared to work in similar ways. Conversely, professionals who reported adopting the same

model did not appear in practice to work in the same way. These can be considered important findings for a number of reasons. First as Mechanic (1984) pointed out:

(when) problems he (sic) faces become more uncertain and he is less able to resolve them through existing psychiatric knowledge, the psychiatrist's social biography and values have a larger impact on his decisions

p47

This observation is particularly relevant in the context of the complexity of CSA. Decisions reached by professionals in this context have far reaching consequences. It is therefore essential that decision making is rooted as far as possible within a clear framework. Furthermore, if professionals are working in a team and there is a shared model about abuse, an individual may well assume that other members of the team are working in similar ways. However, this need not be the case. Of course this view may be rebutted by the argument that a team would in all likelihood discuss cases with one another. Such discourse would increase the degree of convergence and decrease the risk of divergence. However, as events such as the Cleveland Inquiry demonstrated (Butler-Sloss, 1988), professionals can, and do, experience great difficulty in being explicit and open with each other.

In attempting to unravel this problem of the translation from theory into practice, there are a number of possible contributory factors.

i) Training

The findings concerning overlap between, and variability within, approaches could reflect the outcome of a tendency for training courses to focus on theory in the classroom and application into practice to occur on clinical/field placements. The author's experience is that placements will vary in terms of how much clinical practice is rooted within a particular therapeutic approach. It is of course also apparent that there are many interventions one could adopt whilst remaining within the boundaries of one particular approach.

Another difficulty is that realistically, one cannot expect a training course to be able to match classroom timetables with placements. In other words, a trainee may well find that there is a significant time delay between attending lectures say on child work and actually embarking on a child placement, or may find that the placement precedes the theoretical input. This can only add to the difficulty of making links between theory and practice such that consistency and convergence are possible. It could be argued however, that the potential discrepancy between the academic and clinical input of a course, should be overcome by the process of reflection and, hence, monitoring in its many forms.

ii) Reflection

The art of reflecting on one's work could be described as one of the core skills of the practitioner (eg Boydel and Pedler, 1984; Brunning et al, 1990; Hawkins and Shohet, 1991). However, learning this art can be difficult. It has been

argued that within the context of supervision, what can occur is that the supervisor makes interpretations of a client's behaviour without being explicit as to how the links are made (Schon, 1991). The trainee is left with the impression that the supervisor is very wise but with no way of developing personal skills.

The problem of eliciting information from professionals about their behaviour is not a new one. Reich (1970) concluded: "professionals can be counted on to do their job but not necessarily to define their job" (p268). It has been argued that if a profession has "shifting, ambiguous ends" and that contexts of practice vary, then it is not possible to have systematic knowledge (Schon, 1991). This is particularly true of CSA, an area in which Chapter One indicated that professionals disagree on definition, prevalence and intervention. Another factor hindering the process of reflection is that of routine. In other words, as a practitioner develops a repertoire of skills and experiences, if there is little variety in the cases, then the thinking about cases becomes increasingly tacit. Eventually the practitioner does not think about what they are doing, the process has become automatic (Schon, 1991). In the absence of conscious monitoring at the level of the individual and the level of a supervisor or mentor, consistency of performance - even coherence - becomes problematic.

Conclusions

Reflecting on the process of research and professionals has raised a number of issues. The first was related to the problem of making research acceptable within the clinical domain, the second on the mismatch between theory and practice.

1. Professionals and Research

Perhaps a more acceptable methodology that could have been adopted is the strategy of "participatory research". This approach has acquired increasing popularity amongst sociologists. The process involves becoming part of the group one wants to study paying particular attention to the power differential between the two perspectives. It is also considered important that the aim of the study should benefit the group directly, that is to focus on an issue that is problematic for the group rather than some ideal of the researcher. It is thought that only by becoming a member of the group can one begin to understand the language and culture, which can then lead to a research approach that places data gathering in context and reduces the potential for abusing the subjects (Bryceson and Mustafa, 1982; Hall et al, 1982).

"Shadowing" social workers and psychologists might well have provided a rich source of information. However, this approach would have raised some difficulties:

- a) confidentiality of families would not have been protected;
- b) CSA is an emotive area and it is likely that no matter how

well integrated into agency life the research process might become, individuals might feel under scrutiny and this would bias results; and c) the time factor would have been prohibitive considering the constraints of part-time research.

It will be recalled that a potential cause for resistance to being involved in research was that of burnout. A widely recommended preventative step for burnout is (amongst others) adequate support and supervision (eg Aber, 1983; Dale et al, 1986; Hawkins and Shohet, 1991; Pines, 1983). However, in order to ensure that time and resources are set aside for supervision, this would require a resource commitment from organisations. In addition there would be a requirement that managers were committed to research. Within the health service and social services, motivating research and raising research awareness are not seen as integral to the care role. Hawkins and Shohet (1991) argued that in fact a basic task of all managers of people is to develop those whom they manage through a threefold supervision task, namely: education, mentoring and support.

2. The Mismatch between Theory and Practice

The finding that there was an apparent lack of consensus between individuals who professed adoption of similar theoretical models, could be addressed in a number of ways.

a) Training

In order to foster greater links between theory and practice, it would perhaps be useful if more time was spent during

training courses discussing how models actually inform, or fail to inform, practice and vice versa. However, it is recognised that such an approach may be resisted by organisations. Fewer resources are required if the main thrust of teaching occurs within clear blocks of lecture time than an approach that requires following a trainee through case material over an extended period of time. Also it is possible to identify that those committed to a particular model are not entirely objective in their testing of theory into practice of other models. For example, the problem experienced by behaviour therapists' inability to cope with such issues as transference or dynamic therapists having similar problems coping with an all too clear (to others) indication for a behavioural or cognitive intervention.

The most recent development in clinical psychology training may help to address this problem. Courses now have to identify what constitutes "core experiences" during any one placement rather than a more general description such as being a "child placement" (BPS, 1989). Developing explicit statements about clinical experience should help to demonstrate the link between theory and practice.

b) Explicit communication in casework

Considering the divergence of views, it would appear useful for professionals who are working on the same case to spend some time comparing their respective aims and approaches. At present case conferences will usually agree a general course of action. However, less likely is clear explicit

communication as to how each professional actually perceives fine grain material. Hence there is often corresponding lack of explicitness when it bears upon definition and implementation of action plans, creating mismatches of expectation and perceived responsibility. As it is apparent from the current study that any two people who claim to share a common theoretical model may well end up working very differently, open communication would appear worthwhile. However this might well be both difficult and threatening. Furthermore such explicit discourse enabling feedback and debate needs to be continuous, not solely the province of case conferences. Meanings need to be shared, and differences aired as a personal and professional commitment to developing, and informing, both theory and practice.

c) Reflection

In order to ensure that practitioners continue to reflect on their work and remain open to new developments, it is important that they receive sufficient support and resources to do so. Studies on burnout have indicated that initiatives made by the organisation are more effective than individual actions (eg James, 1988; Shinn and Morch, 1983). A useful model for organisations is that of the "Learning Company" (Pedler et al, 1991). A learning company is defined as:

an organisation that facilitates the learning of all its members
and continuously transforms itself

Pedler et al, 1991, p1

In order to achieve this, an organisation needs to develop a number of criteria which includes: i) regularly reviewing direction and strategy, ii) participative policy making and iii) "informating". This involves ensuring that information is used for understanding not reward, that feedback is used frequently. Overall the criteria are intended to create an organisation which has a learning climate and which maintains self development for all. Changing an organisation's philosophy however, can prove problematic. The author's experience of being a Clinical Director within a first wave Trust Hospital has been that the objectives about devolving decision making, ensuring quality of care etc (eg Department of Health, 1990; NHS Management Executive, 1991) have rather take a back seat to reducing overspends and negotiating an "internal market".

The three strategies identified above regarding training, explicit communication and reflection would also help to reduce concerns regarding the findings about perceived confidence. The study suggested that professionals were more confident about their thinking than was perhaps warranted. A more rigorous approach to communication and reflection would produce a more realistic appraisal of when and where confidence was merited.

THE RESEARCH PROCESS AND THE RESEARCHER

There appear to be few research studies that are explicit about the experience of the researcher and their own development. However, this aspect would seem to be critical to the overall research, not least considering the potential influence of the researcher on the outcome of the study. This form of reflection has been described as "post-modernism thought" (Goldner, 1991). The definition being:

A contemporary philosophical tradition that offers a critique of all "objectivist" claims to knowledge - the belief that the "world out there" can be separated from the stance of the observer constructing it - and argues instead that all knowledges should be viewed as "texts" that reveal as much about their authors as about their subject

Goldner, 1991, p97

Goldner argued that the traditional approach to science, adopting "abstract theorizing", should be challenged and that there should instead be a commitment to an approach that valued a style that was personal and self disclosing. The debate about raising the profile of alternative ways of conducting research has also been raised by other writers (eg Ussher, 1990; Wilkinson, 1990).

Whilst such an approach does not feature in "conventional" studies, the literature indicates that one ignores such issues at ones peril. For example, consider Marshall's (1985) review of Kallman's work or the re-evaluation of Cyril Burt's work on intelligence (Hearnshaw, 1979). Both reviews demonstrated that data analysis had been at best characterised by massage if not invention. A further issue is the need to consider research in the context of the "Zeitgeist" (eg Marshal, 1985; Tizard,

1990). For example, Kallman's studies were conducted at a time when the eugenics movement was emerging and the Nazi party was establishing its power base. Both these developments could have had significant influence on the need to have research that proved the importance of the hereditary nature of madness and by implication any personality defect.

Such thoughts are also echoed by Third World researchers who challenge the motives of Western scientists and their objectivity. It is argued that Western research programmes are imposed on indigenous populations, are contaminated by a capitalist philosophy and reduce subjects to objects (eg Bryceson and Mustafa, 1982; Hall, 1982; Mbilinyi et al, 1982). Such a view can be summarised by Myrdal (1979):

research is always and by logical necessity based on moral and political valuations and the researcher should be obliged to account for them explicitly

p74

When considering how best to reflect on the research process, Scriven (1967) made a distinction between formative and summative evaluation. Formative evaluation occurs during the process of a project and contributes to its development as it unfolds. Summative evaluation takes place at the end of a project and offers a judgement which may be useful for future work. Another form of review is that of illuminative evaluation (Parlett and Hamilton, 1972). The aim is to study the whole context of a project and how it operates along with the different participants' experience of it. Such an evaluation makes explicit the contexts, influences, and issues

involved with the project. The author considers that the thesis thus far has adopted all three forms of evaluation but before closing requires some more personal reflection.

Personal Reflection

The motivation for the research stemmed from a perceived clinical need to develop a more pragmatic use of the concepts of power and control in CSA. In other words, translating the theoretical concepts into tools for use in assessment and therapy. An unexpected finding was that the results challenged theory in other domains, for example that despite psychologists being trained as scientist/practitioners, they were generally indistinguishable from social workers in their performance, their ability and variability in translating theory into practice.

Lovell (1974) described adult learning as occurring at three levels: behavioural, cognitive and perceptual/humanistic. The author believes her learning at these levels has increased through conducting the research described in this thesis. At a behavioural level, the implications of the study regarding: the necessity for explicit communication and reflection; to place research in perspective; to ensure shared perceptions and to avoid cynicism and burnout, have re-emphasised to the author the need to place strict boundaries. Boundaries around time for sharing, for supervision and for peer support. These are often the first activities to be deleted or to disappear altogether from a diary as pressures from the Executive Board

increase, for example demanding a five year business plan by the end of the week.

At a cognitive level the split between being a scientist and a practitioner has had to be challenged. For example, the reality that even at the quantitative end of psychological knowledge such as discriminant analysis, there are no hard rules about what constitutes a significant result. The so called scientific tools that psychologists possess are just as open to subjective interpretation as the "softer" end of the art. Perhaps true science is about combining subjective and objective into one synchronous endeavour (Shepherd, 1982).

At a humanistic level the author has learnt that the status of being a professional with many years training and experience fulfilling practitioner roles, provides no guarantee of operating within a context of development. Either as a reflective practitioner (Schon, 1983) or as a scientist practitioner (Barlow et al, 1986). Indeed the absence of this context can generate the conditions in which: meanings are not shared; implicit rather than explicit practices and procedures give rise to mismatches between theory and application; and "finding out" - whether in the form of disclosure or research - is viewed with mixed feelings. This is perhaps the most telling aspect of the learning to arise from the research endeavour described in this thesis. There are in existence many documents stressing the importance of sharing meanings, of being explicit in communication and commitment, to finding out as exemplified in case discussion (eg Mersey Regional Health Authority, 1989; Working Together, 1988). It was all

the more sobering, therefore, when so many of the professionals commented at the end of their interview with the author that this experience was the first opportunity of genuine reflection on the "what", "why" and "how" of the work they do.

THE CLINICAL AND RESEARCH IMPERATIVE

In conclusion, it is considered that the research findings have both clinical and theoretical implications. Further investigation would, therefore, be warranted:

1. Perpetrators, control and power. The research highlighted the role of the perpetrator. However, there is a necessity to clarify further the way in which power and control is expressed. The area is complex, for example one cannot study family processes without considering the outside pressures upon them. CSA has a myriad of political, social and legal connotations. Further studies should, therefore, include a research strategy that can synthesise data from both families and professionals.

2. Professionals. There is a necessity to explore mechanisms which would facilitate greater use of reflexive practice by professionals. This would help to enhance the potential of the scientist-practitioner to extend knowledge in a field characterised by contradiction, vagueness and ambiguity.

APPENDICES

APPENDIX A

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Questionnaire 1. Family Environment Scale, Moos 1984

FAMILY SCALE

Instructions

Over the page are some statements about families. You are to decide which of these statements are true of your family and which are false. Put all your answers on the separate answer sheet. If you think the statement is True or mostly True, make a T in the box. If you think the statement is False or mostly False, make a F in the box.

You may feel that some of the statements are true for some family members and false for others. Mark T if the statement is true for most members. Mark F if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression.

Remember, we would like to know what your family seems like to you, so do not try to guess how other members see your family, but do give us your general impression of your family.

1. Family members really help and support one another.
2. Family members often keep their feeling to themselves.
3. We fight a lot in our family.
4. We don't do things on our own very often in our family.
5. We feel it is important to be the best at whatever you do
6. We often talk about political and social problems.
7. We spend most weekends and evenings at home.
8. Family members attend church, synagogue, or Sunday School fairly often.
9. Activities in our family are pretty carefully planned.
10. Family members are rarely ordered around.
11. We often seem to be killing time at home.
12. We say anything we want to around home.
13. Family members rarely become openly angry.
14. In our family, we are strongly encouraged to be independent.
15. Getting ahead in life is very important in our family.
16. We rarely go to plays or concerts.
17. Friends often come over for a meal or to visit.
18. We don't say prayers in our family.
19. We are generally very neat and tidy.
20. There are very few rules to follow in our family.
21. We put a lot of energy into what we do at home.
22. It's hard to "let off steam" at home without upsetting somebody.
23. Family members sometimes get so angry they throw things.
24. We think things out for ourselves in our family.
25. How much money a person makes is not very important to us.
26. Learning about new and different things is very important in our family.
27. Nobody in our family is active in sports.
28. We often talk about the religious meaning of Christmas, or other religious holidays.
29. It's often hard to find things when you need them in our household.
30. There is one family member who makes most of the decisions.
31. There is a feeling togetherness in our family.
32. We tell each other about our personal problems.
33. Family members hardly ever lose their tempers.
34. We come and go as we want to in our family.
35. We believe in competition and "may the best man win".
36. We are not that interested in music, art or literature.

37. We often go to the cinema, sports events, camping etc.
38. We don't believe in heaven or hell.
39. Being on time is very important in our family.
40. There are set ways of doing things at home.
41. We rarely volunteer when something has to be done at home.
42. If we feel like doing something on the spur of the moment we often just get up and go.
43. Family members often criticize each other.
44. There is very little privacy in our family.
45. We always strive to do things just a little better the next time.
46. We rarely have serious discussions.
47. Everyone in our family has a hobby or two.
48. Family members have strict ideas about what is right and wrong.
49. People change their minds often in our family.
50. There is a strong emphasis on following rules in our family.
51. Family members really support each other.
52. Someone usually gets upset if you complain in our family.
53. Family members sometimes hit each other.
54. Family members almost always rely on themselves when a problem comes up.
55. Family members rarely worry about job promotions, school marks etc.
56. Someone in our family plays a musical instrument.
57. Family members are not very involved in leisure activities outside work or school.
58. We believe there are some things you just have to take on faith.
59. Family members make sure their rooms are tidy.
60. Everyone has an equal say in family decisions.
61. There is very little togetherness in our family.
62. Money and paying bills is openly talked about in our family.
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.
64. Family members strongly encourage each other to stand up for their rights.
65. In our family, we don't try that hard to succeed.
66. Family members often go to the library.
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).
68. In our family each person has different ideas about what is right and wrong.
69. Each person's duties are clearly defined in our family.
70. We can do whatever we want to in our family.
71. We really get along well with each other.
72. We are usually careful about what we say to each other.
73. Family members often try to out-do each other.
74. It's hard to be by yourself without hurting someone's feelings in our household.
75. "Work before play" is the rule in our family.
76. Watching T.V. is more important than reading in our family.
77. Family members go out a lot.
78. The Bible is a very important book in our home.
79. Money is not handled very carefully in our family.
80. Rules are pretty inflexible in our household.
81. There is plenty of time and attention for everyone in our family.
82. There are a lot of spontaneous discussions in our family.
83. In our family, we believe you don't ever get anywhere by raising your voice.
84. We are not really encouraged to speak up for ourselves in our family.
85. Family members are often compared with others as to how well they are doing at work or school.
86. Family members really like music, art and literature.
87. Our main form of entertainment is watching T.V. or listening to the radio.
88. Family members believe that if you sin you will be punished.
89. Washing up is usually done immediately after eating.
90. You can't get away with much in our family.

Questionnaire 2. Semantic Differential, mother's version

The purpose of this questionnaire is to measure the meaning of certain things. Please make your decisions based on what these things mean to you. On each page you will find a different statement to be completed. Below each statement will be a list of words which you will have to rate.

Example

I find getting up in the morning.....

difficult ---- ---- ---- ---- ---- ---- ---- easy

If you find it very difficult then mark the scale like this:

difficult **x** easy

If you find it very easy, then mark the scale like this:

difficult ---- x easy

If you find fairly difficult, then mark as follows:

difficult ---- x ---- easy

If you find it fairly easy, mark as follows:

difficult ---- x ---- easy

If you find it only slightly difficult:

difficult ---- x ---- easy

If you find it only slightly easy:

difficult ---- x ---- easy

If you don't find it easy or difficult, in other words you feel neutral, or if the scale is irrelevant, mark as follows:

difficult ---- x ---- easy

IMPORTANT

Do not put your mark between spaces, like this

difficult x easy

Be sure you check every scale

Never put more than one check on each scale.

Work at a fairly high speed through this questionnaire. Do not worry about individual items. It is your first impression, your immediate feeling about the items that is needed. On the other hand, please do not be careless, because we want your true impressions.

In the family my partner is.....

cruel	___	___	___	___	___	___	___	kind
soft	___	___	___	___	___	___	___	hard
passive	___	___	___	___	___	___	___	active
good	___	___	___	___	___	___	___	bad
feminine	___	___	___	___	___	___	___	masculine
excitable	___	___	___	___	___	___	___	calm
beautiful	___	___	___	___	___	___	___	ugly
weak	___	___	___	___	___	___	___	strong
slow	___	___	___	___	___	___	___	fast
successful	___	___	___	___	___	___	___	unsuccessful
unimportant	___	___	___	___	___	___	___	important
true	___	___	___	___	___	___	___	false
foolish	___	___	___	___	___	___	___	wise

In the family my partner should be.....

Outside the family my partner is.....

Outside the family my partner should be.....

Questionnaire 3. Final Say Decision Index, Blood and Wolfe, 1960

1. What job the husband should take
2. What car to get
3. Whether or not to buy life insurance
4. Where to go on vacation
5. What house or apartment to take
6. Whether or not the wife should go to work or quit work
7. What doctor to get when someone is sick
8. How much money the family can afford to spend per week on food.

Questionnaire 4. Final Say Decision Index used in study

1.1.1.

In every family somebody has to decide such things as where the family will live and so on. Many couples talk such things out first but the final decision often has to be made by the husband or the wife. Listed below are some statements about which you are to indicate who usually makes the final decision. For each statement please use the following options:

- a) husband always
- b) husband more than wife
- c) husband\wife exactly the same
- d) wife more than husband
- e) wife always

Who usually makes the final decision about:

- 1) What job the husband should try for
- 2) Whether to buy something expensive like a video
- 3) Whether or not to borrow money
- 4) Whether to go on holiday
- 5) What house or flat to take if you are looking for one
- 6) Whether or not the wife should try to get work or leave work
- 7) Whether to call the doctor or not if someone is sick
- 8) How much money the family can afford to spend per week on food
- 9) Which school the children should go to
- 10) Day to day decisions about the children, e.g. whether they can go out, what time they have to be in
- 11) Who should discipline the children if they have misbehaved

Questionnaire 5. Original Locus of Control in Families Scale. Includes the initial statements about families and the Locus of Control of Behaviour Scale.

This questionnaire is designed to look at the way you perceive your role within and outside the family. Your answers will be kept both anonymous and confidential. The only personal information that is required is whether you are male or female.

Thank you for your co-operation.

Please answer the following questions using the scale below:

1	2	3	4	5
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

- 1) In my family, I never get a say in things.
- 2) In my family, I make all the decisions.
- 3) In my family, I feel I should know what's going on.
- 4) In my family, people do as I tell them.
- 5) In my family, I find it difficult to keep on top of things.
- 6) In my family, no matter what I do, we always seem to have difficulties.
- 7) In my family, I feel that people make decisions without me.
- 8) In my family, even if I try to make plans, whether something turn out or not is just a matter of fate.
- 9) In my family, if I manage to control things, really it's due to mostly to luck.
- 10) I find it difficult to understand why people behave the way they do in my family.
- 11) Whether my marriage will last or not is due to fate.
- 12) Sorting problems out in my family is entirely my responsibility.
- 13) I really need my partner's support when sorting family matters out.
- 14) Even though I try hard, events in my family just seem to be beyond my control.
- 15) I don't seem to be able to have much say in my family.
- 16) Although I make rules in my family, people just seem to go their own way.
- 17) I usually don't have any difficulty keeping a grip on things at home.
- 18) In my family, if I don't do some things they just don't get done.
- 19) When things go wrong in my family I often feel helpless.
- 20) I usually make all the decisions in my family.
- 21) I usually know what's happening in my family.
- 22) I usually have no difficulty in getting members of my family to do things.
- 23) Usually I can get family members to see things my way.
- 24) I feel that it's important that I have a say in all decisions.
- 25) In the end the family usually see that my view is right.

(Locus of control of behaviour items follow)

- 26) I can anticipate difficulties and take action to avoid them.
- 27) A great deal of what happens to me is probably just a matter of chance.
- 28) Everyone knows that luck or chance determines one's future.
- 29) I can control my problem(s) only if I have outside support.
- 30) When I make plans, I am almost certain that I can make them work.
- 31) My problem(s) will dominate me all my life.

- 32) My mistakes and problems are my responsibility to deal with.
- 33) Becoming a success is a matter of hard work, luck has little or nothing to do with it.
- 34) My life is controlled by outside actions and events.
- 35) People are victims of circumstance beyond their control.
- 36) To continually manage my problems I need professional help.
- 37) When I am under stress, the tightness in my muscles is due to things outside of my control.
- 38) I believe a person can really be the master of his fate.
- 39) It is impossible to control my irregular and fast breathing when I am having difficulties.
- 40) I understand why my problem(s) varies so much from one occasion to the next.
- 41) I am confident of being able to deal successfully with future problems.
- 42) In my case maintaining control over my problem(s) is due mostly to luck.

(Family items follow)

- 43) I find it easier to let my partner make arrangements than to bother with them myself.
- 44) In my family, decisions don't get made: things just seem to happen.
- 45) In my family, we usually discuss what we are going to do before deciding on a course of action.
- 46) Other members of the family usually take no notice of my ideas.
- 47) In my family there are often serious disagreements about important decisions.
- 48) No-one in my family tries to impose their will on other family members.
- 49) We are a very democratic family.
- 50) In my family, when we disagree about politics or current affairs we can discuss our differences without getting angry with each other.
- 51) Sometimes I wish other members would take more account of my feelings.
- 52) The other members of my family are usually insensitive to my wishes.
- 53) The others members of my family usually let me know what they are up to.
- 54) Sometimes, I think other members of my family just do what I want to keep me happy, even though they would rather do something else.
- 55) Someone has to head of the family, and in the case of our family it is me.
- 56) Someone has to be head of the family, and in the case of my family it is my partner.
- 57) In my family, we just come and go as we please.
- 58) Others members of the family usually agree with my ideas.

Male \ Female (Delete as appropriate)

Questionnaire 6. Demographic Questionnaire

1. Composition of family (include ages)
2. Father's occupation (if unemployed, please indicate previous employment or training)
3. Mother's occupation (if unemployed, please indicate previous employment or training)
4. Please give some indication of the presenting problem
5. Approximately how old was the daughter when the the problem started?
6. Are there other children in the family with difficulties? If yes, please give brief details
7. Current composition of the family (ie do all the family members outlined on the previous page live together, if not who does?)

Questionnaire for CSA families was as above except:

4. Approximately how old was the daughter when the abuse started
5. Approximately how long did the abuse continue?
6. Please give some indication of the extent of the abuse
7. Were other children involved, if so whom?
8. When was the abuse disclosed and to whom?
9. Were statutory agencies involved?
10. Were there any court proceedings (either criminal or care proceedings) regarding the abuse, if yes what was the outcome?
11. Current composition of family

Questionnaire 7. Professional\Keyworker Questionnaire

Your answers to the following questionnaire will be kept anonymous and confidential. by the most questions will be a rating scale, please indicate you answer with a cross. For example, with regard to the question below, if you strongly dislike getting up in the morning, mark the scale as below:

Example

How do you feel about getting up in the morning?

dislike x like

If you strongly like getting up, mark as follow:

dislike _____ x like

If you don't feel strongly either way, mark as follows:

dislike _____ x like

Questions

1. How long have you had contact with this family?
2. In general terms, do you consider the structure of this family to be organised or chaotic?

organised _____ chaotic

3. How supportive do you consider the following relationships to be:
a) mother towards father

supportive _____ non- supportive

b) mother towards child

non-supportive _____ supportive

c) father towards mother

supportive _____ non-supportive

d) father towards child

non-supportive _____ supportive

e) child towards mother

supportive _____ non-supportive

f) child towards father

non-supportive _____ supportive
supportive

4. How open do you feel the communication is between the following family members?

a) mother to father

open _____ not open

b) mother to child

not open _____ open

c) father to child

open _____ not open

d) father to mother

not open _____ open

e) child to mother

open _____ not open

f) child to father

not open _____ open

5. How would you rate the father in terms of the following attributes?

a) His control over family members (either covert or overt)

dominant ____ unassertive

b) His functioning outside the family

unassertive ____ dominant

c) how he perceives his role in the family

dominant ____ unassertive

d) how he perceives his role outside the family

unassertive ____ dominant

6 a) How do you feel the mother functions in the family

dominant ____ unassertive

b) How does she perceive her role

unassertive ____ dominant

7. How would you rate the child's perception of her father

dominant ____ unassertive

8. As you may feel that you either know this family well, or not very well, please could you indicate how confident you feel about your ratings

confident ____ not confident

Thank you for your cooperation

Appendix B

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Table. B1. CSA Families: Demographic Data.

Family	Age				No.	FSEC	MSEC	Ag.
	Father	Mother	IC	Others				
A	36	35	16	14b 10g	5	2	5	B
B	44	38	14	12b	4	2	3	FPS
C	27	30	11	10b 1b	5	4	6	FPS
D	29	30	10	7b 6b 4b	6	4	5	FPS
E	35	32	13	7g	4	5	5	NSPCC
F	34	36	14	11g 7b	5	5	2	FPS
G	41	33	16	16b	4	4	2	B
H	35	32	13	9b 2g	5	6	6	FPS
I	35	31	11	5g 4b	5	6	6	FPS
J	44	40	10	22b 17s 7g	5	5	6	FPS

IC = abused daughter

Others = other children in the family, g=girl, b=boy

No. = Number living in the family home at the time questionnaires were completed.

FSEC = Fathers socioeconomic class

MSEC = Mothers socioeconomic class

Ag = Agency who referred the case

B = Barnardos Family Conciliation Service

FPS = Merseyside Forensic Psychology Service

NSPCC = NSPCC Rochdale

Table B2. CSA Families: Details of Abuse

Family	Onset	Duration	Abuse	Others	Disc.	Outcome
A	13	2 yrs	F,M	No	Friend	6 mths imp.
B	12	18 mths	IC	No	Friend	2 yrs imp.
C	10	6 mths	F,M	No	Teacher	9 mths imp.
D	8	2 yrs	F	No	Mother	2 yrs. probation
E	13	1 occ	F	No	Teacher	1 yr probation
F	12	1 yr	IC	No	Friend	2 yrs imp.
G	10	3 yrs	IC	b	Teacher	3 yrs imp.
H	10	2 yrs	IC	No	Teacher	2 yrs imp.
I	9	1 yr	F,M	No	Friend	6 mths imp.
J	5	4 yrs	F,M	qb	Friend	2 yrs imp.

F=fondling

M= masturbation

IC= intercourse

Others = whether other children were also abused

g= girl, b= boy

Disc.= to whom the abuse was disclosed

Outcome= length of time perpetrator imprisoned or placed on probation

Table B3. Psychology Families: Demographic Data

Family	Age				No.	FSEC	MSEC
	Father	Mother	IC	Others			
A	66	40	16	20g	3	3	5
B	42	35	11	8b 4b	5	3	3
C	46	32	12	5g 3b	5	5	6
D	46	34	13	11d 7d	5	2	6
E	36	35	16	7g	6	4	3
F	41	38	12	14b	4	3	4
G	36	40	13	11d	4	2	2
H	33	28	13	7b	4	4	6
I	37	30	8	-	3	6	2
J	43	41	15	19g 17b	5	3	5
K	35	31	11	13b	4	6	3
L	37	38	15	-	3	3	6
M	43	42	15	17b	4	3	3

IC = identified daughter with problem

Others = ages of other children in the family

g=girl, b=boy

FSEC = fathers socio-economic class

MSEC = mothers socio-economic class

Table B4. Psychology Families: Nature of Presenting Problem

Family	Problem	Onset	Others	Agency
A	Exam anxiety, arguments	13	Yi	Psy B
B	Anxiety, depression	10	Yii	Psy B
C	Hysterical pain in arm	12	Yiii	Psy L
D	Nocturnal enuresis, primary	13	No	Psy B
E	Stealing, arguments	15	No	NSPCC
F	Daytime enuresis, secondary	6	No	Psy L
G	Migraine attacks	11	No	Psy B
H	Stealing, sleeping difficulties	5	No	FDU
I	Aggression, tantrums	7	No	FDU
J	Anorexia Nervosa	13	No	Psy B
K	Anxiety, sleep problems	11	No	Psy Liv
L	Anxiety at school	14	No	Psy L
M	Anorexia Nervosa	15	No	Psy L

Yi older daughter had behaviour problems

Yii son aged 8 multiply handicapped, feeding and sleeping problems

Yiii daughter aged 5 labelled hyperactive by parents

Psy B = Child Psychology, Bolton.

Psy L = Child Psychology, Leeds

Psy Liv = Child Psychology, Liverpool

FDU = Family Day Unit

NSPCC = Rochdale

APPENDIX C

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Table C1. Fathers Age: ANOVA Results

Source	DF	SS	Mean SS	F ratio	F prob.
Between groups	1	166.1678	166.1678	2.8676	.1059
Within groups	20	1158.9231	57.9462		
Total	21	1325.0909			

Table C2. Mothers Age: ANOVA Results

Source	DF	SS	Mean SS	F ratio	F prob.
Between groups	1	11.8978	11.8978	.7212	.4058
Within groups	20	329.9658	16.4983		
Total	21	341.8636			

Table C3. Daughters Age: ANOVA Results

Source	DF	SS	Mean SS	F ratio	F prob.
Between groups	2	9.1334	4.5667	.9712	.3868
Within groups	43	202.1926	4.7022		
Total	45	211.3261			

Table C4. Fathers Socio-economic Class: Chi Square Results

Count	Row	
	CSA	Psychology
2	2	3
3	0	4
4	3	2
5	3	2
6	2	2
Column	10	13
Total	43.5	56.5

Pearson Value = 4.28, DF 4, Significance = .37

Table C5. Mothers Socio-economic Class: Chi Square Results

Count	CSA	Psychology	Row Total
2	2	2	4 17.4
3	1	3	4 17.4
4	1	1	2 8.7
5	3	2	5 21.7
6	3	5	8 34.8
Column	10	13	23
Total	43.5	56.5	100

Pearson Value = 1.33, DF 4, Significance = .86

APPENDIX D

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Study One, Stage Two: Family Environment Scale Data and Results

Table D1. Family Environment Subscales, Means and Standard Deviations.

Variable	FES 1, Cohesion		FES 2, Expressiveness		FES 3, Conflict	
Group	Mean	SD	Mean	SD	Mean	SD
CSA						
F	5.60	1.65	3.90	1.61	3.90	2.33
M	5.80	1.81	4.60	1.71	4.60	1.83
C	3.80	2.70	2.90	1.20	4.70	2.11
Psychology						
F	7.23	1.23	4.23	1.01	3.15	2.08
M	7.00	2.00	4.31	1.65	3.15	2.27
C	6.00	2.68	4.00	2.00	4.39	3.15
Normal						
F	7.40	1.70	5.83	1.72	2.40	2.00
M	7.70	1.40	6.18	1.40	2.83	2.08
C	6.96	1.70	4.35	1.97	3.13	2.08

Variable	FES 4, Independence		FES 5, Achievement Orientation		FES 6, Intellectual/Cultural	
Group	Mean	SD	Mean	SD	Mean	SD
CSA						
F	4.60	1.90	4.90	1.79	3.20	2.15
M	4.80	1.69	5.30	1.42	3.70	2.11
C	3.90	1.80	5.90	1.91	4.00	1.94
Psychology						
F	5.31	1.60	5.31	2.72	5.23	1.79
M	5.92	1.32	4.38	2.18	4.54	1.71
C	5.77	1.74	6.08	1.71	4.54	2.44
Normal						
F	5.91	1.12	5.70	2.12	6.09	2.17
M	6.22	1.31	5.52	1.53	6.48	1.41
C	5.79	1.39	6.13	1.29	5.52	1.78

Variable	FES 7, Active/Recreational		FES 8, Moral/Religious		FES 9, Organisation	
Group	Mean	SD	Mean	SD	Mean	SD
CSA						
F	3.50	1.78	4.30	2.31	3.20	1.13
M	2.90	1.79	4.20	1.87	4.90	1.10
C	4.00	2.16	3.10	1.29	4.00	1.49
Psychology						
F	3.85	2.41	4.54	2.18	5.00	1.53
M	3.23	2.13	3.54	2.22	5.31	1.84
C	4.46	2.22	4.46	2.11	5.31	1.44

Table D1. Family Environment Subscales, Means and Standard Deviations, contd.

	FES 7		FES 8		FES 9	
	Mean	SD	Mean	SD	Mean	SD

Normal						
F	5.74	2.05	5.30	2.12	5.87	1.96
M	5.48	2.09	5.70	1.77	6.48	1.78
C	6.00	2.24	3.91	2.17	5.61	1.97
Variable	FES 10, Control					
	Mean	SD				

CSA						
F	6.20	1.13				
M	6.00	1.63				
C	5.20	1.93				
Psychology						
F	4.61	1.66				
M	3.85	2.07				
C	4.54	2.79				
Normal						
F	4.74	1.94				
M	4.30	1.87				
C	4.96	1.87				

Table D2. Family Environment Subscales: MANOVA Results by Group and Role
Multivariate tests of significance

Group by role

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F

Wilks	.72719	1.00105	40.0	456.88	.47

Effect..Group by role

Univariate F-tests with (4,129) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F

FES1	9.33690	439.21204	2.33423	3.40474	.68558	.60
FES2	11.88986	351.10301	2.97246	2.72173	1.09212	.36
FES3	4.82676	629.25284	1.20669	4.87793	.24738	.91
FES4	4.01739	282.55217	1.00435	2.19033	.45854	.77
FES5	7.90725	447.88662	1.97681	3.47199	.56936	.69
FES6	13.84080	477.77358	3.46020	3.70367	.93426	.45
FES7	2.50702	580.80468	.62676	4.50236	.13921	.97
FES8	30.84548	535.85753	7.71137	4.15393	1.85640	.12
FES9	9.21472	375.86455	2.30368	2.91368	.79064	.53
FES10	9.71594	483.46087	2.42899	3.74776	.64812	.63

Table D2. Family Environment Subscales: MANOVA Results by Group and Role, contd.

Effect .. Role

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.67488	2.63899	20.0	240.00	.000

Effect..Role

Univariate F-tests with (2,129) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
FES1	39.42201	439.21204	19.71100	3.40474	5.78928	.00
FES2	35.24142	351.10301	17.62071	2.72173	6.47409	.00
FES3	17.59470	629.25284	8.79735	4.87793	1.80350	.17
FES4	5.45354	282.55217	2.72677	2.19033	1.24491	.29
FES5	20.80945	447.88662	10.40472	3.47199	2.99676	.05
FES6	1.02835	477.77358	.51418	3.70367	.13883	.87
FES7	18.46662	580.80468	9.23331	4.50236	2.05077	.13
FES8	17.33421	535.85753	8.66711	4.15393	2.08648	.13
FES9	16.17346	375.86455	8.08673	2.91368	2.77554	.07
FES10	4.54702	483.46087	2.27351	3.74776	.60663	.55

Effect .. Group

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.50999	4.80354	20.0	240.00	.000

Effect..Group

Univariate F-tests with (2,129) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
FES1	109.01628	439.21204	54.50814	3.40474	16.00947	.00
FES2	73.46366	351.10301	36.73183	2.72173	13.49577	.00
FES3	57.07258	629.25284	28.53629	4.87793	5.85008	.00
FES4	50.16957	282.55217	25.08478	2.19033	11.45253	.00
FES5	8.09744	447.88662	4.04872	3.47199	1.16611	.32
FES6	127.97258	477.77358	63.98629	3.70367	17.27645	.00
FES7	148.55786	580.80468	74.27893	4.50236	16.49777	.00
FES8	31.34047	535.85753	15.67023	4.15393	3.77238	.03
FES9	80.68161	375.86455	40.34080	2.91368	13.84532	.00
FES10	39.67101	483.46087	19.83551	3.74776	5.29263	.01

Table D3. Family Environment Scale Incongruity Score: Analysis of Variance Results

Source	DF	SS	Mean SS	F ratio	F prob.
Between groups	2	5.5119	2.7560	.2217	.80
Within groups	43	534.5812	12.4321		
Total	45	540.0931			

Group	Count	Mean	SD
1	10	16.32	3.74
2	13	15.38	3.40
3	23	15.58	3.50
Total	46	15.76	3.55

APPENDIX E

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Study One, Stage Two: Locus of Control in Families Scale (LCFS): Results

Table E1. LCFS: MANOVA Results

Source	DF	SS	Mean SS	F	Sig F
Within cells	86	2846.07	33.09		
Group	2	237.85	118.95	3.59	.03
Role	1	.53	.53	.02	.90
Group by role	2	36.47	18.24	.55	.58

APPENDIX F

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Study One, Stage Two: Final Say Decision Index, Data and Results

Table F1. Final Say Decision Index, Means and Standard Deviations

Variable	<u>B1</u>		<u>B2</u>		<u>B3</u>		<u>B4</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
CSA								
F	3.80	1.14	3.30	.95	2.60	.70	2.90	.88
M	3.90	1.10	2.80	.79	2.80	1.03	3.00	.94
C	3.90	1.37	2.70	.95	3.30	1.57	2.80	.79
Psychology								
F	4.39	.77	3.23	.83	3.08	.28	2.77	.60
M	4.69	.63	3.23	1.01	2.92	.76	2.92	.64
C	3.92	1.19	2.85	.99	2.69	.86	2.77	.93
Normal								
F	4.09	.73	3.70	.77	3.52	.85	2.91	.42
M	4.23	.67	3.61	.89	3.13	.97	2.91	.52
C	4.04	.83	3.48	.95	3.09	.79	2.83	.65

Variable	<u>B5</u>		<u>B6</u>		<u>B7</u>		<u>B8</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
CSA								
F	2.40	.52	1.70	.82	2.70	1.06	2.00	.82
M	2.90	.57	2.00	1.05	2.20	1.03	1.80	.92
C	2.60	.97	2.70	1.09	2.20	.92	1.60	.70
Psychology								
F	2.62	.65	1.92	.76	2.62	.87	2.46	1.05
M	2.62	.65	1.69	.86	1.92	1.12	2.15	1.07
C	2.46	.66	2.00	.91	2.08	1.04	2.54	1.20
Normal								
F	2.87	.46	2.22	.74	2.61	.72	2.39	.66
M	2.78	.52	2.30	.82	2.17	.65	2.22	.85
C	2.87	.55	2.26	1.14	2.44	.90	1.96	1.02

Variable	<u>B9</u>		<u>B10</u>		<u>B11</u>	
	Mean	SD	Mean	SD	Mean	SD
CSA						
F	2.20	.79	2.70	1.16	3.00	1.05
M	2.30	.95	2.80	1.32	2.50	1.18
C	2.60	1.17	3.00	1.49	3.60	1.35
Psychology						
F	2.46	.78	2.46	.78	3.00	.82
M	2.46	.97	2.46	.66	3.08	1.04
C	2.62	.87	2.92	1.12	3.54	.97
Normal						
F	3.00	.52	2.61	.72	1.13	.55
M	3.04	.48	2.48	.79	2.83	.58
C	2.78	.95	2.57	.95	3.00	.85

Table F2. Final Say Decision Index: Results of MANOVA, Total Score by Group and Role

Tests of significance for total Final Say score using unique sums of squares

	SS	DF	MS	F	Sig. of F
Within cells	2803.16	129	21.73		
Group	160.28	2	80.14	3.69	.03
Role	15.23	2	7.61	.35	.71
Group by role	18.43	4	4.61	.21	.93
total					

Table F3. Final Say Data: Means and Standard Deviations by Question.

Question	CSA		Psych.		Normal	
	Mean	SD	Mean	SD	Mean	SD
1. Job	3.87	1.20	4.33	0.86	4.12	0.74
2. Car	2.93	0.90	3.10	0.94	3.60	0.87
3. Purchase	2.90	1.10	2.90	0.63	3.25	0.87
4. Holiday	2.90	0.87	2.82	0.72	2.88	0.53
5. House	2.63	0.69	2.57	0.65	2.65	0.51
6. Wife/work	2.13	0.99	1.87	0.84	2.26	0.90
7. Doctor	2.37	1.00	2.21	1.01	2.40	0.76
8. Food bill	1.80	0.81	2.38	1.11	2.19	0.84
9. School	2.37	0.97	2.51	0.87	2.94	0.65
10. Child care	2.83	1.32	2.61	0.85	2.55	0.82
11. Discipline	3.03	1.19	3.21	0.94	2.32	0.66

Table F4. Final Say Decision Index: MANOVA Results for Each Question, by Group and Role

Tests of between subjects effects

	SS	DF	MS	F	Sig. of F
Within cells	254.83	129	1.98		
Group	14.57	2	7.29	3.69	.03
Role	1.38	2	.69	.35	.71
Group by role	1.68	4	.42	.21	.93

Table F4. Final Say Decision Index: MANOVA Results for Each Question, by Group contd.

Effect .. Group by role by scores on Final Say index

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.75807	.86554	40.0	456.88	.71

Effect .. Role by scores on Final Say index

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.75165	1.84122	20.0	240.00	.02

Effect .. Group by scores on Final Say index

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.68766	2.47081	20.0	240.00	.00

Effect .. Scores on Final Say index

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.20928	45.33964	10.0	120.00	.00

Tests involving Final Say scores, within subject effect.

	SS	DF	MS	F	Sig. of F
Within cells	788.42	1290	.61		
Total score	423.85	10	42.38	69.35	.00
Group by total	33.00	20	1.65	2.70	.00
Role by total	22.09	20	1.10	1.81	.02
Group by role by total	20.98	40	.52	.86	.72

APPENDIX G

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Table G1. Semantic Differential Data: Means and Standard Deviations.

Potency Scores	Internal Actual		Internal Ideal		External Actual		External Ideal	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
CSA								
F	13.00	2.36	14.80	1.40	13.70	2.31	15.90	1.10
M	12.80	3.65	12.50	2.07	13.80	3.08	14.10	2.08
C	15.80	3.55	12.80	2.44	13.50	1.96	14.80	2.15
Psychology								
F	12.69	2.53	14.23	1.96	13.77	2.05	15.62	2.02
M	11.69	2.50	13.46	1.90	11.85	2.82	13.77	2.59
C	14.08	2.07	13.67	2.31	13.42	3.80	13.83	2.29
Normal								
F	12.13	2.32	13.57	1.20	14.00	1.95	14.13	2.14
M	12.83	2.17	13.09	2.19	14.26	1.86	14.44	2.25
C	13.61	2.62	12.48	2.33	13.30	2.10	13.61	2.39

Table G2. Semantic Differential: MANOVA on Potency Scores, IA,II, EA, EI by Group and Role

Tests of between subject effects

	SS	DF	MS	F	Sig. of F
Within cells	1550.69	128	12.11		
Group	17.63	2	8.82	.73	.49
Role	57.56	2	28.78	2.38	.10
Group by role	53.40	4	13.35	1.10	.36

Tests involving internal/external within subject effects

	SS	DF	MS	F	Sig. of F
Within cells	402.61	128	3.15		
Internal/external	50.10	1	50.10	15.93	.00
Group by int/ext	4.67	2	2.33	.74	.48
Role by int/ext	24.49	2	12.24	3.89	.02
Group by role by int/ext	13.93	4	3.48	1.11	.36

Tests involving ideal/actual within subject effects

	SS	DF	MS	F	Sig. of F
Within cells	515.64	128	4.03		
Ideal/actual	34.16	1	34.16	8.48	.00
Group by ide/act	32.47	2	16.24	4.03	.02
Role by ide/act	62.70	2	31.35	7.78	.00
Group by role by ide/act	25.95	4	6.49	1.61	.18

Table G2. Semantic Differential: MANOVA on Potency Scores, IA,II, EA, EI by Group and Role, contd.

Tests involving internal/external by ideal/actual within subject effects

	SS	DF	MS	F	Sig. of F
Within cells	303.84	128	2.37		
Int/ext by ide/act	21.85	1	21.85	9.20	.00
Group by int/ext	11.34	2	5.67	2.39	.10
by ide/act					
Role by int/ext	27.04	2	13.52	5.70	.00
by ide/act					
Group by role by	9.87	4	2.47	1.04	.39
int/ext by ide/act					

APPENDIX H

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Table H1. Keyworkers: Comparing the Two Groups

Variable Time involved

T-test

t(21)=1.49,p.0.05

Variable	U	2-tailed p corrected for ties
Family Organisation	56.5	.58
Support	54.5	.51
Communication	55.5	.55
Fathers control within	20.0	.005
Fathers control outside	18.5	.003
Mothers control	52.0	.41
Daughters view of father	49.5	.32
Keyworkers confidence	50.0	.29

Table H2. Comparison between the Families and the Keyworkers

Spearman Correlation Coefficients

Psychology Families and their Keyworkers

Score from family Score from keyworker Coefficient Significance

FES 9	KO	.28	.18
FES 1	KS	-.09	.39
FES 2	KC	-.48	.05
Fathers LCFS	KFIC	.13	.34
Fathers EAP	KFEC	.23	.23
Mothers LCFS	KMC	.37	.11
Daughters IAP	KD	.62	.02

CSA Families and their Keyworkers

Score from family Score from keyworker Coefficient Significance

FES 9	KO	.35	.16
FES 1	KS	.59	.04
FES 2	KC	.57	.04
Fathers LCFS	KFIC	.25	.24
Fathers EAP	KFEC	-.01	.49
Mothers LCFS	KMC	.70	.01
Daughters IAP	KD	.26	.23

APPENDIX I

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Table I1. Demographic Data: Comparison across Profession

	Pooled variance estimate		
	t-value	df	2-tail prob.
Years experience			
	.45	25	.66
Experience working with daughters			
	1.10	25	.28
Experience working with perpetrators			
	-1.26	25	.22
Experience working with mothers			
	1.67	25	.11
Experience working with adult survivors			
	-1.67	25	.11

Table I2. Confidence Ratings, Comparison across Profession: MANOVA Results

Multivariate tests of significance

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.72598	.47182	12.0	15.0	.90

Effect..Profession
Univariate F-tests with (1,26) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
KB1	.89286	44.07143	.89286	1.69505	.52674	.47
KB2	.03571	9.21429	.03571	.35440	.10078	.75
KB3	6.03571	84.64286	6.03571	3.25549	1.85401	.19
KB4	.32143	70.92857	.32143	2.72802	.11782	.78
F1	.57143	67.85714	.57143	2.60989	.2189	.64
F14	1.28571	64.14286	1.28571	2.46703	.52116	.48
M1	.14286	39.71429	.14286	1.52747	.09353	.76
M10	1.75000	39.50000	1.75000	1.51923	1.15190	.29
C1	.14286	16.57143	.14286	.63736	.22414	.64
C8	.32143	14.64286	.32143	.56319	.57073	.46
FAN	.14286	58.28571	.14286	2.24176	.06373	.80
IV	.89286	63.21429	.89286	2.43132	.36723	.55

Table I3. List of Subjects and their Preferred Models

Social Workers	Psychologists
1. Systemic/Feminist	15. Systemic/PI
2. None	16. Systemic/PI
3. Feminist	17. Feminist/Sexual arousal
4. Systemic/Feminist	18. Systemic/PI
5. Feminist	19. Systemic/Feminist
6. Feminist	20. Feminist/Sexual arousal
7. Systemic	21. Systemic/PI
8. Marxist	22. PI
9. Systemic/Feminist	23. Feminist/Sexual arousal
10. Feminist	24. Object Relations
11. Feminist	25. Systemic/PD
12. Feminist	26. Feminist/Sexual arousal
13. Feminist	27. Feminist
14. Systemic	28. Eclectic
	29. Feminist

Table I4. Interview Data, Rankings re Characteristics of Fathers

FATHERS

Question	Mean	Std.Dev
4a. Dominant/powerless (scale 1 - 7)		
SW	4.50	1.45
Psychology	4.71	1.38
4b. Decision making		
SW	4.14	1.75
Psychology	4.50	1.16
4c. Support		
SW	4.36	1.39
Psychology	3.86	.77
4d. Organisation		
SW	3.79	1.31
Psychology	3.86	.53
4e. Communication		
SW	3.64	1.65
Psychology	3.36	1.08
4f. Functioning outside family		
SW	4.07	1.44
Psychology	4.00	1.11
5a. Professionals view of fathers control		
SW	2.07	.73
Psychology	3.00	1.24

Table I4. Interview Data, Rankings re Characteristics of Fathers contd.

5b. Professionals view of fathers decision making		
SW	2.07	.73
Psychology	3.00	1.24

5c. Professionals view of support in family		
SW	4.93	1.38
Psychology	5.21	.98

5d. Professionals view of organisation		
SW	4.79	1.19
Psychology	4.43	1.34

5e. Professionals view of communication		
SW	5.50	.76
Psychology	5.50	.85

5f. Professionals view of fathers functioning outside family		
SW	5.29	.99
Psychology	4.86	1.17

Table I5. Professionals Ratings about Fathers (projected scores): MANOVA results

Effectprofession

Multivariate tests of significance

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.87480	.50090	6.0	21.0	.80

Effect...profession

Univariate F-tests with (1,126) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
4a	.32143	52.35714	.32143	2.01374	.15962	.69
4b	.89286	57.21429	.89286	2.20055	.40574	.53
4c	1.75000	32.92857	1.75000	1.26648	1.38178	.25
4d	.03571	26.07143	.03571	1.00275	.03562	.85
4e	.57143	50.42857	.57143	1.93956	.29462	.59
4f	.03571	42.92857	.03571	1.65110	.02163	.88

4a = control of events in the family

4b = decision making

4c = support within family

4d = organisation

4e = communication

4f = functioning outside the family

Table I6. Professionals Ratings about Fathers (actual scores): MANOVA results

Within cells error matrix is singular, variables are linearly dependent. Multivariate tests skipped.

Effect...profession

Univariate F-tests with (1,126) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
5a	6.03571	26.92857	6.03571	1.03571	5.82759	.02
5b	6.03571	26.92857	6.03571	1.03571	5.82759	.02
5c	.57143	37.28571	.57143	1.43407	.39847	.53
5d	.89286	41.78571	.89286	1.60714	.55556	.46
5e	.00000	17.00000	.00000	.65385	.00000	1.00
5f	1.28571	30.57143	1.28571	1.17582	1.09346	.31

- F8 = control of events in the family
- F9 = decision making
- F10 = support within family
- F11 = organisation
- F12 = communication
- F12 = functioning outside the family

Table I7. Interview Data, Rankings re Characteristics of Mothers

MOTHERS

Question	Mean	Std.Dev
4a. Dominant/powerless (scale 1 - 7)		
SW	2.86	1.23
Psychology	3.00	1.24
4b. Decision making		
SW	5.07	1.21
Psychology	4.43	.76
4c. Support		
SW	4.71	1.27
Psychology	4.29	.47
4d. Organisation		
SW	3.86	.77
Psychology	4.07	.66
4e. Communication		
SW	4.00	1.11
Psychology	4.36	.63
4f. Fathers functioning outside family		
SW	3.14	.86
Psychology	4.21	.89

Table I7. Interview Data, Rankings re Characteristics of Mothers contd.

5a. Professionals view of mothers control		
SW	5.50	.85
Psychology	4.79	.80

5b. Professionals view of mothers decision making		
SW	5.50	.85
Psychology	4.86	.86

Table I8. Professionals Ratings about Mothers (projected scores): MANOVA results

Effectprofession
Multivariate tests of significance

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.65488	1.84446	6.0	21.0	.14

Effect...profession

Univariate F-tests with (1,126) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
4a	8.03571	28.07143	8.03571	1.07967	7.44275	.01
4b	2.89286	26.35714	2.89286	1.01374	2.85366	.10
4c	1.28571	23.71429	1.28571	.91209	1.40964	.25
4d	.32143	12.64286	.32143	.48626	.66102	.42
4e	.89286	21.21429	.89286	.81593	1.09428	.31
4f	8.03571	20.07143	8.03571	.77198	10.40925	.00

- 4a = control of events in the family
- 4b = decision making
- 4c = support within family
- 4d = organisation
- 4e = communication
- 4f = functioning of father outside the family

Table I9. Professionals Ratings about Mothers (actual scores): MANOVA results

Effectprofession
Multivariate tests of significance

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.82952	2.56891	2.0	25.0	.10

Effect...profession						
Univariate F-tests with (1,126) DF						
Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
5a	3.57143	17.85714	3.57143	.68681	5.20000	.03
5b	2.89286	19.21429	2.89286	.73901	3.91450	.06

5a = control of events in the family
5b = decision making

Table I10. Interview Data, Rankings re Characteristics of Daughters

Question	Mean	Std.Dev
4a. Dominant/powerless (scale 1 - 7)		
SW	2.07	.62
Psychology	2.14	.53
4b. Decision making		
SW	2.14	.86
Psychology	2.00	.00
4c. Support		
SW	5.64	.93
Psychology	5.79	.80
4d. Organisation		
SW	4.07	1.07
Psychology	4.29	.73
4e. Communication		
SW	5.86	.53
Psychology	5.93	.27
4f. Fathers functioning outside family		
SW	2.43	.85
Psychology	2.64	.93

Table III. Professionals Ratings about Daughters (projected scores): MANOVA results

Effectprofession

Multivariate tests of significance

Test name	Value	Exact F	Hypoth DF	Error DF	Sig of F
Wilks	.91029	.34926	6.0	21.0	.91

Effect...profession

Univariate F-tests with (1,126) DF

Variable	Hyp. SS	Error SS	Hyp. MS	Error MS	F	Sig.F
4a	.03571	8.64286	.03571	.33242	.10744	.75
4b	.14286	9.71429	.14286	.37363	.38235	.54
4c	.14286	19.57143	.14286	.75275	.18978	.67
4d	.32143	21.78571	.32143	.83791	.38361	.54
4e	.03571	4.64286	.03571	.17857	.20000	.66
4f	.32143	20.64286	.32143	.79396	.40484	.53

4a = control of events in the family

4c = support within family

4e = communication

4b = decision making

4d = organisation

4f = functioning of father outside

APPENDIX J

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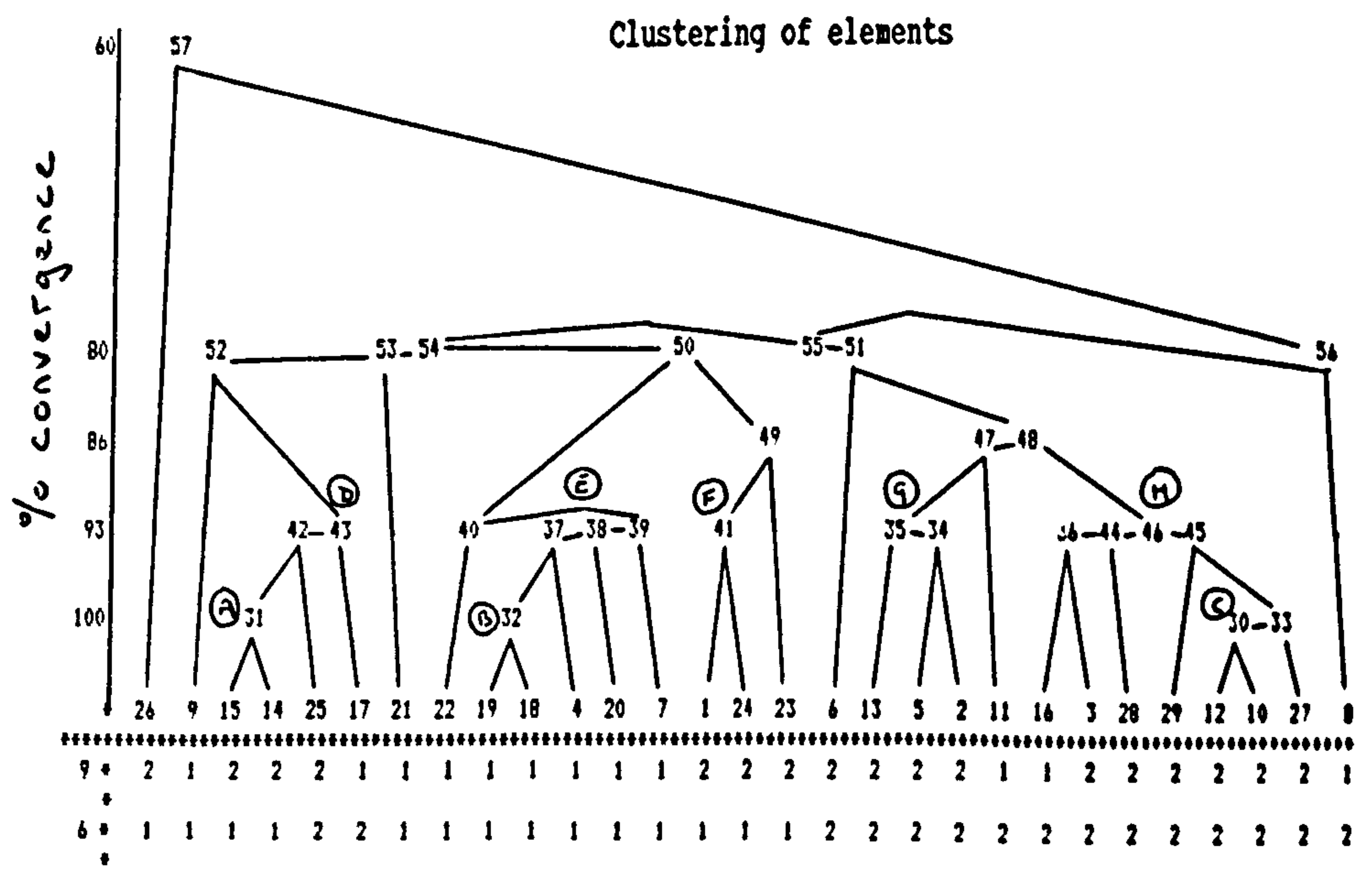
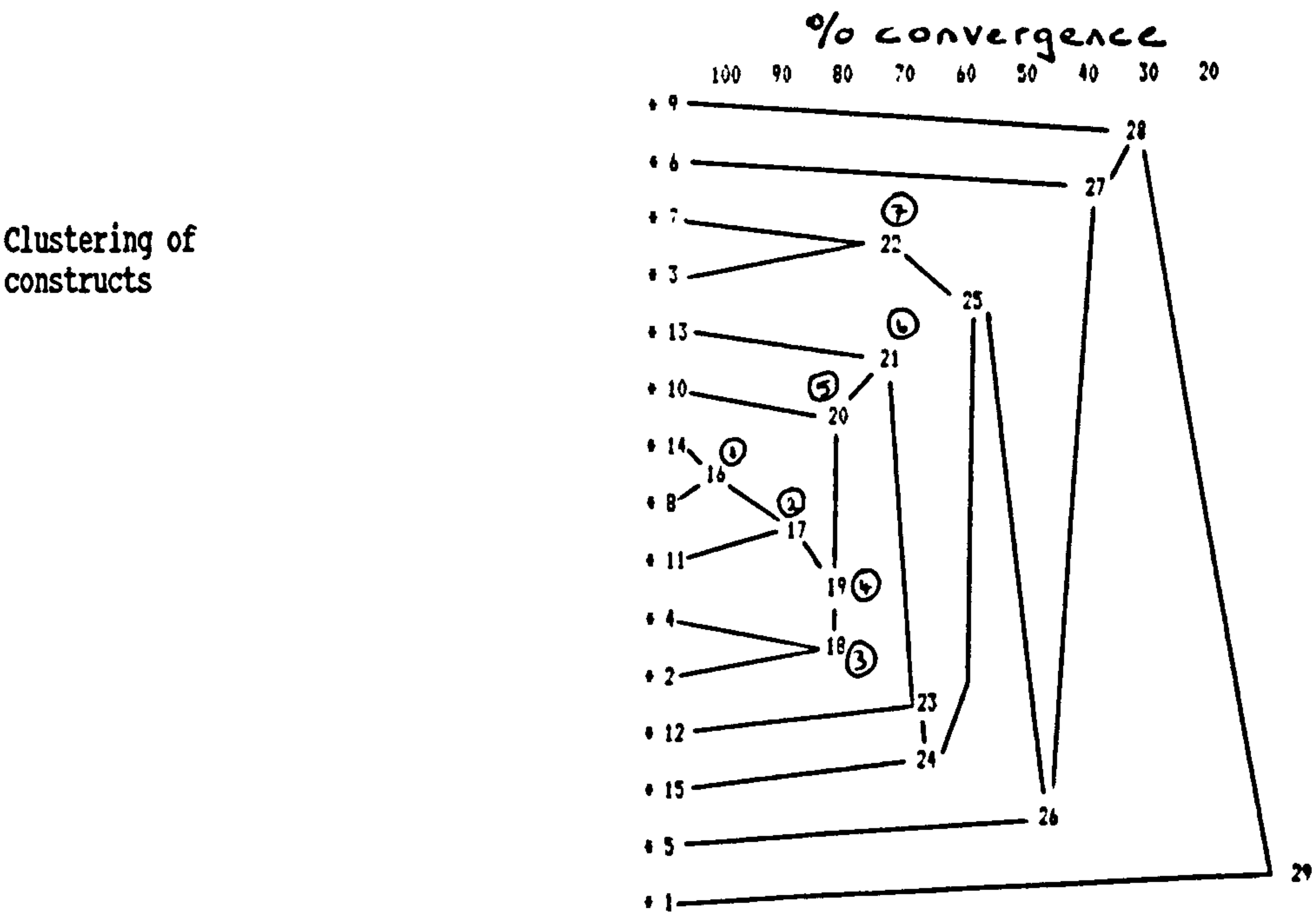


Figure J1. Applying Models to Practice

Table J1. Perpetrators: Common Characteristics

	SW n=14	Psych n=15
1. No particular type	21.4	40.0
2. Passive hostility	7.1	0
3. Difficulties with relationships	14.3	13.3
4. No self esteem	21.4	13.3
5. Depressed	0	6.7
6. Violent	7.1	0
7. Cognitive distortion	21.4	46.7
8. Denial	50.0	40.0
9. Don't take responsibility	42.9	20.0
10. Dishonest	28.6	33.3
11. Idealise relationships	7.1	6.7
12. Immature	7.1	0
13. Don't know enough to say	7.1	6.7
14. Sexually abused themselves	14.3	13.3
15. Have a compulsion to abuse	0	6.7
16. Failure to successfully negotiate developmental stages	0	6.7
17. Psychiatric problem	7.1	0
18. Abusing is a chronic problem	7.1	0
19. Abuse power	64.3	53.3
20. Cut-off from people	28.6	20.0
21. Disinhibited	7.1	6.7
22. Use sex to solve their problems	7.1	6.7
23. Abnormal sexual arousal to children	0	6.7
24. Oversexed	7.1	0
25. Marriage is unhappy and abuse forms compensation	35.7	0

Table J2. Common Characteristics of Perpetrators: Elements

Cluster	Convergence	Model
A	100%	Feminist/sexual (20)
B		Systemic/ Feminist (19)
		Feminist(27) + Systemic (7)
C	96%	Systemic/PI (15) + Systemic/Feminist (1) +
D		Feminist/Sexual arousal (17)
E		Cluster B + Feminist/Sexual arousal (23) + Object Relations (24)
		Cluster A + Feminist (12)
F	92%	Cluster E + Marxist (8)
G		None (2) + Feminist (11)
H		Cluster D, C + Feminist (5) + Eclectic (28)
I		Feminist (29)
		Systemic/PI (21) + Systemic/PD (25)
J	88%	Cluster F + G
		Systemic/PI (16) + Feminist (10)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

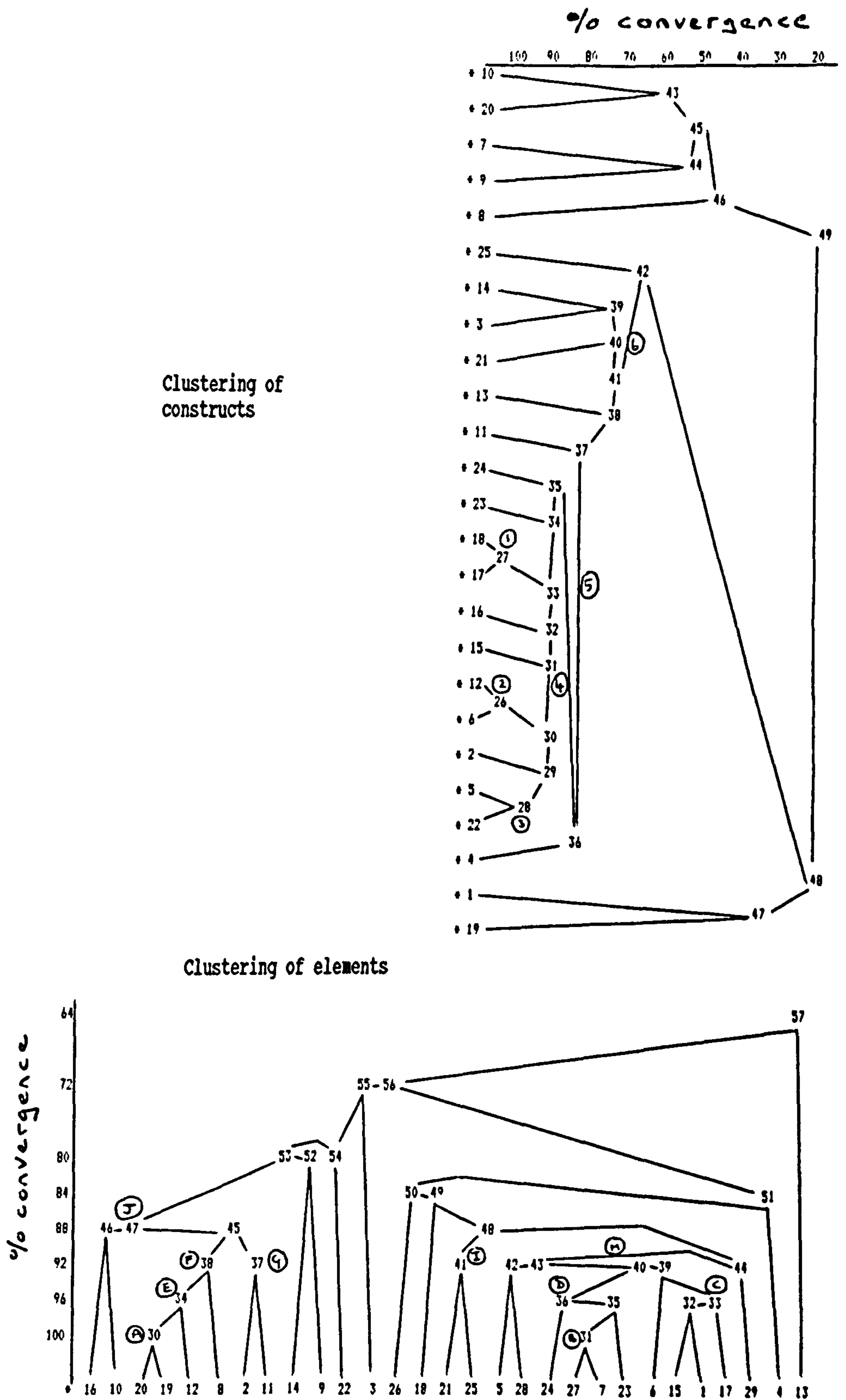


Figure J2. Perpetrators. Common Characteristics

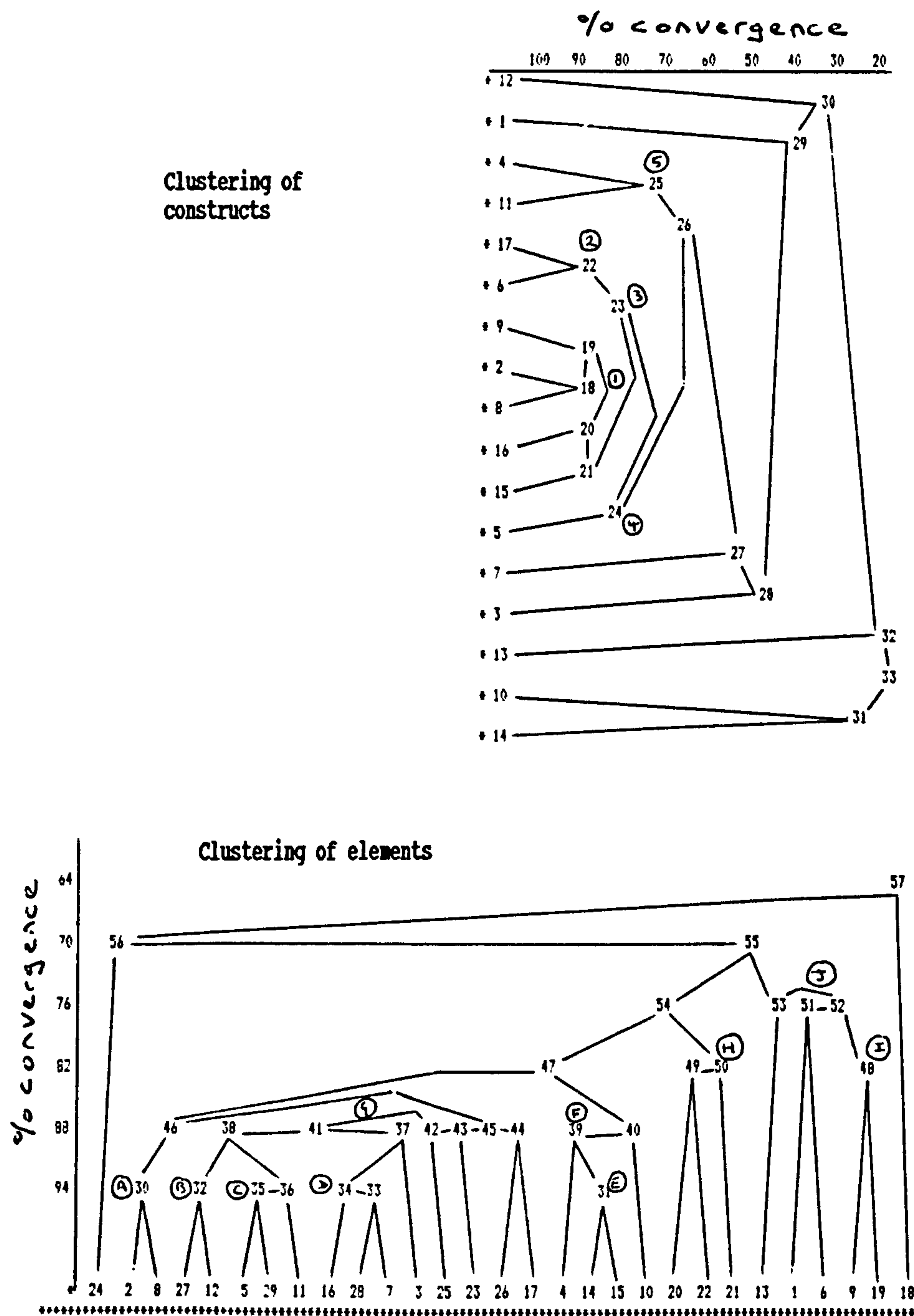


Figure J3. Perpetrators. From Theory to Practice

Table J3. Mothers Common Characteristics: Elements

Cluster	Convergence	Model
A B	100%	Systemic/PD (25) + Feminist/Sexual arousal (17) Feminist (27) Marxist (8) Feminist (3) Feminist/Sexual arousal (26)
C D E	94.4%	Cluster B + Systemic/PI (15) Systemic/PI (16) Feminist (6) Feminist (12) Systemic/PI (21) Cluster A + C Object relations (24) Eclectic (28)
F G H	88.8%	Systemic/Feminist (4) Systemic/Feminist (1) Cluster E + Feminist (13) Feminist/Sexual arousal (23) Systemic (14) Systemic/Feminist (19) Cluster D PI (21) Feminist (29)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

Table J4. Mothers: From Theory to Practice: Elements

Cluster	Convergence	Model
A	100%	Feminist/Sexual arousal (23) Marxist (8) Feminist (27)
B	94.1%	Feminist (5) Feminist (11) Systemic (7)
C D E F G	88.2%	Cluster B + Systemic/Feminist (4) Feminist/Sexual arousal (17) Object relations (24) Cluster A + Systemic/Feminist (1) Feminist/sexual (26) + None (2) Feminist (13) PI/systemic (16) PI (22) Systemic/PI (21) Feminist (29) Cluster D + Cluster E

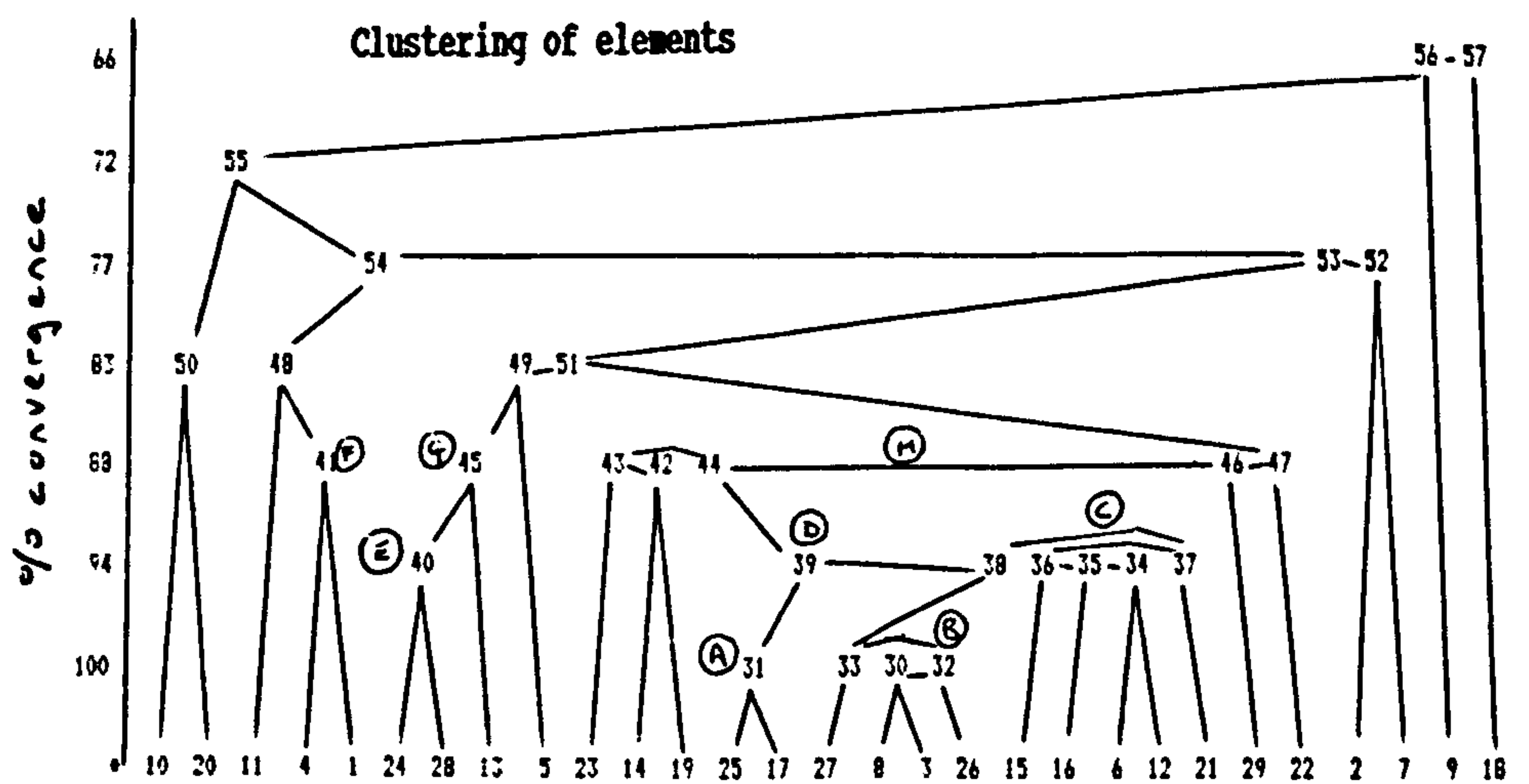
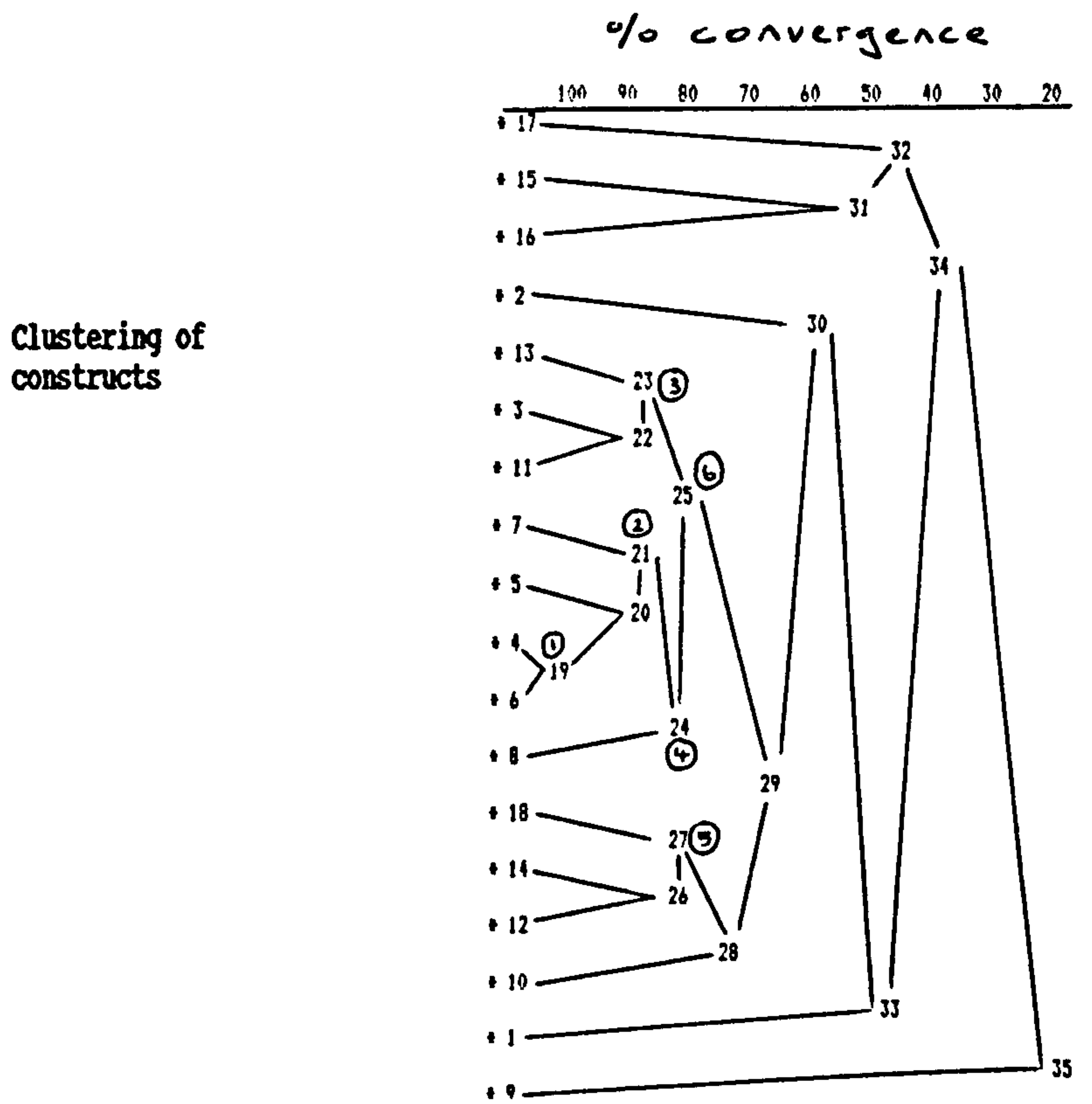


Figure J4. Mothers Common Characteristics

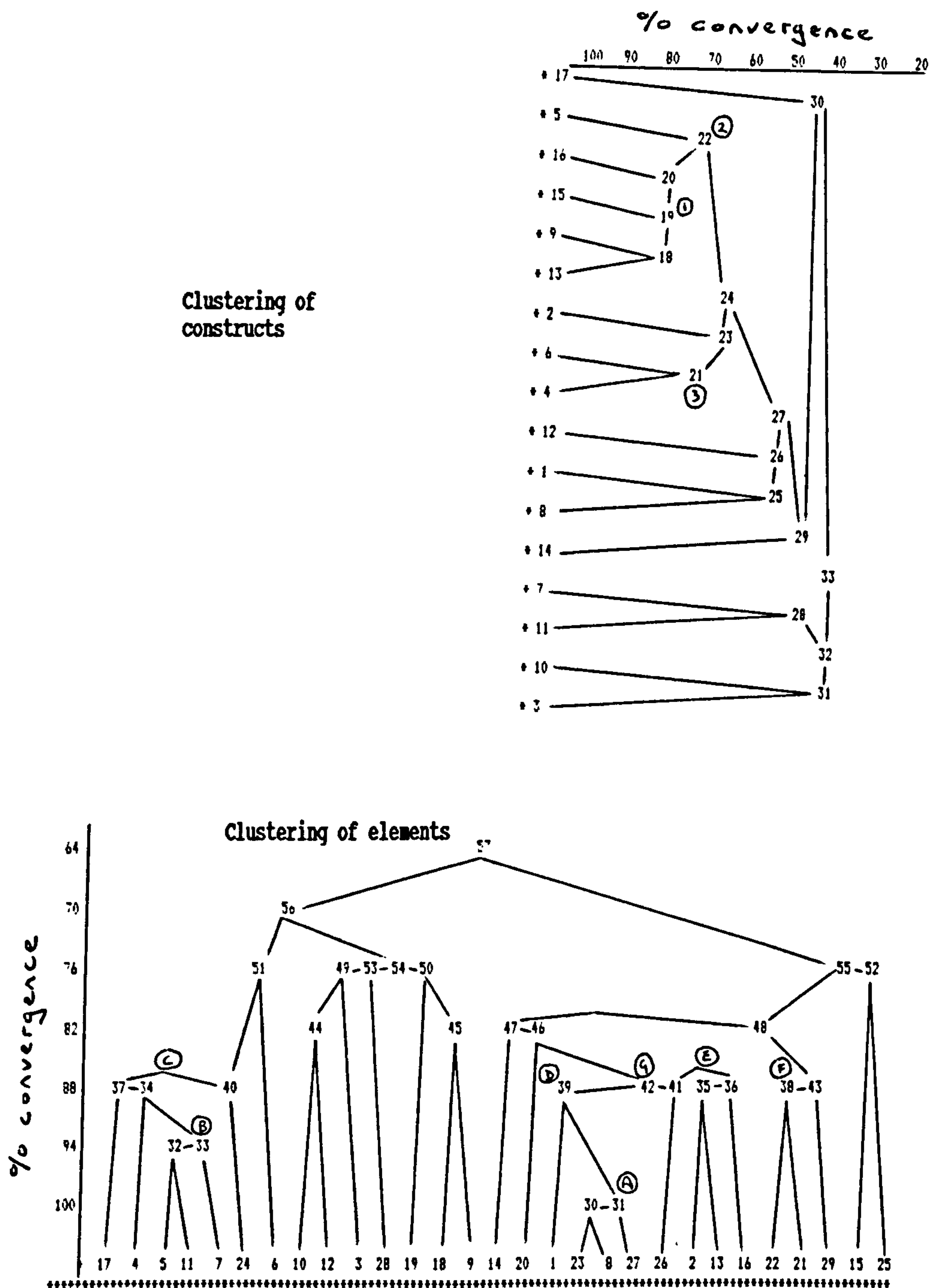


Figure J5. Mothers: From Theory to Practice

Table J5. Common Characteristics of Daughters: Constructs

Cluster	Convergence	Construct
1	100%	Feel betrayed (5) Profound effect (11)
2	86.2%	Cluster 1 + Aim to please adults (19) No general effect (20)
3	72.4%	Cluster 2 + Withdrawn (9) No psychological boundaries (15)
4	65.5%	Ambivalent feelings (4) Anger (7) Ashamed (13) Effects on sexuality (17)
5		Low self esteem (1) Guilt (8)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

Table J6. Common Characteristics of Daughters: Elements

Cluster	Convergence	Model
A	100%	Feminist (29) Systemic/PI (15)
B		Systemic/PI (18) Systemic/PI (21)
C	94.1%	Cluster A + Cluster B Systemic (14) Feminist/Sexual arousal (26) Systemic/Feminist (1)
D		None (2) Feminist/Sexual arousal (25)
E	88.2%	Cluster C + Feminist/Sexual arousal (17) Feminist/Sexual arousal (20) Feminist (5)
F		Feminist (27) Feminist (12) Marxist (8) Object relations (24)
G		Feminist (10) Feminist/Sexual arousal (23)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

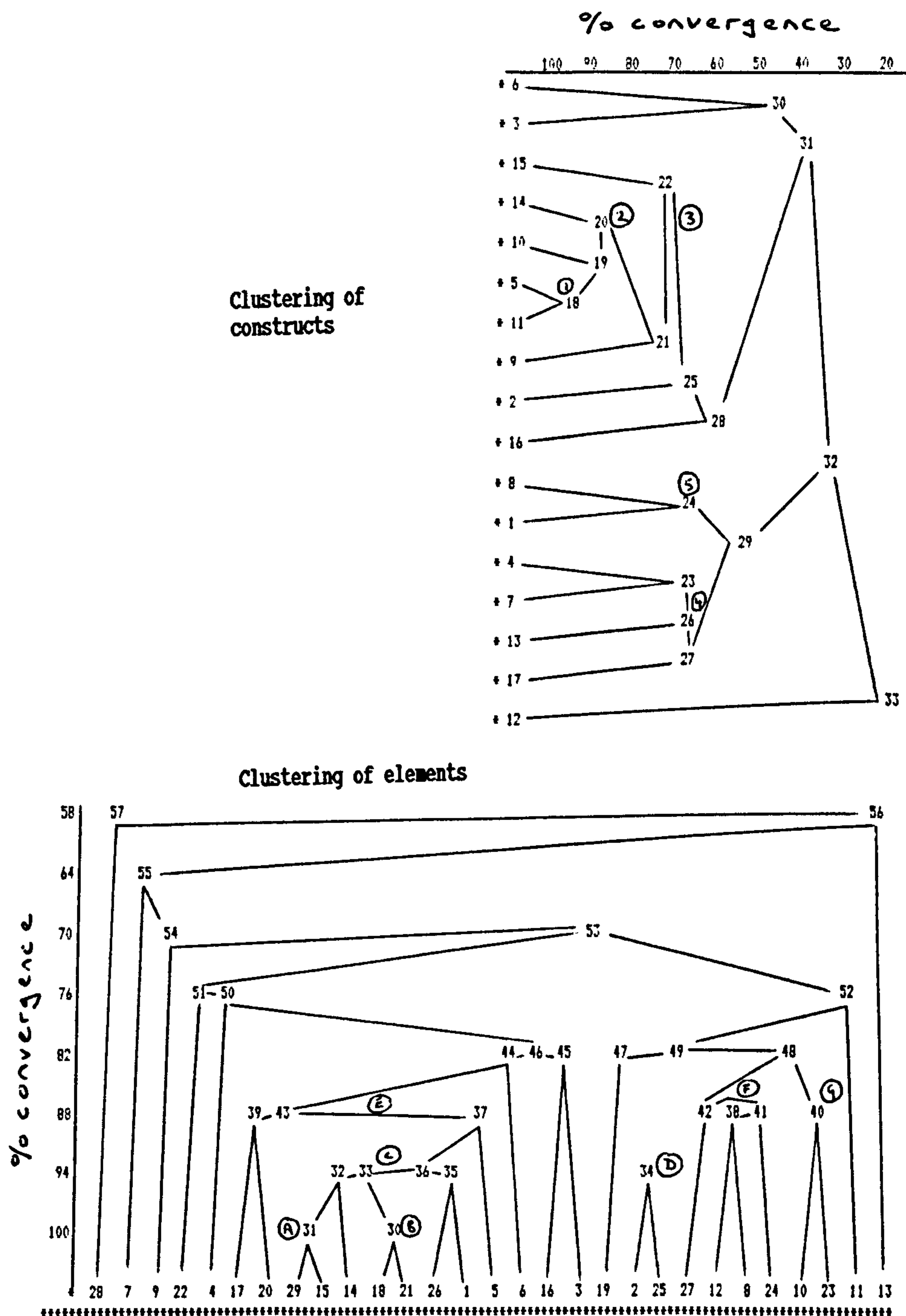


Figure J6. Common Characteristics of Daughters

Table J7. Daughters: From Theory to Practice: Constructs

Cluster	Convergence	Construct
1	100%	Use less structure (15) Therapy not necessarily needed (24)
2	93.1%	Instillation of hope (1) Guard against denial (19)
3	86.2%	Cluster 2 + Focus on family work (8) Need specialist skills (9) Potential for allegations against worker (10) Cluster 1 Need individual work (23)
4	79.3%	Cluster 3 + Work is no different (25) Not insist on details of abuse (22)
5	65.5%	Take care that system doesn't abuse child (12) Pay particular attention to personal issues (7) Focus on relationships (17)
6		Cluster 4 + Therapist should take less powerful role (3)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

Table J8. Daughters: From Theory to Practice: Elements

Cluster	Convergence	Model
A	96%	Marxist (8) Feminist (27)
B	92%	Feminist (11) Systemic/Feminist (1) Feminist (12)
C		Systemic/PI (16) Systemic/Feminist (4)
D		Feminist (29) Systemic/PI (15)
E	88%	Cluster A + Systemic/Feminist (9)
F		Feminist/Sexual arousal (20) Feminist (5)
G		Cluster B + Feminist (3)
H		Cluster C + Cluster D Systemic (7) Feminist (13) Feminist/Sexual arousal (17)
I	84%	Cluster H, E + Feminist (10) Feminist (6)
J		Feminist/Systemic (19) Feminist/Sexual arousal (23) Systemic (14)
K		PI (22) Eclectic (28)
L	80%	Cluster G + None (2)
M		Cluster J + Cluster L

Numbers in brackets refer to Subject numbers 1 - 14 Social workers
15 - 29 Psychologists

Table J9. Differences between CSA Families and Others: Constructs

Cluster	Convergence	Construct
1	93.1%	Unhappy marriage (12)
2		CSA prevalent in lower class (13) CSA addictive behaviour (5) CSA parents may appear to have good relationship (6)
3	86.2%	Cluster 1 + 2
4		Disturbance in abuser begins earlier in life (11) CSA abusers like what they do (3) Distortion in thinking (19) Occurs mainly in re-constituted families (15) Fear is greater (25)
5	79.3%	Cluster 3, 4 + Absence of mother (20) CSA families have stricter boundaries (2)
6	72.4%	In CSA families, sex isn't talked about (9) Trauma is greater in CSA families (24) CSA more complex problem for professionals (4)
7		CSA families show poorer communication (22) In CSA families, there is sexual attraction to children (8)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

Table J10. Differences between CSA Families and Others: Elements

Cluster	Convergence	Model
A	96%	Feminist (5)
		Systemic/PI (18)
		Feminist (10)
		Systemic/PI (16)
B		Feminist (27)
		Feminist/Sexual arousal (20)
C	92%	Feminist/Sexual arousal (23)
		Systemic/Feminist (1)
D		Cluster A + Systemic/Feminist (19)
		Marxist (8)
E		Cluster D + Cluster B
F		Feminist (3)
		Systemic/Feminist (4)
G	88%	Cluster E + PI (22)
		Systemic/PD (25)
H		Cluster G + Systemic (7)
		Feminist (11)
I		Cluster F + Feminist (12)
		Eclectic (28)
J		Systemic/PI (15)
		Systemic/PI (21)
		Feminist (29)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

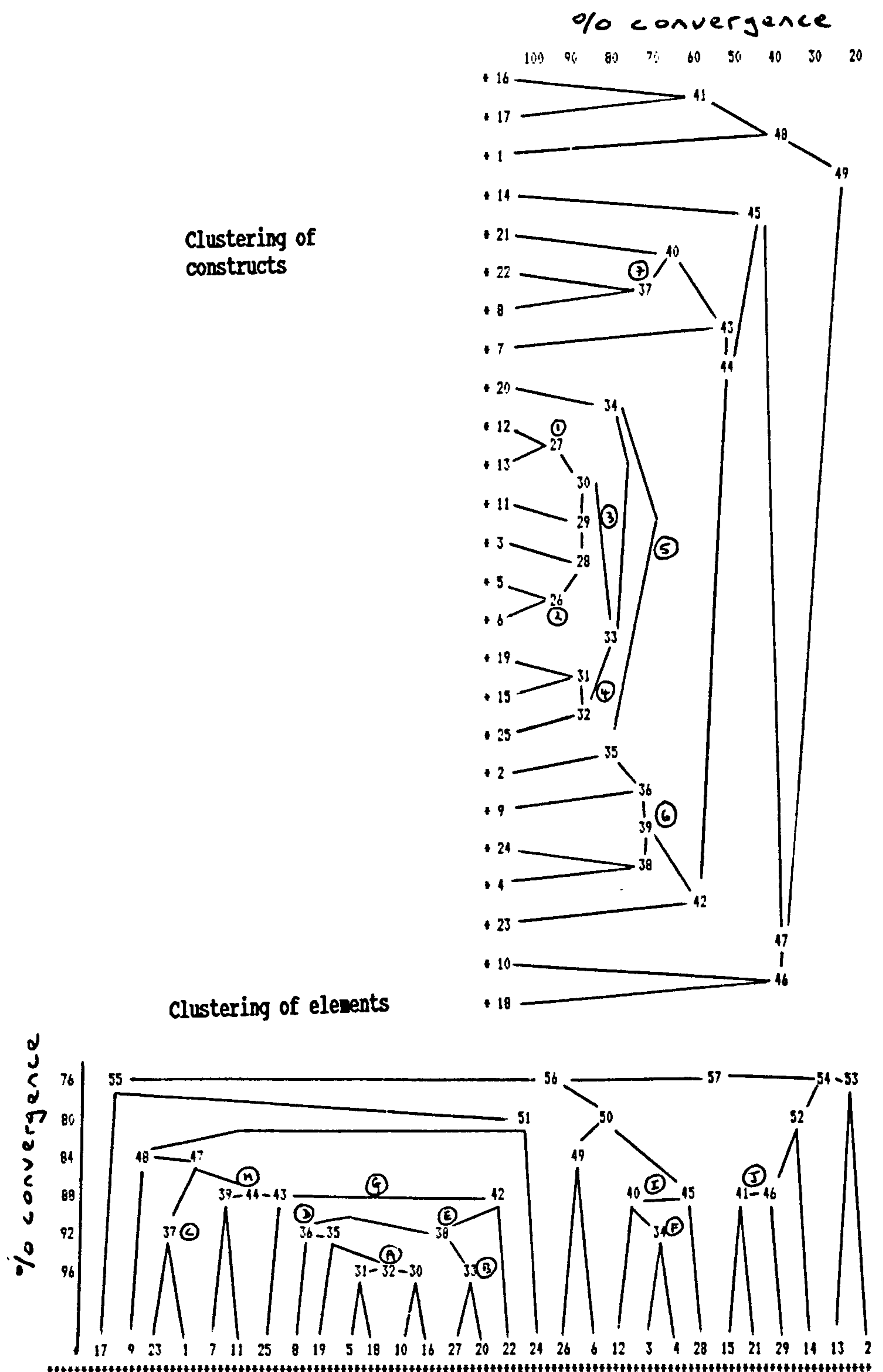


Figure J8. Differences between CSA Families and Others

Table J11. Families: From Theory to Practice: Constructs

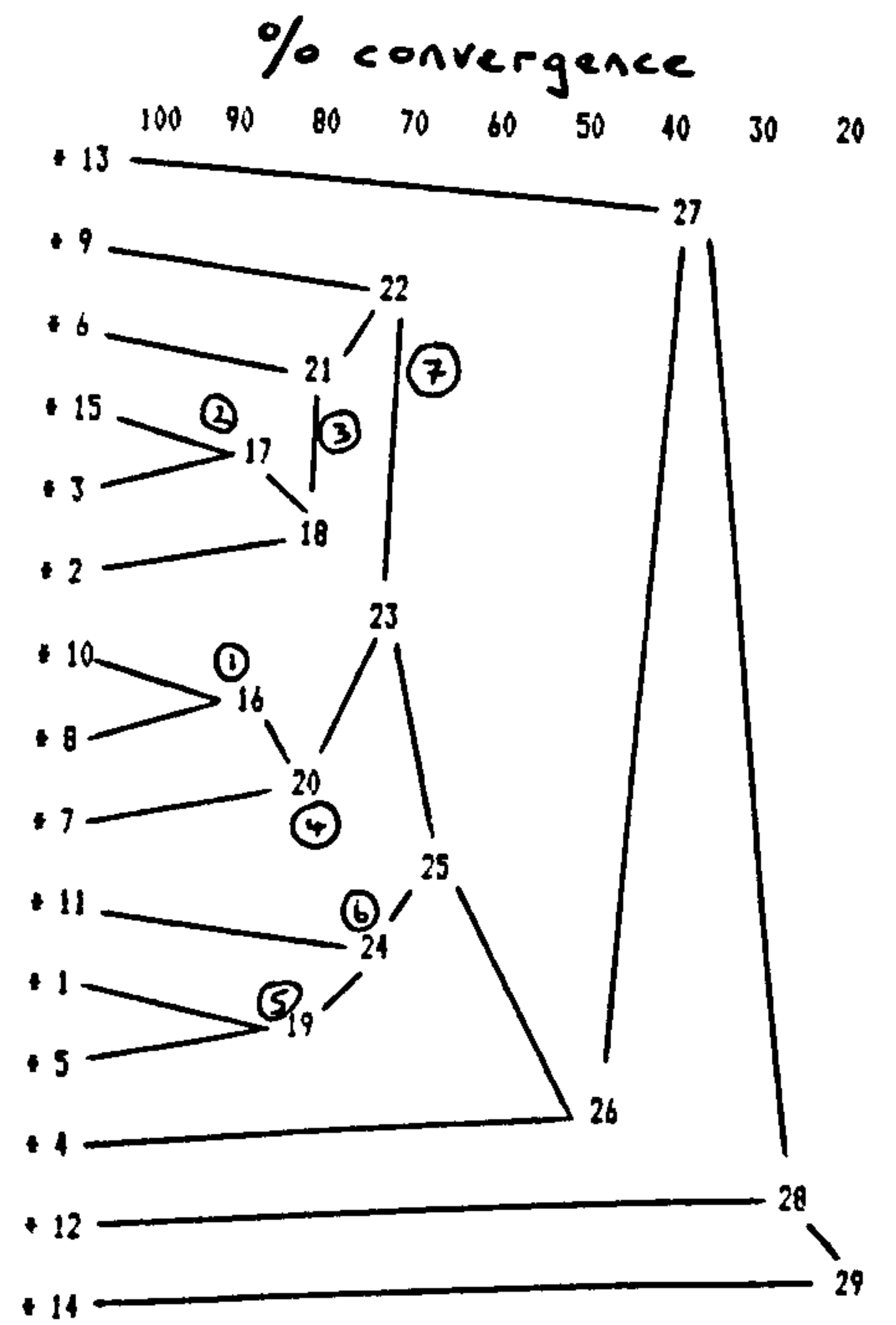
Cluster	Convergence	Construct
1	86.2%	Need extensive resources, social services cannot provide (10)
		Needs specialist skills, need to refer on (8)
2		Have to confront denial and issues about sexuality (3) Cannot articulate how model influences work (15)
3	79.3%	Cluster 2 + Family assessment critical (2)
		Professionals' personal issues (6)
4		Cluster 1 + More pessimistic about possibility of change (7)
5		Child needs to be heard (1) Address power issues (5)
6	72.4%	Cluster 5 + Need to adhere to policy (11)
7		Cluster 3 + Professionals can feel powerless (9)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

Table J12. Families: From Theory to Practice: Elements

Cluster	Convergence	Model
A	100%	Systemic/PI (15)
		Feminist/Sexual arousal (26)
B		Systemic/PI (21)
		Object relations (24)
C		Systemic/Feminist (1)
		None (2)
		Marxist (8)
D		Systemic/Feminist (4) Feminist (29)
E	93.3%	Feminist/Sexual arousal (17)
		Feminist (5)
		Feminist (6)
F		Cluster B + Systemic/PI (21)
G		Cluster C + Cluster D
H		PI (22)
		Systemic (14)
I	86.6%	Cluster A + E + F
		Feminist (12)
		Feminist (3)
		Systemic/Feminist (19)
J		Systemic/PI (18)
		Feminist (13)
		Systemic/Feminist (9)
		Systemic (7)
K		Cluster G + Feminist (27)
		Feminist (11)
L		Cluster H + Feminist/Sexual arousal (23)
		Feminist/Sexual arousal (20)

Clustering of constructs



Clustering of elements

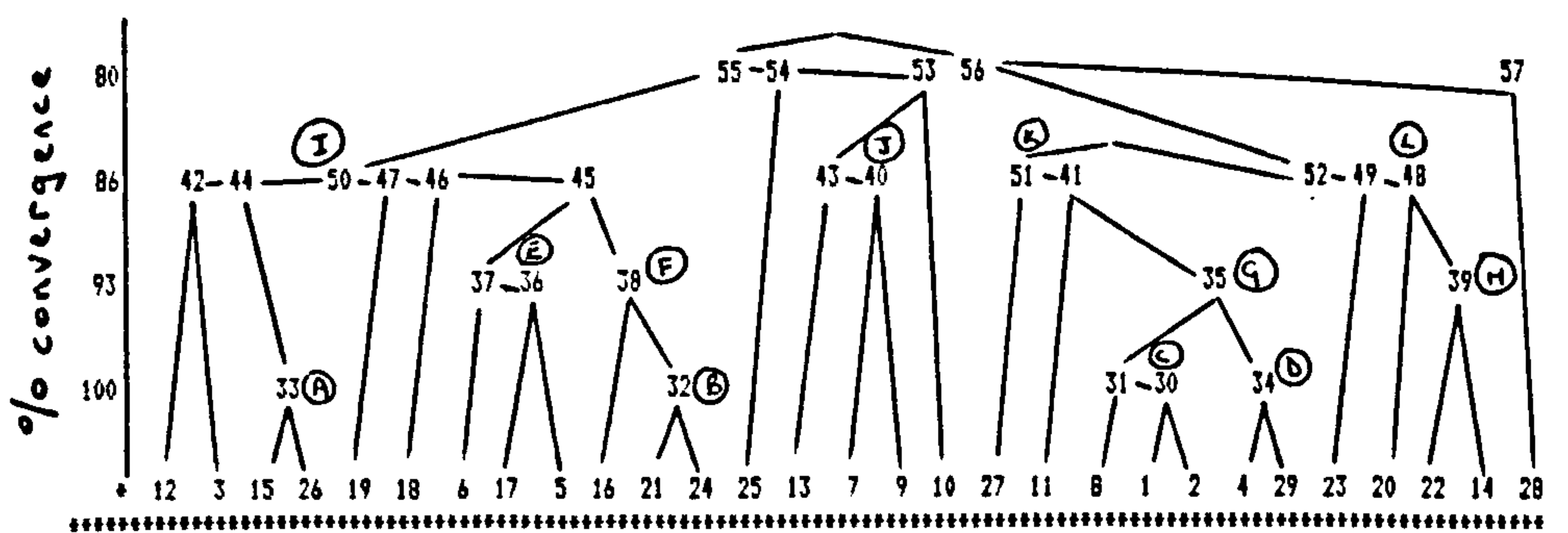


Figure J9. Families: From Theory to Practice

Table J13. The Interview: Constructs

Cluster	Convergence	Constructs
1	93.1%	Have clear ideas but need to be cautious because of perpetrators' deception (6) Clear, but not sure better able to help (7)
2	86.2%	My model fits my world view (2) Model provides way of dealing with the complexity (3) Know my limits (4)
3		Cluster 1 + 2 Difficult to separate effects of CSA from abuse by the system (9) Job is about fire-fighting and have no time to reflect (13)
4	79.3%	Cluster 3 + Clear in theory but difficult to put into practice (12)
5	72.4%	Cluster 4 + Developed ideas from clinical work, reading and peer review (1)
6	65.5%	Can be too easy to let personal issues get in the way (5) There is little experimental evidence about CSA (10)

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

Table J14. The Interview: Elements

Cluster	Convergence	Model
A	100%	Feminist (3) None (2)
B		Systemic/PI (16) Systemic/PD (25) PI (22)
C		Feminist (29) Systemic/Feminist (1)
D		Feminist (27) Systemic/Feminist (4) Systemic/PI (18)
E	93.3%	Cluster A + Feminist (6) Feminist/Sexual arousal (26)
F		Cluster C + Marxist (8) Systemic/PI (21) Systemic/Feminist (9) Eclectic (28) Feminist (12) Systemic (7) Feminist (5)
G		Cluster D + Feminist (10) Systemic/Feminist (19)
H	86.6%	Cluster E + Feminist/Sexual arousal (17) Systemic/PI (15) Feminist (13)
I		Cluster B + H
J		Cluster F + G Feminist (11)
K		Feminist/Sexual arousal (20) Systemic (14)
L	80%	Cluster I + J
M		Cluster K + Feminist/Sexual arousal (23) Object relations (24)
N	73.3%	All

Numbers in brackets refer to subject numbers, 1 - 14 Social workers
15 - 29 Psychologists

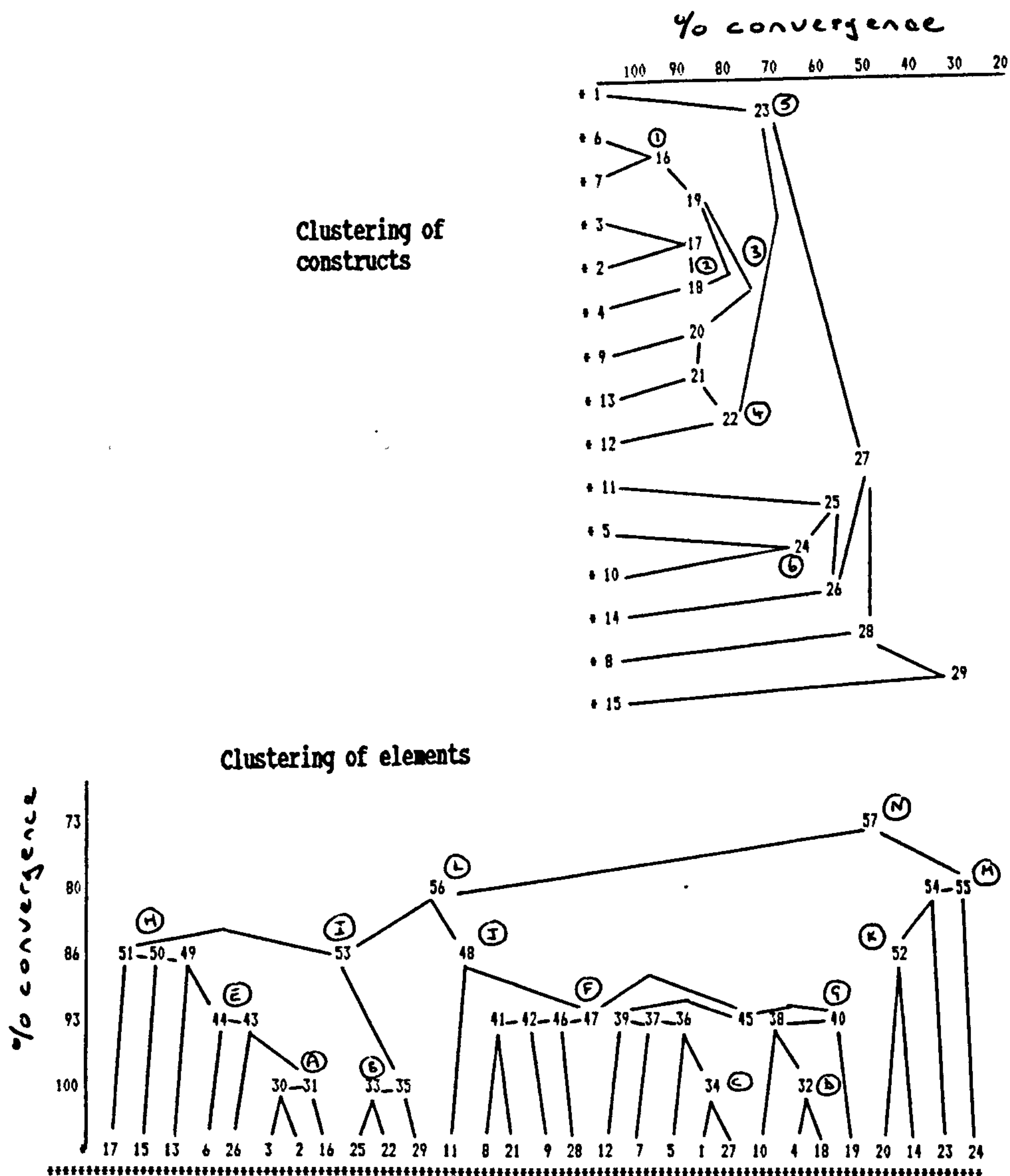


Figure J10. The Interview

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