> "It was just *Very liberating* coming here"

Counselling for Parent Survivors:

Safe Space Research Report

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Seamus Prior and Siobhan Canavan

Edinburgh

July 2012

Notes on Terminology

The terms below are used throughout this report:

Parent survivors are adults who have experienced sexual abuse as children and who are also parents, adoptive parents, grandparents, foster carers, or any combination of these

Clients are adults who are or have been engaged in a therapeutic relationship with a counsellor at Safe Space

Counsellors are people who offer a therapeutic relationship with a client at Safe Space

Service users are adults who have engaged in counselling or other supportive or therapeutic relationships at Safe Space, in an individual or group context

Summary of Contents

Executive Summary

In 2010, Safe Space commissioned researchers at Counselling and Psychotherapy at the University of Edinburgh to undertake an investigation into parent survivors' experience of counselling. The service was aware that many service users spoke of parenting issues in their initial assessment, yet most counsellors reported that parenting issues were not directly addressed in the individual therapy. The service therefore sought to establish service users' perceptions of how counselling may, or may not, assist with parenting issues and whether the service could do more to assist in this area.

The research commenced with a comprehensive literature review. This was shared with the Safe Space commissioners and used to inform the research questions, design and methodology. After a period of consultation, the following research questions were established:

From the perspective of the Safe Space counselling service user:

- How does the experience of childhood abuse affect how people parent their own children?
- In what way, if any, does personal counselling affect how survivors parent their own children?
- What could Safe Space be doing more of, or differently, to help adult survivors in their parenting?

To maximise participation and data generation, the following empirical methods were employed:

- Focus Group – attended by six service users
- Individual Interviews – with five service users
- Questionnaires – from two service users

The research was partly funded by the College of Humanities and Social Science Knowledge Exchange Office at the University of Edinburgh. Ethical approval was gained through the relevant University Research Ethics Committee.

The focus group meeting and individual interviews were recorded, transcribed and analysed, along with the completed questionnaires.

The key findings are:

1. The experience of abuse may have positive as well as the expected negative consequences for parent survivors.
2. Positive consequences include a determination to provide their children with a better childhood than they received, a heightened awareness of risk and a commitment to safeguard their children, including educating them appropriately regarding intimacy and sexual matters. This determination also encompassed ensuring that the abuse is not repeated and that their children behave well and responsibly in their intimate relationships. For some, the development of an interest in a caring career was attributed to the heightened sensitivity resulting from childhood abuse experience.

3. The negative consequences were more profound and more global than those reported in much of the research literature, in the sense of affecting every area of a parent's life. Amongst the more far-reaching consequences were difficulties forming intimate adult attachments, decisions not to have children, difficulties conceiving, and the experience of miscarriages and stillbirths, all of which were attributed by research participants to their history of childhood abuse.

4. Some participants also noted how the family context in which abuse had occurred might result in strained or estranged family relationships, placing a greater burden of care on parents/mothers and resulting in diminished relationships between their children and extended family members, such as grandparents, uncles, aunts, cousins etc.

5. In respect of parenting their own children, participants discussed how the abuse overshadowed their joy and freedom as parents, inhibiting their spontaneity, delight and pleasure in intimacy, affection and play with their children. They explored their anxiety around intimate aspects of physical care, such as bathing and nappy-changing, and how these were related to their fears that they might harbour the potential to abuse children, having heard so often the message that 'abuse victims become abusers'.

6. Hyper-vigilance and over-protectiveness were shared themes across participants' accounts. These were understood to have inhibited their children's growing-up and to have led to significant conflict between them and their teenage children. Some parent survivors also carried a range of concerns about their children's puberty and developing sexuality. Fears of the potential for their partners/husbands, other carers and professionals, such as health and education staff, to abuse their children were also dominant.

7. For most participants, these fears, anxieties and preoccupations were kept private and secret, from partners, friends and family members, as well as statutory professionals, until they were able to access counselling at Safe Space. Shame, guilt and fears of being judged, even of their children being removed from their care, prevented them disclosing their history of abuse and their on-going parenting concerns.

8. First and foremost, counselling provides an opportunity for full disclosure which results in a profound emotional unburdening and transformation. Recounting the story of the abuse and its legacy to a concerned other enabled participants to gain perspective, increase their awareness of what had happened and release them from years of shame, self-blame, fear, anxiety and secrecy.

9. According to participants, children benefited hugely from the relief their parents experienced through counselling, although some participants noted that there might be temporary disadvantages for children, for example, immediately after counselling sessions, service users might be emotional or preoccupied and less available for their children.

10. Counselling enabled them to negotiate more effectively with their children, handle conflict more appropriately and reduce their need to control aspects of their children's lives, especially as the children got older. They were less threatened by their children's attempts to exercise power in the parent-child relationship.

11. The space to talk in counselling also helped them gain perspective on their children's developing sexuality and feel less threatened and anxious about their children embarking on relationships.

12. For some, counselling also resulted in reconciliation with family members where relations had been strained, thus bringing extended family relationships back into their and their children's lives.

13. Participants highly valued the range of services provided by Safe Space which were regarded as essential complements to individual counselling. Initiatives which enabled the expression of feelings through creative non-talk-based media, such as art and music-making, were well regarded. Specific parenting-focused interventions, whether on-going groups, or one-off education or issue-focused events/workshops, were also well received. Participants unanimously regarded the provision of such initiatives at Safe Space, the place where they were able to disclose and work through their abuse, and be known for who they were, as essential to their sense of safety and their capacity to participate.

14. Amongst their suggestions, as noted in the recommendations below, are the inclusion of as many people as possible in groups, workshops and events, the facility for an open access or rolling, rather than a closed, group, the provision of more education events around child development, puberty and sexuality, and around discipline and negotiation with children, a specific focus on intimate aspects of parenting, and greater links with other services.

In conclusion, this research has established the profound, lasting and direct benefits related to parenting for the parent survivors receiving individual counselling at Safe Space. The results demonstrate how counselling transforms the individual service user's sense of self and place in the world and fosters their emotional and relational resilience, with significant consequences for their capacity to relate to, show affection towards and manage difficulties with, their children. The benefits to be derived from counselling are complemented, in the perception of parent survivors, by the range of other services and initiatives provided by Safe Space, both general and those with a parenting focus. The parent survivors also provide a range of suggestions for further initiatives which they would value.

In the light of these findings, the researchers recommend that Safe Space could:

1. Ensure that counsellors receive specific training in common areas of concern for parent survivors and in addressing such concerns in counselling practice, when they are not directly raised by clients. In particular, such training should include:
   - concerns around the intimate care of children
   - fear of becoming or being seen as an abuser
   - over-protectiveness
   - issues of power and control
   - anger as a response to loss of control
   - anxieties around children's sexual development
   - open communication with professionals
2. Consider how the barriers of childcare and transport in relation to parent survivors accessing counselling and other services may be overcome
3. Consider how the end of counselling may be managed for those clients who may need a stepwise gradual ending and possibly a transition into another form of less intensive support
4. In addition to the counselling service, seek to establish an ongoing group work programme of parents groups, education, workshops and presentations, accessible to all counselling service users, at whatever stage they judge appropriate for themselves
5. Ensure that all counselling clients are informed and regularly reminded of the group work programme in a variety of formats, such as verbal communication, leaflets and posters
6. Include experienced or former clients of the counselling service in the design, delivery and administration of this parent survivor group work programme
7. Engage in negotiation with statutory services, such as health and social work, to participate in the Safe Space parent survivor group work programme
8. Engage in negotiation with relevant statutory services to discuss the potential provision of their outreach services on Safe Space premises, enabling parent survivors to engage appropriately with statutory services in the safe context provided by Safe Space
9. Offer training to relevant statutory services in relation to the particular needs of parent survivors and how those services might assist parents to disclose childhood abuse and work through consequent anxieties in relation to parenting

Chapter 1

Introduction

Safe Space is a therapeutic community-based voluntary sector service for adult survivors of child sexual abuse in West Fife. As part of a wider research initiative funded by the University of Edinburgh Knowledge Exchange Office, Safe Space applied to undertake a collaborative research project with Counselling and Psychotherapy. The area they sought to investigate is how best to support adult survivors in their parenting. In particular, they wished to investigate how the individual counselling service they offer may impact on the parent-child relationships of their counselling clients. The Counselling Support Development Co-ordinator had observed that while many service users spoke of parenting issues in their initial assessment, most counsellors reported that parenting issues were not directly addressed in individual therapy. The service was therefore curious to find out about clients' perceptions of how counselling may, or may not, assist with parenting issues and whether the service could do more to assist in this area.

After consultations between the researchers and Safe Space, the following key questions were identified:

From the perspective of the Safe Space counselling service user:

- How does the experience of childhood abuse affect how people parent their own children?
- In what way, if any, does personal counselling affect how survivors parent their own children?
- What could Safe Space be doing more of, or differently, to help adult survivors in their parenting?
- In order to address these questions, the researchers conducted a literature review and employed the following empirical methods:
- Focus Group with six service users
- Individual Interviews with five service users
- Questionnaires from two service users

Chapter 2 of this report explains the context and development of the Safe Space service.

Chapter 3 outlines the methods used in the research.

Chapter 4 summarises key findings from the literature review of the particular needs of parent survivors and existing evidence about interventions for parent survivors.

Chapter 5 presents the key findings from the focus group, individual interviews and questionnaires.

Chapter 6 summarises and synthesises the evidence presented in the preceding chapters.

Chapter 7 presents recommendations flowing from the research.

Chapter 2

The Context and Development of Safe Space

Introduction

This chapter explains the background and development of the Safe Space service and explains the rationale for the research presented in this report.

Scottish policy context for abuse survivor services

The Scottish Government has shown ongoing commitment to investigating the extent and impact of childhood sexual abuse in families, by other trusted adults, the care system and faith institutions, and to education and support initiatives for the survivors and professional workers. Since 2000 a number of government working groups have been established, bringing together survivors, agencies, policy makers and a range of professionals. These include the Scottish Government's Care Services for Adult Survivors of Childhood Sexual Abuse and Survivor Scotland.

In 2005, the Scottish Government launched the National Strategy for Survivors of Childhood Sexual Abuse. The work of the Scottish Parliament Cross Party Group for Survivors of Child Sexual Abuse, and many other individuals and organisations were instrumental in developing the strategy, which has four main aims:

- To raise and improve knowledge and awareness of childhood sexual abuse
- To ensure joined-up working in mainstream services
- To improve the lives of survivors
- To develop training and skills for frontline workers.

A National Reference Group, with membership drawn from a wide range of statutory and voluntary services, survivors and survivor groups, including abuse in care and government representatives, oversees the implementation of the National Strategy and it is managed from the Health and Social Integration Directorate of the Scottish Government.

Multi-disciplinary training for working with abuse survivors has been developed through the Safe to Say national training initiative. A Scottish Truth and Reconciliation Forum was established in 2008, to support adults who suffered childhood abuse, initially focusing on the needs of adults who were abused within the care system. The Scottish Government has recently announced substantial funding for the development of resources for sexual abuse survivors.

While the Scottish Government leads this ground-breaking national policy context for abuse survivor work in Scotland, Safe Space has largely developed and grown with little direct funding from the Scottish Government.

The origins and development of Safe Space

Safe Space was established in 1988 to offer support to survivors of childhood sexual abuse. Since 1995 Safe Space has received core funding from Fife Council Social Work Services. The current Service Level Agreement runs until 2014.

Safe Space aims to:

- Provide support for survivors of sexual abuse through counselling, group work and Justice Support
- Advance knowledge and understanding in Scotland of the effects of sexual abuse through education and awareness programmes
- Address issues of isolation through provision of a comprehensive group work programme for survivors, their partners, friends and family members
- Provide training for those who support survivors within Safe Space or through other professional or relational structures

Reflecting community needs

Safe Space works to a Community Development model of practice in recognition that survivors of childhood sexual abuse often face further discrimination through lack of understanding of long term effects of abuse, survivors coping strategies and the impact of abuse which can restrict development of skills, talents and access to opportunities.

Safe Space began when a small group of survivors and two social workers, realising the extent of the problem and lack of local dedicated services available, began offering support to others in Fife on a voluntary basis. Research has demonstrated that an accessible, community-based voluntary organisation is often regarded as the preferred option of support for survivors of childhood sexual abuse (Nelson, 2001).

The original name of Safe Space was *Dunfermline Incest Survivors Project*, reflecting how little was actually known about childhood sexual abuse when the project began. Learning over the years from survivors has taught us a great deal and that sexual abuse of course does not just happen within families. Myths surrounding sexual abuse have had to be dispelled as they are often misleading and dangerous, therefore an educational and awareness raising element has been crucial to development of the service.

A high media profile ensures communities gain awareness of prevalence of sexual abuse, its effect upon victims, how to keep children safe and how to access support services. Since 2008, funding from *BBC Children in Need* has enabled Safe Space to establish a dedicated support service for young people aged 12 -18 years.

In recognition that no one agency is able to undertake the complexity and extent of working with issues of sexual abuse, Safe Space considers partnership working to be essential and works closely with Fife Domestic and Sexual Abuse Partnership, Family Protection Unit, Children's Services Groups, Education Service, Community Services and many others.

For nine years, Safe Space has been in partnership with NHS Fife as part of the All Round Care Team, offering clients access to counselling, psychology, mental health practitioners and alcohol support services in outlying areas of Fife.

Safe Space is a member of the Scottish Government Cross Party Group on survivors of Childhood Sexual Abuse and contributes to Government consultation documents which are crucial to implementing change in legislation and informing policy and practice. Many survivors are using their own experience to help others, having their voices validated and acted upon, and, most importantly, helping reduce the secrecy surrounding sexual abuse.

Safe Space has been awarded Recognition as a Counselling and Counselling Skills Organisation by COSCA, Counselling and Psychotherapy Scotland.

Safe Space occupies premises in central Dunfermline which comprise counselling and meeting rooms, a kitchen, offices, and rooms for group activities.

Existing service provision at Safe Space

The range of services offered at Safe Space includes individual counselling, groups for adults and children, training for professional workers in aspects of sexual abuse. Staff members include paid and volunteer counsellors and counsellors in training, administration staff, support workers, group workers and educational staff. Other professionals, such as educational psychologists, teachers, social workers and health workers contribute to the work of the organisation in response to requests for training or work on specific issues. Safe Space also works closely with other abuse survivor services in Fife, such as Kingdom Abuse Survivor Project (KASP) and Fife Rape and Sexual Assault Centre (FRASAC), Fife Constabulary, Education, Health, Police and Social Work Services. It also has well established links with national organisations supporting sexual abuse survivors throughout Scotland.

Service Contact Details

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Chapter 3

Methodology

Introduction

The methodology for the research developed from discussions between Safe Space staff and the researchers, who agreed that a combination of focus group discussion, individual interviews and questionnaire would offer abuse survivors who are parents a choice of contexts in which they could give their views. In each context three main questions were offered for exploration:

- How does the experience of childhood abuse affect how people parent their own children?
- In what way, if any, does personal counselling affect how survivors parent their own children?
- What could Safe Space be doing more of, or differently, to help adult survivors in their parenting?

Participation and inclusion

It was decided to seek participation in the research from current counselling clients or ex-counselling clients of Safe Space who maintained regular contact with the service, who were parents and who had attended at least 6 counselling sessions at Safe Space. Participants could choose to engage in one, two or all three of the research components. The rationale for these methods and choice is explained below.

Ethical considerations

All Safe Space counselling service users have experienced childhood sexual abuse. While this research did not involve any detailed or intrusive questions about sexual abuse experiences, it did involve asking participants how childhood sexual abuse may have impacted on a survivor's parenting and on their relationship with their children. It had the potential to result in clients disclosing aspects or details of their abuse, as well as details of past or ongoing parenting problems or concerns. The research design and the inclusion criteria were established to ensure maximum safety and support for participants while seeking to optimise a range of research engagement opportunities for clients.

There were a number of ethical challenges for the researchers. These included:

Participants and potential vulnerability

Safe Space felt it would not be within the ethos of their service to screen potential participants for their resilience, or other capacities, to participate in the research, but instead to provide a range of ways of participating in the research and to allow service users to self-select, with Safe Space providing appropriate guidance and support throughout the research process. The agency was aware that there are some clients who might not feel comfortable meeting with strangers to discuss such sensitive issues, but who wished to participate, and therefore the questionnaire option would be available for them. There were others who might feel more comfortable participating in a group rather than in an individual interview and vice versa. The three methods thus created maximum opportunities

for participation, enabling the gathering of data in a variety of ways and ensuring maximum flexibility for clients to participate in the way or ways they were most comfortable with.

Clients had choices about how they participate in the research. They could choose not to participate at all, with no impact on their service use. If engaging with the research, they could choose to complete a confidential questionnaire, to take part in an individual interview, where they could choose the gender of the interviewer, or in a focus group, which was facilitated by the two researchers, a mixed gender pair, or any combination of these methods. Any conversations concerning issues of child sexual abuse had the potential to reawaken powerful feelings within participants, and could touch upon issues of sexuality and gender, and it was therefore important that participants could choose the gender of the person they were speaking to and feel most comfortable with.

Access to the research was handled through the service. The research project was personally introduced by Safe Space staff to service users who met the inclusion criteria. They were given information, asked to consider participation and report back to that person. The possible impact of participating in the different components was discussed and service users assisted to choose those components they felt most prepared to engage with.

The inclusion criteria stipulated that the research participant was currently involved with the service, either as a current counselling client or a former counselling client who is engaged in another service or activity at Safe Space, e.g. group work or volunteering. Current or ongoing contact was prescribed to ensure adequate opportunities for support, if required, and that a named key person was available to support research participants.

In order to ensure that participants had meaningful understanding of counselling, the inclusion criteria stipulated that the research participant had completed at least six counselling sessions. For each client currently in counselling, their counsellor was informed of their research participation (see Information sheet in the Appendices) and served as a source of support or ongoing help with any issues that emerged through the research. For former clients, another named Safe Space staff member with whom they had ongoing contact was informed of their research participation and was available for support, if required.

The interviews and focus group took place on Safe Space premises and Safe Space staff were be available after the meetings should participants wish to debrief or discuss any issues with them.

Consent

The researchers explained the research at the outset of both interviews and focus group and participants provided prospective signed consent (see Consent Forms in the Appendices). At the end of each research meeting, consent was reviewed and re-affirmed. The consent process for both the focus group and interviews thus enabled participants to reflect at the end of the meeting on what they had spoken about and to withdraw anything they had said which they no longer wished to be included in the research.

Potential impact on researchers

The researchers who met with the participants are experienced therapists in the area of childhood abuse. They did not have any ongoing relationship or contact with the research participants. They debriefed together after the focus groups and the interviews.

Confidentiality issues

Confidentiality issues were discussed with participants prior to research participation. Researchers briefed participants in interviews and the focus group regarding the confidentiality limits of their meetings, particularly in relation to child protection issues or disclosures of self-harm or suicidal ideation. If researchers were informed about ongoing child protection issues in relation to children and young people under 16, or of vulnerable adults, or about self-harm and suicide issues, they would ask participants if Safe Space staff and/or relevant authorities knew about these concerns. They would also discuss these concerns with Safe Space staff and Safe Space staff would decide whether further discussion with service users and/or with relevant authorities was required. This did not arise.

Multiple relationship issues

For the researchers, several students on the professional training programme at Counselling and Psychotherapy were students on placement at the Safe Space counselling service. They were informed of the research, and the identity of the researchers, and were ensured of complete separation of research data from the assessment processes of their training. Counsellors' names, and other identifying information, were removed from the transcribed data, as part of the anonymisation process.

One of the researchers was currently the counselling practice supervisor of one experienced counsellor working at Safe Space. The researcher informed her supervisee about her role in the research.

For Safe Space staff, the transcribed data was fully anonymised so that individual clients, counsellors and other Safe Space staff could not be identified.

Ethical Approval

Ethical approval for the research was granted by the Counselling and Psychotherapy Research Ethics Committee at the University of Edinburgh.

Service User Focus Group

Six service users attended the focus group, which took place in July 2010 and lasted 1.5 hours. Members of the group, all of whom were women, were varied in age, social background and in their experience of being parents. They included parents of young children and adults, grandparents, a foster parent and adoptive parent. The group conversation was recorded and transcribed. The areas covered in the focus group were the three main themes of the research and these themes were fully explored by members of the group who, despite their unique experiences, had many parenting experiences in common. Discussion developed easily out of the three research questions outlined above. In the focus group the participants talked freely and in detail about their own experience and were able to share with others, sometimes for the first time, specific experiences of parenting which they related to their childhood experiences.

Service User Individual Interviews

Individual interviews with five women were held in August 2010. Interviews lasted for approximately an hour and focused on the same three themes as the focus group. The interview offered participants the opportunity to revisit the themes they had already spoken about and to further elaborate on them.

Service User Questionnaires

Two completed questionnaires were returned during the research period. All questions were answered on both.

Analysis

The audio recordings of the interviews and focus groups were transcribed. One researcher (SP) listened to the recordings several times, firstly, to correct and confirm the transcripts, secondly, to begin to identify key themes, thirdly, to confirm the emergent themes and fourthly, to identify over-arching themes relating to each research question, adopting the thematic analysis approach to qualitative data outlined by Braun and Clarke (2006). Working with the transcripts, the second researcher (SC) confirmed and refined the superordinate and subordinate themes. For the individual interviews, the researchers took both a cross-sectional and a narrative approach, considering the sharing of themes across participants' accounts (cross-sectional) while also developing a narrative synopsis for each participant (see Riessman 2008). The questionnaire results were brought together with the focus group and interview analysis. Preliminary analysis was presented at a University research seminar to colleagues not otherwise involved in the research and their feedback was incorporated in further refinement. The results of the analysis are provided in Chapter 5.

Pseudonyms

Participants in individual interviews have chosen or been given pseudonyms to protect their confidentiality.

Chapter 4

Reviewing the literature

The literature relating to childhood sexual abuse and parenting is not extensive and falls into three main categories:

- Survivor accounts of the experience of becoming a parent and of parenting into adulthood
- Therapeutic accounts, written for and by counsellors and psychotherapists who work with survivors who are parents
- Research literature

Key texts and research reports under each of these categories are given in the Selected Bibliography at the end of this report.

Survivor accounts

Self-help books and survivor accounts started to be published in the 1990s and there is now a large and vibrant literature for sexual abuse survivors written by survivors themselves. It covers every aspect of life for a survivor, although there is still comparatively little that relates to the specific experience of being a survivor parent. What does exist relates to themes such as feelings about and experiences of sex, triggers and flashbacks to the abuse during significant life events relating to parenting, such as pregnancy, the challenges of medical intervention during pregnancy and childbirth, the experience of having a boy or girl child, attachment issues with children, relationships with children as they become teenagers and protection of children. Survivor accounts honestly explore the fears of causing emotional harm from parenting behaviour that has been carried from childhood. Many accounts take a positive stance to becoming parents and they emphasise equally the reparative nature of the experience, as well as its challenges.

Therapeutic accounts

For many survivors the experience of becoming a parent or having concerns about their capacity to parent is a trigger for seeking help. The specific literature for parent survivors who are in counselling, and for the counsellors and psychotherapists who work with them, is small. What does exist identifies a number of key concerns for clients: the knowledge and attitudes of the counsellor about the experience and long term effects of sexual abuse, any indication that the counsellor is judging the parent survivor as a potential abuser, doubting the survivor's ability to parent, being patronised by the counsellor in relation to parenting and an acceptance by the counsellor of the complexities of being a parent survivor.

Research literature

There is relatively little research on survivors as parents and most of the research literature relates specifically to the experience of being a mother-survivor. There is almost no research on the experience of being a father who is an abuse survivor. Two main research strands emerge: problem-focused research and resilience or recovery-focused research.

Problem-focused research

Until very recently, the research on sexual abuse and parenting was problem-focused, exploring how a history of childhood sexual abuse can have a detrimental impact on parenting and, more particularly, which aspects of childhood abuse experiences are specifically related to problems with parenting. This research identifies criteria for 'good parenting' and assesses survivor parents against these. It relies on statistical analysis for its findings. Most has been carried out on women accessing family support, child protection or mental health services and fewer studies are with samples from a wider community. These studies report that survivors may lack confidence as parents and have difficulties with age-appropriate expectations and maintaining consistent boundaries with their children. Problems such as not engaging with infants, over-relying on children for support and over-protectiveness with adolescent children, especially daughters, have been identified. The research also points out that difficulties with parenting can arise in pregnancy and childbirth and that there is a high risk of post-natal depression for mother-survivors.

The studies that mention the potential risk of children with abuse survivor parents do not elaborate upon how the perpetuation of abuse may or may not occur nor, more importantly, the ways in which survivor parents successfully protect their own children from the negative effects of the abuse the parents suffered as children. Studies focus on predicting parental abuse based on adult survivor's history and behaviours and suggest the need for parental training programmes.

A key finding of the problem-focused body of research is that it is not the experience of sexual abuse in itself which accounts for difficulties in parenting, but that other challenging childhood experiences are important. These, in addition to sexual abuse, could be neglectful and abusive parenting, or later life factors, which might or might not be related to the abuse, such as mental health problems, substance abuse and domestic abuse. Some studies also focus on socio-economic circumstances, such as income, employment and housing.

Resilience or recovery-focused research

Since 2000, there has been a small but growing body of research focusing on resilience and recovery. This research is mostly qualitative, focusing on individual accounts of how women have overcome their traumatic experience. The research has two traditions: one is more process-oriented – how women come to have positive outcomes through their life experiences, through a complex series of events, circumstances and personal decisions – and the other seeks to establish, as for the problem-focused research, which factors are protective and positive.

Much of the resilience/recovery-focused research is with community samples, though some is with clinical populations. The experiences which are shown to be positive for survivors who are parents include being confident as a parent, an internal feeling of being in control, and some resolution of the traumatic experience of childhood sexual abuse. Having good social support and a strong partner relationship are also important.

Possible implications for a therapeutic service

There is very little research on how parents with a history of childhood sexual abuse may be helped to parent more effectively, although most studies do theorise about the potential practice implications of their studies. Most, but not all, research studies seek to interpret or explain findings with reference to theories about psychological well-being or adjustment. Some potentially useful concepts for agencies which offer therapeutic support for parents who are survivors of childhood sexual abuse include:

- The internal working model, which suggests that parents who have been abused will parent according to the model they have internalised form their own experience of being parented
- Ideas relating to unconscious memories and feelings re-emerging when parenting, including a potential overestimation of the child's vulnerability, fears about one' potential to abuse, or projecting potential abusiveness onto others, whether partners, children or others involved with children
- Resolution of traumatic experience: that a parent's capacity to understand, relate to and behave appropriately towards a child will depend upon the psychological work done on the adult's own vulnerable child. This is an empathy-focused concept; equally, high levels of dissociation and avoiding the exploration of traumatic memories and feelings can lead to disturbed parenting, including difficulties in empathising with a child.

Finally, the survivor, therapeutic and research literatures all identify, in different ways, the significance of working through and making meaning from a troubled childhood through counselling. Such therapeutic work offers parent survivors the potential to:

- Attribute responsibility for abuse where it belongs, thus reducing self-blame if things go wrong in parenting
- Develop a stronger sense of own power and authority, leading to a greater sense of being in control of life as a parent
- Reduce their sense of being contaminated by abusive experiences or toxic to others, including their own children
- Increase their sense of self as someone who can rise above adversity
- Develop a sense of being a defender of the vulnerable, especially children.

Chapter 5

Results from focus group, interviews and questionnaires

The interviews, focus group discussion and questionnaire responses produced rich sources of data for the research. As previously noted, all participants, both in the focus group and individual interviews, were women and their unique perspective offers valuable insight on the experience of parent survivors as mothers, female partners who are mothers and female abuse survivors. As the questionnaires were entirely anonymous and asked no demographic information, it is not possible to say if the respondents were mothers or fathers.

This chapter presents the results of the research in three main areas: how the experience of childhood sexual abuse affects parenting, how personal counselling impacts on parenting and what changes parent survivors would like to see in the provision offered at Safe Space. Participants referred to a wide range of issues relating to their experience as parents, including decisions regarding partnering, decisions to become parents, the experience of pregnancy, birthing, the early days of motherhood, parenting through to adolescence and into adulthood and the reparative experience of grandparenthood and caring for children in other ways, such as fostering and adoption.

How the experience of childhood sexual abuse affects how people parent their children

Positive effects on parenting

Whilst there are many ways in which childhood sexual abuse may have negative consequences for survivors' parenting, one of the key findings from the Safe Space individual interviews and focus group was the ways in which such childhood experience may affect parenting in more positive ways. This chapter starts with this theme.

Determination to do better for their own children, grandchildren and other children

For most of the participants, childhood abuse often occurred in the context of neglectful or unavailable parental care and the participants unanimously and repeatedly reported how their own childhood experiences made them determined to provide more sensitive, attentive, loving and accepting care than they had received. They were highly motivated to ensure that their own children had a better, happier and more carefree childhood than they had experienced. This was expressed in different ways: for some, there was a sense that they would find peace in themselves so that their children's experience of childhood would not be adversely affected:

I think the abuse has made me more determined to find that settled place. I'm determined to stop letting it affect me. It's affected me for too long, you know, and I'm not gonna let it affect my children.

(Laura)

For others, there was a sense that being a parent could be reparative, that their children would have a very different experience of childhood:

The abuse made me the person who I am and I made sure I was gonna be a very good mum, and my kids could say when they are 30 that their mum told them she loved them… and it was from being abused that I made sure that they were gonna have the experiences and the happiness I didn't have.

(Focus group participant)

Additionally, some older participants spoke of the way in which their experiences had enabled them to be good grandparents, particularly when they realised that their own capacity to parent had been so affected by their childhood experiences. They spoke of being more spontaneous and less controlling with their grandchildren and of putting their experiences to good use in this new role. Again there was a reparative quality to these relationships, which also included childminding, fostering and adoption.

I don't get as tensed up as I did with my own children. So I suppose coming to Safe Space has helped me along that road. Maybe not for my own, eh, my own girls but for the next stage in my life, my grandchildren and fostering so yeah, it's helped put a few things in perspective for me. Helped me deal with it.

(Fiona)

There was also a sense of sadness in this, but becoming a grandparent enabled participants to look backward and forward in a way that one participant described as 'looking up and down the generations' with a degree of self-compassion.

My grandson's two now and the relief that I'm not the panicky uptight person that I was when I had my three – I'm sitting thinking, I just wish I could have enjoyed my own children the way that I am enjoying him.

(Focus Group participant)

Others spoke about being able to look back at the parenting they had given to their children without self-reproach but also acknowledging its limitations because of the abuse they had experienced.

I look at him (grandson) and think it's wonderful that I'm relaxed and enjoying the experience of having him but I don't regret at all how I brought my children up because at the time I did the best I could with the situation that I was in.

(Focus Group participant)

They also spoke about the tension they experienced between self-judgement about the past and the imperative to protect in the present.

Nobody seems to realise that you are judging yourself so much for why it happened to you, did you encourage it. You're doing all that and you go to the other extreme of, no, I'm gonna protect this wee person, they're my responsibility and I'm gonna make sure nothing's going to happen to this little being. I wouldn't let them take him away from me, he was at the side of my bed, I wouldn't let them take him away to the nursery or nothing.

(Focus Group participant)

Protecting and educating their children about safety, abuse, sex and sexuality

Participants recognised how their own lack of knowledge and education in relation to sex, sexuality and abuse had compounded their vulnerability to sexual abuse in childhood. Their experience resulted in them making a determined effort to provide age-appropriate information and guidance to their children on issues of touching, intimacy and sexual behaviour. They were determined that their children would not be tricked, groomed or made vulnerable to abuse in the way they had been; nor would they withstand any abusive behaviour toward them. Learning from their own experience of childhood shame, fear and anxiety, when educating their own children they made sure to emphasise that, no matter what happened, their children could always talk to them. They assured them of their unconditional love and acceptance.

When my girls got to that stage, I thought, well, I'm gonna do this right, the way I felt it should have been done to me. I said, you never ever be frightened to come and tell mum and dad and please remember – I always remember saying this – please- and please if anything does happen it's not your fault, you're the wee girl, you know, it's not you to blame, so never be frightened to come and tell.

(Fiona)

Mothers of teenage boys were also attentive to educating them regarding negotiating consent with sexual partners before embarking on sexual intimacy.

So I didn't find bringing up a sexuality question difficult, em, because, em the, the mechanics of sexuality was a teaching part and so I taught them in the sense that I gave them the information alongside the school about what was sexually appropriate, what is not sexually appropriate, and what is healthy, em. So it was kind of what I would say normalised, normal about that.

(Laura)

Parents of teenage girls made sure that their daughters were also well educated in relation to matters of sex and sexual relationships.

I made it a special occasion, you know, just a mum and daughter occasion, eh… I tried to put in a lot of what I felt I didn't get… I was trying to convince myself in my head as well at the same time, it wasn't just sorta talk that I was giving to my girls every time, it was also taking to me in my head, trying to make it right for me, for me as well.

(Fiona)

The impact of abuse on their own children

Participants spoke about the ways in which their children talked about their own experience of being parented, especially in relation to the ways in which their mother had protected them when they were younger.

I can't remember what one said it but, em, when I started talking about, you know that's why, I wanted to protect you when you were younger, one of them said a lot of things make sense now.

(Kate)

Others spoke about how and when they had told their own children about their abuse, the courage this had taken and how it enabled their children to make sense of earlier experiences of being parented. For some adult children there was little further discussion and they were clearly aware of the effects of the abuse on their mother.

They had a good upbringing, em, but they must have clicked on something. So my reactions to things must have stuck with them or affected them in one way or another, but they never delved into it. I think they felt I was hurt enough.

(Focus Group Participant)

For others, there was recognition that they now had an explanation for some of their experience of their mother in their childhood:

When I told my three girls two years ago that I had been abused, each of them had their own way of dealing with it but they said, it explains a lot, mum. They then understood why I was so strict, you know, with all different things and they told me, oh now I know why you done this, now I know why you done that. But it took for me to tell them and of course I had all that guilt all these years, depriving them of certain things, going to clubs, going to dances, going to - you know, what normal kids would do.

(Focus Group Participant)

Developing a caring expertise

Some participants noted how their own experience of childhood adversity had sensitised them to the needs of children and motivated them to want to improve other children's lives. Some had embarked on caring careers, such as foster care, and adoption.

Negative effects on parenting

Participants identified a wide range of negative effects of childhood sexual abuse on their parenting, some of which may be seen as opposite to the positive consequences noted above. These have been grouped as follows:

Not having children, losing children

For some participants, the experience of childhood abuse so dominated their lives that it affected their ability to have children in the first place. One participant chose not to have children of her own on account of her experience of abuse.

It's affected, you know, my relationships with the opposite sex, you know, right through my development and, you know, to this day there's still issues, so we adopted.

(Alison)

The effect of the abuse affected the adult mental health of some of the women, and one participant attributed this to a decision not to have her own birth children.

Well I had mental problems, personally, they're well under control now, but quite severe at times. That's why we opted not to have a birth family but I think the childhood experience just had a huge impact.

(Focus Group Participant)

Another recounted how her abusive father re-entered her life when he heard the news that she was expecting a girl. She attributes the subsequent miscarriage to the overwhelming fear she experienced that he would seek to abuse her baby.

Because he knew it was a girl, suddenly he started getting in touch…and the long and the short of it is the baby died, but the medical reason, there was no medical reason, and my husband still believes stress and the hospital has said that they couldn't rule that out, and he blames, my husband blames, my father for the stress during the pregnancy. So that was my way of protecting her, because it was a girl.

(Focus Group Participant)

Several participants found that giving birth to daughters resulted in a powerful triggering of memories of their own abuse. In Kate's case, she consequently became unable to parent her baby daughter who was taken into care.

Grief, loss and parenting

Two participants talked about the psychological loss in not relating with their new born children due to being post-natally depressed and how they now linked this with their experience of childhood sexual abuse. Kate spoke about her emotional breakdown following the birth of her daughter as a form of loss and others spoke about the grief which accompanied miscarriage, decisions not to have children and having children taken into care. Others described loss in relation to feelings of being not good enough as a parent and the loss of spontaneity in play. The loss of potential in parenting with male partners was also referred to by participants, particularly in relation to watchfulness of their male partners and needing to be in control.

My actual child abuse obviously was always lying inside. Em, when I had my first daughter, it came back with total vengeance, em, whenever I gave birth basically. Em, they put it down to post-natal depression to start with and it was actually my health visitor that picked up on strange things that I was doing with my daughter. Em, I wouldn't change her nappy in front of, eh, of any, especially men.

(Kate)

Alison spoke of the sense of loss and grief which she had carried for many years, recognising its potential impact on her capacity to parent her own child.

There was a wee child in there that was reacting to that, coupled with some of the things I was doing in work, so it probably came to a time in my life where it was time for me to grasp, em, because it was, there was a sense of grief and I, I know that, em, but I if you don't recognise and get help, if you bury it, it's going to in some way affect your child.

(Alison)

One questionnaire respondent wrote of how the 'unresolved emotions of parent suffering CSA does not allow for enjoyment of life with children'.

These are examples of childhood sexual abuse affecting women so profoundly that their capacity to bear and care for their children was significantly impaired.

Broken families and lack of support

Childhood abuse had left most participants without the support of the grandparental generation or a wider extended family. In some cases, they had chosen to remove themselves from close ties with their families in order to keep themselves and their children safe. In others, their disclosure of abuse had resulted in their families rejecting them, with the parents and siblings closing ranks against the family member who had dared to name the abuse.

I lost my whole family through it all because it was my father. So then you didn't have your mother's support, you didn't have your brothers' and sisters' support, your kids don't have their grandparents, uncles, aunts, cousins…so we were in a bubble.

(Focus Group Participant)

Even when the abuse was not inside the family, the participant's sense of hurt and loss at not being protected, believed or cared for could result in ongoing problems with her own mother or children and a reduction in the grandparental support available. This lack of grandparental and wider family support placed a greater burden of care and responsibility on survivor parents and, in cases where their partnership with the father of their children had broken down, the single parent mother was left isolated and alone with the care of her children.

Limitations on sharing care and increasing the burden of care

Participants reported limitations on the sharing of care. Through their determination not to place their children at risk of abuse, they would not leave their children in the care of others.

So that was a direct result of abuse in the sense of not trusting, so it's not just taking responsibility overwhelmingly, but not allowing the trust of other people who could do marvellous things in the development of your child. My first child didn't go to playgroup or nursery for that reason. I just never let him out my sight.

(Focus Group Participant)

While placing a greater burden of care on themselves and their partners, they also recognised that this could inhibit their children's experience of a 'normal childhood'. While other children were allowed to go to clubs or outings, enjoy time in other children's houses, go on camping trips or holidays away from the family, their children were not. Some participants regretted this and wished they had worked through their own abuse issues earlier which might have provided their children more freedom growing up.

I had all that guilt all these years, depriving them of certain things, going to clubs, going to dances, going to, you know, what normal kids would do.

(Focus Group Participant)

Others had no regrets about the level of protection they gave to their children, even when they could not say why this was to anyone else, stating that this was the price to be paid, both by them and their children, to provide absolute assurance that their children would be safe from abuse.

There was always a wee bit of fear in the back of my mind as soon as my kids were out of my sight…it was weird because it wasn't necessary, when I think back 'cos… it was quite a secure area to be in. Everybody knew everybody so, your know, in hindsight, you knew nothing like that would have happened, well you'd hope, eh…and I couldn't go to the nitty gritty, well even when they were getting older, you know, this was something I kept inside me, em, and I didn't share with anyone.

(Laura)

Over-protectiveness: impact on children and parents

In both the focus group and individual interviews, all participants spoke of being over-protective as one of the main consequences of their experience of childhood abuse. Most participants spoke of the level of protection and watchfulness lasting well into the adult lives of their children. One woman gave an account of the complicatedness of protecting her children in this way:

Nobody had my children either. It was the week before my 25th wedding anniversary- my eldest son was born within a year and so he was 24 and that's the first time that we left him and went away ourselves. They had left and gone away places themselves but I had never left them and that was important - it was me that wasn't leaving them and that's with guilt and the responsibility.

(Focus Group Participant)

The protectiveness that results from abusive experience has many dimensions. It can have powerful positive consequences in parents ensuring that their children are not made vulnerable as they had been, not exposed to inappropriate adults or risky situations. As noted earlier, it made them determined that their children would be fully educated around matters of intimacy, touching and, as they get older, sexual behaviour, and strongly encouraged to talk about unsettling experiences no matter how embarrassing or potentially shameful. On the more negative side, it can place a greater burden of daily care on the parents as the children are not entrusted to the care of others, even for short periods of time. For the children, this can result in limitations in their activities, experiences and relationships.

You don't think of it at the time as you're, you're sorta being a parent, but when I reflect back on how I was as a parent I found myself quite strict, in the sense that I was always – you know, as the girls were getting a wee bit older, if I said, come in at 5 o'clock, if 5 o'clock came and they weren't there.. I was sorta getting on to them for being late… but it didn't fit the crime, if you know what I mean and they'd go, oh God, why's mum going daft, we're only 5 minutes late.

(Fiona)

One questionnaire respondent also wrote of not being able to trust their son's carers, fearful that they could be abusive.

As most children growing up spend increasing amounts of time outwith their parents' immediate supervision and care, the psychological toll of these protective impulses on the parent survivor could be immense. Fiona described a constant state of hyper-vigilance, of not being able to relax when her children were out of the house. As they reached adolescence and began to spend evening time with friends away from home, she had to manage extreme reactions of fear and panic. Similarly, Laura gave a detailed description of the way in which she had to manage her internal reactions to normal childhood play.

I struggled with myself, like yes, you have to allow them to go outside without shoes on to run in the sand. It's unfortunate if there's a piece of glass but you have to do it. So I would be in a turmoil, I would be going through the anxiety of , there could be glass, there could be this, there could be that, a broken can, a jellyfish, any – like in my head I'd be thinking up scenarios of – but to externally look at them and be waving them off along the sand…but I was internalising it all, em, struggling with it.

(Laura)

One questionnaire respondent also noted that the most prominent consequence of childhood abuse was the persistent fear that their child would be abused. This was exacerbated when their son had to spend long periods of time living away from home.

This extreme anxiety about their children's safety could also result in direct conflict and tension between parent and child, especially when the child reached adolescence and expected more freedom than their parent was able to afford them. Imposing strict curfews, challenging many aspects of normal adolescent rule-breaking and losing their temper when they felt they were losing control of their children were common experiences. One parent made the distinction between acceptance of an adolescent's experiments with their identity, as expressed through physical alterations such as hair colouring or tattoos, but being unable to accept social behaviours which might place them at risk from others.

So I was adamant they were not getting involved in drugs, they were not smoking, they were not having sex, they weren't doing anything like that at all, but I didn't care if they dyed their hair or they had a tattoo – all the things I wouldn't want, but I didn't mind. So it was a kind of split. I didn't mind the identity part, if they want to identify with who they are in a physical way, but not in an emotional and sexual way.

(Focus Group Participant)

Where the abuse was disclosed and known, the parent's protectiveness could be discussed, challenged and negotiated by their partner and children, but where it was not, conflict could become entrenched and relationships between parent and child compromised or damaged as a result.

Power, control and authority issues with children

While participants spoke in detail of the particular example of adolescent attempts to negotiate time away from home, in general they addressed the theme of the childhood abuse leaving them with ongoing issues in relation to power, control and authority in their relationships with their children. The frightening experience of their sense of power and control being taken away from them in childhood abuse left them very sensitive to these issues when they arose in their parenting. Jenny spoke of how she experienced her baby's demands for care, attention and feeding as unreasonable attempts to control her, even though she consciously knew that her baby was just being a baby.

I think for a long while I was avoiding spending time with her. I was kind of scared of forming a relationship with her. I found the first year of her life tough, really tough. I think looking back on it, I may have had some post-natal depression…I was so used to having my career and my, my own time, then for 6 months I was like a life support machine to somebody else and I really struggled not being in control of my own life, being controlled by this little person.

(Jenny)

Right through their children's lives, participants provided examples of how they struggled to negotiate with their children, could over-react to the child's attempts to assert their authority, could feel re-abused by their children, and how they could at times become overly strict, authoritarian and intransigent as a result.

Even to this day I find it very difficult somebody telling me what to do and when your teenagers get to the age of 13, 14 and upwards, you know, it's not 'Yes mum, no mum, three bags full mum.' It's 'No, I won't do that' and I found myself getting quite angry with my girls, especially my oldest one. It was, you know, black and white at times.

(Focus Group Participant)

Whilst in retrospect participants were able to identify that their children's behaviour was just 'normal teenage behaviour', in the heat of the moment arguments with their children had the potential to re-awaken memories of abuse and mistreatment and place particular strain on relationships.

I found it difficult – for me feeling they were controlling over me… it was like I wasn't in control of the situation, somebody else was controlling it and it, it wasn't me.

(Fiona)

Handling children's sexual development

Participants reported how the experience of sexual abuse left them anxious or fearful about their children's sexual development and how they struggled to accept their children's developing sexuality. For some, their concerns centred on how the young person's experience of puberty and sexual awakening might render them vulnerable to abuse, both on account of others' interest in them and of their beginning intimate relationships of their own. One participant, Alison, spoke very openly of recognising the envy she felt towards her daughter as she was able to enjoy her adolescence and sexual development in ways which Alison had been completely denied. She realised that she needed to take these issues into counselling in order to ensure that they did not damage her relationship with her daughter.

Concerns with intimate aspects of parenting

In both the focus group and individual interviews, participants returned to the issue of intimate care, as one which caused significant concern. Nappy-changing, bathing and other care tasks, particularly those which involved direct contact with the child's private parts had the potential to arouse a complex set of emotions.

Firstly, intimate care could trigger memories of survivor parents' own abuse and they could find themselves experiencing unwanted thoughts, memories and feelings connected to the past abuse.

You can't avoid it coming into your head for that split second and you will, I will do things to sorta put it out of my mind, you know…but I didn't know how to make sense of it when it was my own girls cos I hadn't dealt with it, I hadn't dealt with the abuse, you know, I was still the guilty one and you know, I was the wrong person and everything like that at that time…but I do with the wee boy…I have to take him to the toilet, I haven't got as much anxiety but it is still there.

(Fiona)

Secondly, against the backdrop of media reports and the oft-repeated adage that 'victims become abusers', they could worry that their touch could become abusive. Whilst consciously knowing they had no intention of harming their children, their experience of abuse had left them with an anxiety that the power to abuse had somehow been put inside them and that it might come out, against their wishes, or even outside their conscious awareness. Fiona expressed this as a fear of 'crossing the line'.

You were so critical of yourself that you were doing it right, if in any way you were touching them, you know you would avoid touching them if anything and, you know, it was getting it done and that's because you were frightened that you were overstepping a mark because you didn't have a line to know whether you were crossing it or not.

(Fiona)

Thirdly, they could become extremely self-conscious that other people might misinterpret the situation and consider them abusers. Once this train of thought and association established itself, they could find it very difficult to switch it off. Fiona again described how this greatly impacted on her feelings about intimate care for her children, as these precious acts were permanently and irreparably tainted by her childhood experience of sexual abuse.

Changing their nappy, eh, cleaning them up, I always, I done it, but there was always something that, you know, just didn't give me the freedom of that full joyness of doing it, eh, there was just something a wee bit tainted in it in my mind, you know, it just, you automatically clicked back to when you're getting touched, em, and it just, it, it doesn't matter how many years ago it happened or how many years counselling, for me, it just, it automatically comes into my head.

(Fiona)

Some participants noted that the focus group for this research was the first occasion they had ever spoken of these issues. They had not been able to talk about them even in the privacy of their counselling. Others had addressed them extensively in their counselling. None spoke of having discussed them with health service personnel.

Concerns relating to contact with authorities

Connected with a fear of being seen to be or becoming an abuser, some participants described being wary of contact with authority figures, such as health, education and social work professionals, in case the latter would regard their children at risk and might institute care proceedings. This was another dimension of vigilance which also made it difficult for them to disclose their childhood abuse to services who might have been able to provide help.

For me, you don't tell anybody, like health visitors, cos you're frightened you'll get your children taken off you, that they will judge you, that if they found out you were abused, you'll be put under a microscope.

(Focus Group Participant)

The ordinary scrapes and bumps of childhood play could result in heightened anxiety for parent survivors as they worried that teachers or health practitioners would suspect them of abusing their children.

The strain of holding secrets

Keeping the abuse secret had significant and long term negative impact on relationships with partners, parenting and other relationships for some of the women in this research. In relation to many of the issues discussed above, survivor parents had doubts, fears and anxieties about telling partners about their abuse. They found themselves over-reacting or behaving in ways which caused conflict or difficulty in their families and which isolated them from potential sources of support, partly or largely because they were unable to disclose their experience of abuse. Holding on to this secret, actively keeping others from discovering it, placed a strain on their day to day functioning as a parent and could result in them being less psychologically and emotionally available to children and partners.

When I look back it was pretty horrendous. I think it was because I had it, kept it so deep inside and whenever I had my daughter, it came straight up and basically it felt like without warning and then all these things were going through my head and trying to care for a newborn baby and trying to do the best for her.

(Kate)

For older participants, in most of their lives sexual abuse was never talked about in the public sphere, and they came only to the point of disclosing to partners or adult children when their children were teenagers or older.

I waited until my girls were all grown up and away from the house at different stages…I thought right, will I tell my husband before we get married? No, he might not marry me. Then I fell pregnant. I lost the first baby and I thought, right, I'm not gonna tell him because it could do something to the children and then as time goes on, no, I'll not say to them now. I'll wait till the girls are a wee bit grown up and safe, and time goes on and it went on and on. And then I thought, right, they're all moving away from home and they 're all settled in their own relationship and they're safe and they're happy now and if I tell my hubby now – I mean, God forbid me for thinking it, if he doesn't stand by me that's fine, the kids are fine, I'll manage. But, you know, it was the total opposite. I mean, I'm 54 now, but I was 44 before I said anything.

(Focus Group Participant)

For younger participants, with public awareness of childhood abuse more widespread, it was the experience of becoming a parent that resulted in their decision to seek professional help in relation to their history of childhood abuse.

I think being, becoming a parent was what actually led me to confront my issues. I'd never doubted it before that. My daughter was about 18 months, 2 years, before actually, you know, 'This is affecting my family, it's affecting another generation, it stops now and I've got to do something about it.'

(Focus Group Participant)

Finally, there was poignancy in the realisation that, for more than one participant, the hope that 'becoming a parent would make me normal' was unquestioned until they experienced difficulties in parenting. One participant talked about how, through her counselling, she was able to think about her decision to become a parent and the impact of her abuse on her experience of being a parent.

To appear to the world to be normal, that I had children, in my confused way of thinking when I was that age, if you got married and had children, you were normal. But if you were sexually abused, you would be totally dysfunctional.

(Laura)

How personal counselling for parent survivors affects how they parent their children

There was strong theme in both the focus group and individual interviews that the impetus for seeking counselling derived from a wish for self-understanding and, importantly for this research, a commitment to children and grandchildren. There were many facets to this process, some of which were life-changing, challenging and rewarding in equal measure.

Emotional transformation

All research participants spoke of feeling calmer and happier in themselves, and consequently more balanced and available in their relationships with their children and others, as a result of their engagement in counselling. This powerful shift in their internal emotional and psychological well-being served as the basis for significant change in their relationships with their children and in other aspects of their lives. In the following statement, Laura makes a direct correlation between her children's happiness and her own.

They've never fully resolved till you're fully resolved.

(Laura)

Participants attributed their experiences of personal emotional transformation to a variety of specific emotion-related tasks and processes undertaken in the counselling. For some, acknowledging and letting go of guilt, shame and self-blame was the principal contribution to this internal change. For others, it was accepting and working through intense feelings of anger and rage, towards the abuser, the non-protective adults in their lives and towards themselves, which was the most significant emotional work of counselling. Others focused on how they had addressed and expressed their strong feelings of loss and grief in relation to their stolen childhoods and the lifelong damage the abuse had caused them. They also spoke of the way in which counselling had enabled hem to normalise their worst fears in relation to their own children and in their parenting more generally.

I realised that it was absolutely the best thing for me, em, just to unravel myself rather than being told things, and that, that was really good. But at the start it was very frustrating cos I just wanted someone to, to fix it and tell me how to fix it.

(Jenny)

Revealing the secret was in itself very cathartic for some participants, immediately bringing relief. The act of disclosing their experience and its associated feelings to a listening other who understood, empathised and knew what they were talking about, and who stayed working with them through all the emotional turmoil of counselling, reduced their sense of isolation. For some, it was being able to say anything, all the 'crazy things' they had never been able to say to anyone else, and for these to be heard and accepted and for them not to be rejected, that brought the powerful sense of inner calm. Some spoke of how, after years of feeling wrong, different or abnormal, they finally had the feeling that they were normal and OK. Being able to express their darker thoughts and feelings, their anger and rage, helped them integrate and accept these feelings and gave them they confidence that they would not hurt anyone, not their children, nor anyone else. They also spoke about their counselling as work which was done over time, sometimes, as Kay notes, over a long time.

And I'm, we're no saying it's easy but we are working hard through it, we're working hard and that – I've only got here to thank, to, to help me. This time coming, I vowed I'm not leaving until I've got my whole system cleared.

(Kay)

Some participants also noted that, only when they had done the important work of making sense of their experiences in the past and in the present, they could find new ways of being themselves and being parents.

I think actually it's about the root cause. You can go to parenting classes and you can say, right, I have problems with patience or I have problems with anger and you can look at developing some coping techniques, but actually if you don't fix the root cause, are those coping techniques ever gonna work to their full potential? And that's kind of how I see it and I think because I've done some work on the root cause I've got some supplementary work to do now… and I think you know, that it's so linked, childhood experiences and your own parenting style…and I think that a lot of the skill maybe is learning to regulate those behaviours.

(Jenny)

Both questionnaire respondents also wrote on this theme. For one, their counselling experience 'brought closure to my anxiousness of suffering child sexual abuse', while for the other, the counselling space enabled them to express their fears openly and fully. Both noted how the counselling enabled them to talk about feelings they had not managed to disclose before.

Increased knowledge and awareness

Alongside the intense emotional work of counselling, participants spoke of the increase in their knowledge and awareness relating to their experiences. Addressing their experience of abuse helped them understand it more clearly and fully. Reflecting from their adult position on what happened to their younger self, with the help of another, enabled them to 'get the abuse in perspective' and to attribute responsibility to the abusive and non-protective adults in their lives rather than blame themselves.

It's made me understand a lot of what happened and how things went on and a stop wasn't put to it or why she didn't feel like she could stop it.

(Focus Group Participant)

Understanding the abuse and how it had affected them also enabled them to understand, and ultimately change, some of the ways they behaved with their children, partners and others in the here and now, for example, their over-protectiveness and anxiety regarding separation.

It helped me to realise that a lot of my actions with the girls was through my own paranoia or fear that something was going to happen to my girls when they were out of my sight and it helped me to realise that my childhood was a totally different situation from, you know, when they were growing up – when my girls were growing up.

(Focus Group Participant)

Improved relationships with children

For the purposes of this research, one of the most noteworthy findings was how the impact of counselling on these parent survivors resulted in direct, observable change in their relationships with their children. One interviewee, Alison, captured this succinctly in her phrase 'a happy mum, a happy child'. The changes resulted from the emotional transformation effected by the counselling as well as the significant understanding and awareness gained. The increased happiness, sense of calm and freedom from worry enjoyed by the parents as a result of counselling had a positive effect on all aspects of their home life.

I think it's made me feel a lot better about myself and that's been, you know, beneficial for everyone around me.

(Focus Group Participant)

The protectiveness towards their children, discussed earlier, was a significant area where parent survivors who had experienced counselling were able to find a more balanced position. As they worked through their own history of abuse and came to understand their more extreme anxieties in relation to their children, they became more able to assess risks more realistically and give their children more freedom rather than impose draconian restrictions and blanket bans. This resulted in a greater capacity to negotiate with their children and less conflict. For some with older children, they were able to disclose their abuse experience and talk about their children's safety, and their concerns as a parent, in the light of this.

Some participants reported how working through deep-seated issues of power and control, as well as their own fears in relation to their potentially explosive anger, enabled them to manage disagreements and conflicts with their children both more calmly and more assertively. They were more understanding and tolerant of their children's needs to assert their own wishes and equally more comfortable in holding on to their own authority in non-punitive ways.

I don't deny there's an anger within you. It's not that I'm denying it, thinking hmmm, I want to be a good person. I'm not going to be angry. I just think it manifests itself in a different way, you know, it's not an outward rage…my middle son says to me that although I don't shout and I've never shouted at them and things like that, he says to me, but you shout without raising your voice.

(Laura)

Managing their children's developing sexuality more sensitively was also a significant theme for some participants. Counselling gave an opportunity to talk through fears and anxieties, but also less acceptable feelings of envy and grief which arose as they compared their own disturbed adolescence to the much happier experiences of their children. Working these through in counselling meant that they could ensure that they did not emerge in destructive ways in their relationship with their children.

My daughter's sorta turning into early, you know, adolescence, and she's going out and she's doing things and having a good time in ways that I didn't and there's a wee bit of grief there that you're aware of…I suppose through counselling you're talking about that, you're bringing those feelings out and acknowledging them, so that they're not kind of being adverse underneath the surface.

(Focus Group Participant)

Some participants noted how confronting and working through traumatic experiences in counselling resulted in them being able to let go of needing to control everything at home and in their children's lives in general.

I think through counselling I've actually finally accepted that I am a mother…I was so busy trying to prove that I'm normal, prove I'm in control, you know, my house was spotless and, you know, when she was six months, I hardly ever played with her, I was just so concerned about everything else, being in control and I've finally now accepted I am a mother and I am me and it's OK to leave the washing up all muddled, that's OK and that has really helped me and it's the counselling that's taken me to see that, which I think is a really positive thing.

(Focus Group Participant)

I'm finally comfortable with being me and my role as a mother which just feels so much better. It's a massive step forward for me.

(Focus Group Participant)

Improved relationships with parents and others

Addressing their childhood abuse experience in counselling enabled some parent survivors to disclose and discuss it with family members. For some this resulted in reconciliation and improved relationships which then had positive consequences for their children as family members from who they had been estranged came back into their lives. Examples included much closer ties with a mother who had failed to protect one of the participants and who was now significantly involved in caring for the participant's children and participants rebuilding relationships with siblings and their families, bringing cousins together as a consequence.

The counselling has enabled me to confront her [my mother] a little bit and our relationship has changed and she's a very active part in my life and in my daughter's life.

(Focus Group Participant)

In contrast, some reported how open disclosure to family members resulted in disagreement, conflict and distance, but those who recounted this did not regret having done so, as the act of telling the truth after so many years of silence was empowering for them. If it meant that their families did not want to believe them or stay in relationship with them or their children, as far as these participants were concerned, that was acceptable, as speaking truthfully was more important to them than living a lie.

Negative consequence: temporary preoccupation

It is important to note that participants also acknowledged a potential negative consequence of counselling on relationships with their children. The emotional work of counselling could result in feeling preoccupied at times and caught up in powerful emotions especially when they left sessions and when they came home immediately after counselling sessions. Participants spoke of how, with the help of others such as their partners, they managed that transition and were also clear that this was a temporary state, related to the phase of counselling when they were doing the most disclosure work.

I had so much going on for myself, I had nothing to give to anyone else. I could do what I could to get through the day, em, but I wasn't doing much extra for, say for that concentrated period of time. That was, that was really tough, but I know I was gonna get through it, I didn't know how long it would take and I was determined to get through it, but I think that for that period of time, I wasn't the best mother in the world, I wasn't, you know, there, but I think it was a necessary part to get through to, to the long term gain really, eh, but it was a lot of short term pain, Real short term pain.

(Jenny)

What Safe Space could be doing more of, or differently, to help adult survivors in their parenting

Participants identified a wide range of helpful initiatives which Safe Space was already providing, including some specifically targeted at parents, such as parents groups, one-off parenting workshops and events, and other services which complemented individual counselling, such as group work, art therapy, drumming sessions, inner child workshops and other events. Questionnaire respondents in particular noted how these opportunities for creative and non-talk-based therapeutic activities really helped them express their emotions and open up in counselling.

There were also some changes to arrangements suggested, as well as suggestions for new and alternative provision.

Changes to existing provision

Information on existing services

Participants noted that they were not always given information about events, groups and other initiatives, when they were attending counselling. They could also be told verbally about these, but due to their experience of preoccupation and/or distress in relation to the counselling, they were not always able to take the information in and would have benefited from reminders or written information, such as flyers.

Inclusion criteria for groups

As therapy or parents groups or events were sometimes led by staff who also acted as individual counsellors, Safe Space policy meant that those service users who were receiving individual counselling from these members of staff were unable to attend the group or event. Participants experienced this as disadvantageous and recommended that either other staff be employed in such roles or the exclusion rule be reviewed so that individuals were not prohibited from accessing groups or events, because their counsellor was involved in the group or event.

Participants also suggested that such events or groups should be for parents and carers, rather than just parents, so that service users who had responsibility for children, but who were not their parents, such as grandparents or foster carers could benefit from these additional services.

Facilitating access to counselling and other services

While Safe Space services were highly valued by all research participants, access was raised as a concern, especially for those who had young children or who lived at a distance from the service. Participants recommended that child care be provided to enable service users with small children to attend counselling. While they acknowledged that it probably was not practical for Safe Space counsellors to offer services in people's homes or negotiate to use rooms in their communities, transport problems were an issue for some actual or prospective service users.

Transition out of counselling

The counselling service was considered a lifeline by many participants and the bond developed between counsellor and service user a particularly strong one such that ending counselling could be experienced as very challenging. Letting go of such a significant relationship, even in the knowledge that the time was right to do so, was highlighted. Some participants recommended that provision be made to help people with the transition out of counselling. An ongoing parents and carers group might be such an option.

New and alternative provision

Ongoing Parents and Carers Groups

Participants recommended that parents and carers groups should be continuously available to Safe Space service users rather than groups which were offered occasionally. The preference was for these groups to be facilitated, rather than self-directing. The preference was also for a 'rolling' rather than a closed group so that people could join at any time and not have to wait until the next delivery of a group.

Service User Inputs for Others

Some participants noted how helpful it had been to participate in the research focus group and recommended that service users sharing experiences, concerns and solutions is something that should be routinely offered, whether through groups or one-off events. In particular, it was noted how hearing from parents further in their recovery process could be of particular use for those just starting out. Several research participants stated that they would be able and willing to offer such inputs.

Addressing intimate care

As noted earlier, several participants noted that the focus group was the first time they had ever spoken openly about their concerns in relation to the intimate personal care of their children, such as nappy-changing and bathing. It was noted that it would be particularly useful if staff could be aware that this may be an area of concern for service users and that service users could benefit from staff helping them to address it, both in individual counselling and in parents groups or events. One questionnaire respondent would like to see such concerns specifically addressed in a parents' group or workshop.

External speakers and events

Participants noted that it would be helpful to have occasional one-off events or workshops which might be facilitated by suitably qualified professionals in the parenting field, such as therapists, social workers, child psychologists or psychiatrists. They would want these professionals to have a particular awareness of parenting issues for parent survivors and the workshops or events to focus on the areas that are especially challenging for parent survivors, such as:

- managing challenging behaviour in younger children and in adolescence
- feeling more comfortable with touching, physical affection and intimate care

- understanding child development and learning to distinguish between signs and symptoms of abuse and normal development
- coping with young people's puberty, sexual development and experimentation.

Links with other services

Participants were aware that there were other professionals who were in a position to help with parenting skills and concerns, but they were often anxious about disclosing their abuse history to other services and were also unsure of the response they might receive. They recommended that Safe Space develop stronger ties with other services and have a recommended list of other services to whom they could refer service users. Participants stated that they would be able to trust other services and professionals recommended directly by Safe Space.

Specialist Consultations/Outreach Services at Safe Space

Participants also recommended that Safe Space consider inviting other professionals with specialist expertise to offer consultations or drop-in sessions or other outreach activities at Safe Space, for example, a social worker or child psychologist could focus on managing challenging behaviour. Participants noted that Safe Space service users develop an attachment to the project, the staff and the building itself as a secure place where they could talk openly about problems or concerns which were difficult to address in other contexts. In their view, the more that could be offered on the premises, the better and the easier it would be for parent survivors to address parenting issues with relevant professionals.

Conclusion

The focus group discussion, interviews and questionnaires clearly identify how sexual abuse in childhood can affect parenting for survivors. They point to the significant positive effects of counselling and they also offer to Safe Space some thoughts from service users on how the service might develop in the future. The final word rests with two participants who put it in these ways:

Nobody else is gonna wave a magic wand and say, that's it fixed. I've gotta put a bit of effort in and turn it round, and the counselling really helped with that.

(Jenny)

I've spoken to my counsellor and she laughs at me…how I feel is like I'm an infected wound, that's how I feel and my antibiotics are coming to counselling. That's what's helped me heal. That's how I see it.

(Kay)

Chapter 6

Summary of findings

In summary, the key findings of this research are:

1. The experience of abuse may have positive as well as the expected negative consequences for parent survivors.

2. Positive consequences include a determination to provide their children with a better childhood than they received, a heightened awareness of risk and a commitment to safeguard their children, including educating them appropriately regarding intimacy and sexual matters. This determination also encompassed ensuring that the abuse is not repeated and that their children behave well and responsibly in their intimate relationships. For some, the development of an interest in a caring career was attributed to the heightened sensitivity resulting from childhood abuse experience.

3. The negative consequences were more profound and more global than those reported in much of the research literature, in the sense of affecting every area of a parent's life. Amongst the more far-reaching consequences were difficulties forming intimate adult attachments, decisions not to have children, difficulties conceiving, and the experience of miscarriages and stillbirths, all of which were attributed by research participants to their history of childhood abuse.

4. Some participants also noted how the family context in which abuse had occurred might result in strained or estranged family relationships, placing a greater burden of care on parents/mothers and resulting in diminished relationships between their children and extended family members, such as grandparents, uncles, aunts, cousins etc.

5. In respect of parenting their own children, participants discussed how the abuse overshadowed their joy and freedom as parents, inhibiting their spontaneity, delight and pleasure in intimacy, affection and play with their children. They explored their anxiety around intimate aspects of physical care, such as bathing and nappy-changing, and how these were related to their fears that they might harbour the potential to abuse children, having heard so often the message that 'abuse victims become abusers'.

6. Hyper-vigilance and over-protectiveness were shared themes across participants' accounts. These were understood to have inhibited their children's growing-up and to have led to significant conflict between them and their teenage children. Some parent survivors also carried a range of concerns about their children's puberty and developing sexuality. Fears of the potential for their partners/husbands, other carers and professionals, such as health and education staff, to abuse their children were also dominant.

7. For most participants, these fears, anxieties and preoccupations were kept private and secret, from partners, friends and family members, as well as statutory professionals, until they were able to access counselling at Safe Space. Shame, guilt and fears of being judged, even of their children being removed from their care, prevented them disclosing their history of abuse and their on-going parenting concerns.

8. First and foremost, counselling provides an opportunity for full disclosure which results in a profound emotional unburdening and transformation. Recounting the story of the abuse and its legacy to a concerned other enabled participants to gain perspective, increase their awareness of what had happened and release them from years of shame, self-blame, fear, anxiety and secrecy.

9. According to participants, children benefited hugely from the relief their parents experienced through counselling, although some participants noted that there might be temporary disadvantages for children, for example, immediately after counselling sessions, service users might be emotional or preoccupied and less available for their children.

10. Counselling enabled them to negotiate more effectively with their children, handle conflict more appropriately and reduce their need to control aspects of their children's lives, especially as the children got older. They were less threatened by their children's attempts to exercise power in the parent-child relationship.

11. The space to talk in counselling also helped them gain perspective on their children's developing sexuality and feel less threatened and anxious about their children embarking on relationships.

12. For some, counselling also resulted in reconciliation with family members where relations had been strained, thus bringing extended family relationships back into their and their children's lives.

13. Participants highly valued the range of services provided by Safe Space which were regarded as essential complements to individual counselling. Initiatives which enabled the expression of feelings through creative non-talk-based media, such as art and music-making, were well regarded. Specific parenting-focused interventions, whether on-going groups, or one-off education or issue-focused events/workshops, were also well received. Participants unanimously regarded the provision of such initiatives at Safe Space, the place where they were able to disclose and work through their abuse, and be known for who they were, as essential to their sense of safety and their capacity to participate.

14. Amongst their suggestions, as noted in the recommendations below, are the inclusion of as many people as possible in groups, workshops and events, the facility for an open access or rolling, rather than a closed, group, the provision of more education events around child development, puberty and sexuality, and around discipline and negotiation with children, a specific focus on intimate aspects of parenting, and greater links with other services.

In conclusion, this research has established the profound, lasting and direct benefits related to parenting for the parent survivors receiving individual counselling at Safe Space. The results demonstrate how counselling transforms the individual service user's sense of self and place in the world and fosters their emotional and relational resilience, with significant consequences for their capacity to relate to, show affection towards and manage difficulties with, their children. The benefits to be derived from counselling are complemented, in the perception of parent survivors, by the range of other services and initiatives provided by Safe Space, both general and those with a parenting focus. The parent survivors also provide a range of suggestions for further initiatives which they would value.

Chapter 7

Recommendations

In the light of these findings, the researchers recommend that Safe Space could:

1. Ensure that counsellors receive specific training in common areas of concern for parent survivors and in addressing such concerns in counselling practice, when they are not directly raised by clients. In particular, such training should include:
    - concerns around the intimate care of children
    - fear of becoming or being seen as an abuser
    - over-protectiveness
    - issues of power and control
    - anger as a response to loss of control
    - anxieties around children's sexual development
    - open communication with professionals
2. Consider how the barriers of childcare and transport in relation to parent survivors accessing counselling and other services may be overcome
3. Consider how the end of counselling may be managed for those clients who may need a stepwise gradual ending and possibly a transition into another form of less intensive support
4. In addition to the counselling service, seek to establish an ongoing group work programme of parents groups, education, workshops and presentations, accessible to all counselling service users, at whatever stage they judge appropriate for themselves
5. Ensure that all counselling clients are informed and regularly reminded of the group work programme in a variety of formats, such as verbal communication, leaflets and posters
6. Include experienced or former clients of the counselling service in the design, delivery and administration of this parent survivor group work programme
7. Engage in negotiation with statutory services, such as health and social work, to participate in the Safe Space parent survivor group work programme
8. Engage in negotiation with relevant statutory services to discuss the potential provision of their outreach services on Safe Space premises, enabling parent survivors to engage appropriately with statutory services in the safe context provided by Safe Space
9. Offer training to relevant statutory services in relation to the particular needs of parent survivors and how those services might assist parents to disclose childhood abuse and work through consequent anxieties in relation to parenting

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Selected bibliography

Below is a selection of books and research reports under each of the headings used in the Literature Review chapter. More detailed information on the content of these books and articles is available on request.

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Appendices

Survivors as Parents: Research Project

Information leaflet for clients

What is the Survivors as Parents research project?

Safe Space has asked the University of Edinburgh to research how well they are responding to the needs of adult survivors who are also parents. They want to know how well parents are being supported through the counselling service at Safe Space and other services offered. In order to do this, we are asking people who have used the Safe Space counselling service if they would be willing to talk about their experiences of being parents and survivors and about using Safe Space services. We are asking people who have attended at least 6 counselling sessions to participate.

Who is doing the evaluation?

Seamus Prior and Siobhan Canavan are the researchers from the University. They are qualified counsellors and experienced researchers. As counsellors, they both have considerable experience of working with adult survivors.

If I am interested, how would I take part?

We are offering people he chance to participate in three ways:

1. we would like to have a 'focus group': this would be one meeting lasting up to 90 minutes with between 6 and 8 people and the two researchers
2. we would like to do individual interviews: this would be one meeting lasting up to 90 minutes and you would have the choice to be interviewed by either the female or the male researcher
3. we would like to gather in questionnaires: this should take around 10-15 minutes to complete.

You can agree to one, two or all three of these different activities. Taking part in the evaluation is voluntary. Your use of any Safe Space services would not be affected in any way whether you agree to take part or not. If you decide you want to take part, please complete the slip at the end of this sheet and return it to the Safe Space office.

In all three parts of this research, we will be asking the same three main questions:

1. how does the experience of childhood abuse affect how people parent their own children?
2. In what way, if any, does personal counselling affect how survivors parent their own children?
3. what could Safe Space be doing more of, or differently, to help adult survivors in their parenting?

What would be recorded or written down?

The interviews and focus group meeting will be audio-recorded and the recordings will be stored in line with University research ethics procedures and destroyed after a set time has elapsed. All the information that is written down will be anonymised – this means that there are no names or identifying details attached to it. Even if anyone states particular details in the meeting or interviews, for example, people's names or place names, these would be removed in anything written afterwards. The questionnaires are also completely anonymous. Participants in the individual interviews will be able to get a copy of their interview recording, if they wish. If you take part and find that in the course of the focus group or interview that you say something that you no longer wish to be included in the research, you can ask to have it removed. The researchers will make a point of checking this out with you at the end of the group or interview. The final research report should be available in summer 2010 and anyone will be able to get a copy of it from Safe Space, if they wish.

Who needs to know about me participating?

Staff at Safe Space will know, as they will arrange for you to meet up with the researchers. If you are still in counselling, then your Safe Space counsellor will also be told, just in case you decide you want to talk more about the issues discussed in the research in your counselling work. The researchers will only be given your first name and they will ask you to choose another name for the research report. No-one else will be told that you are participating. It would be up to you to inform anyone else.

How can I get more information?

If you have any questions about this research, you can ask Caran, Maureen, or your own counsellor. We also have an independent person who is totally separate from Safe Space and from the research. She is Professor Liz Bondi. You can ask her anything you want about the research and she will give you completely independent advice about it. You can contact Liz at: liz.bondi@ed.ac.uk. Tel 0131 650 5259

What if I'm unhappy with something?

If you decide to take part in the research and then something happens and you are unhappy with it, you can talk to Caran, Maureen, or Pauline about this. If you can't or don't want to talk to them, you can talk to either Seamus or Siobhan from the University. You can also talk to the independent information person, Liz Bondi. If you have spoken to people and you are still not happy with something, you can make a formal complaint by phone, email or writing to the Chair of the Ethics Committee, School of Health in Social Science, University of Edinburgh, Teviot Place, Edinburgh EH8 9AG

Survivors as Parents Research Project

CONFIDENTIAL

Consent form

Please tick the boxes, and then write your name and sign and date the form at the end.

☐ I confirm that I have read and understood this Information leaflet

☐ I confirm that I have attended 6 or more Safe Space counselling sessions

☐ I understand that taking part in this research is voluntary and I can change my mind and withdraw my participation at any time, without giving any reason, and without this affecting my right to use Safe Space services

I agree to take part in the following parts of this research (you can tick one, two or three of these options):

☐ Questionnaire

☐ Focus Group

Please give us the best times and days for you to attend a focus group meeting:

☐ Individual Interview

Please tell us if you have a preference for the gender of the interviewer by ticking one of the following:

☐ Either male or female

☐ Female only

☐ Male only

Name _____

Signature _____ Date _____

Survivors as Parents Research Project

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Consent form for focus group

At the start

Please tick the boxes, and then write your name and sign and date this part of the form.

☐ I agree to participate in this focus group about adult survivors and parenting and how counselling affects parenting

☐ I agree for the group meeting to be audio-recorded

Name _____

Signature_____ Date_____

At the end

Please tick one box to confirm if you are happy for us to use everything you have said or if you want to withdraw anything from the research. Please then sign and date this second part of the form.

☐ I agree for the recording of what I have said in this group to be typed up and used on the understanding that the write-up will be fully anonymised with all identifying information removed

OR

☐ I agree for the recording of what I have said in this group to be typed up and used with the exception of the following things I have talked about: (please give details)

Signature_____ Date_____

Survivors as Parents Research Project

CONFIDENTIAL

Consent form for individual interview

At the start

Please tick the boxes, and then write your name and sign and date this part of the form.

☐ I agree to participate in this individual interview about adult survivors and parenting and how counselling affects parenting

☐ I agree for the interview to be audio-recorded

Name _____

Signature _____ Date _____

At the end

Please tick one box to confirm if you are happy for us to use everything you have said or if you want to withdraw anything from the research. Please complete the other two parts and then sign and date this second part of the form.

☐ I agree for the recording of what I have said in this interview to be typed up and used on the understanding that the write-up will be fully anonymised with all identifying information removed

OR

☐ I agree for the recording of what I have said in this interview to be typed up and used with the exception of the following things I have talked about: (please give details)

☐ I would like a copy of the recording of this interview

☐ The first name I have chosen to represent myself in this research is

_____

Signature _____ Date _____

Survivors as Parents Research Project

Questionnaire

How do you think that being abused as a child can affect the way you bring up your own children?

Can you give some examples of this?

What effect, if any, does personal counselling for adult survivors have on how people parent their own children?

Can you give some examples of this?

What could Safe Space be doing more of, or differently, to help adult survivors in their parenting?

Can you give some specific suggestions for things Safe Space could try?

Is there anything else you would like to tell us on this topic?

Thank you for answering our questions.

One further thing we are doing is collecting in people's personal stories from people who don't want to attend the focus group or the interview. If you would like to write down your own story about being a survivor and a parent, then please contact Caran or Maureen, and they will tell you how you can do this.

Thank you very much for participating in this research. You can now give your questionnaire in to the Safe Space office.

Questionnaires and personal stories will be put in special envelopes provided in the office, marked *'Research-Confidential'*

Survivors as Parents Research Project

Focus group questions

1. In your experience, do you think that being a parent has been influenced by your experience of CSA?
2. What might be the positive experiences that you bring into parenting as a result of having experienced abuse as a child?
3. And what might be some of the problems?
4. Do you think 1-1 counselling can help with these problems?
5. How does it help?
6. Are there particular problems, to do with being a parent, that 1-1 counselling hasn't helped you with?
7. Why do you think this is?
8. Have you come across anything that provides a bit more help with these problems than 1-1 counselling does?
9. What are these things?
10. How do they help?
11. Can you suggest anything that Safe Space could do to give more help with any of the problems of being a parent who is also a survivor of childhood sexual abuse?

Survivors as Parents: Research Project

Plan and Questions for Individual Interviews

Preparation and Introduction

Welcome and introductions

Our names and jobs/backgrounds

Thanks for agreeing to interview

Introduction to research project (only required for people who were not a Focus Group)

Safe Space has asked the University of Edinburgh to research how well they are responding to the needs of adult survivors who are also parents. They want to know how well parents are being supported through the counselling service at Safe Space and other services offered. We are doing this through three methods: FG, interviews and questionnaires

For people who were at FG

Individual interviews cover same main areas as FG – opportunity for you to say more on the topics we covered then – perhaps you have thought more about some of this since then

Choice re disclosure

What we won't ask or expect people to talk about: details of abuse or details of personal counselling, but if people wish to talk about these subjects they can.

Our focus will be on the connections that you make between abuse and being a parent and between counselling for abuse and being a parent

Length of time – up to one hour

Recording and writing up

Reasons for this

Transcribing

Making the written record confidential

Destroying the recording

Any questions

Consent forms

Complete first half

Switch on Recorder

Section A

Main Question: how does the experience of childhood abuse affect how people parent their own children?

- In your experience, how do you think that being a parent has been influenced by your experience of childhood abuse?
- What do you think are the positive things that you bring into parenting as a result of having experienced abuse as a child?
- And what do you think are some of the problems or difficulties?

Section B

Main Question: In what way, if any, does the experience of personal counselling affect how survivors parent their own children?

- Do you feel there are any connections between your counselling experience and how you are as a parent?
- Have you found any connections between what happens in counselling with how you think, feel or act towards your children?

Section C

Main Question: What could Safe Space be doing more of, or differently, to help adult survivors as parents?

- Have you come across anything that provides a bit more help with these problems than 1-1 counselling does?
- What are these things?
- How do they help?
- Can you suggest anything that Safe Space could do to give more help with any of the challenges of being a parent?

Section D

Anything else you would like to say

Switch off recorder

Consent forms

Complete second half

Next steps

Explain what will happen next: transcribing individual interviews, gathering together, evaluation report will be ready in autumn: October

Thanks and Goodbye

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