Suffering in Silence

A Foucauldian discourse analysis to explore the parental experiences of having a child who has sexually harmed another child in an Irish context

Niall Reynolds

Professional Doctorate Advanced Research Systemic Psychotherapy

University of Essex

Supervisor: Dr Inga – Britt Krause

Submitted to University of Essex, September 2022

Abstract

This study explores the experiences of parents who have had a child who has sexually harmed another child within an Irish context. The study involved recruiting participants through a public service based in Ireland that provides assessment and treatment to children and parents in cases where their child has sexually harmed another. The study was designed within a social constructivist and critical realist paradigm. The recruitment to the study involved advertising at the service for parents to take part in both ethnographic observations and interviews. I completed five observations and six interviews. A further part of the study included an analysis of sections of the Irish print media in seeking to understand how the phenomenon of harmful sexual behaviour (HSB) is constructed through this medium. Through this analysis I reviewed six articles.

The data was analysed using Foucauldian Discourse Analysis (FDA) paying particular attention to Parker's (1992) and Willig's (2013) phases of analysis. I first used Max Weber's model of developing an Ideal Type in helping to manage data for further analysis using FDA. The study highlighted that the phenomenon of HSB is embedded in social processes that maintain the issue as taboo. The secrecy present at every level of the systems that interact with this phenomenon can be understood as mimesis. This includes how the services are provided, the community attitudes toward HSB, the dynamics of families, the experience of professionals working with HSB, the young persons who have harmed and their families. The parents who participated in the research described their pain and shame at having a child who has sexually harmed another child. They also described their single greatest fear at this information becoming known publicly. One of the key recommendations of the study concerns the necessity for professionals to lead the way in bringing this phenomenon into the public view in a way that promotes a fuller, and nuanced understanding.

Acknowledgments

It has been an honour to have Dr Inga-Britt Krause as my supervisor. Her enthusiasm, depth of knowledge and generosity in sharing has been central to my completing this work. Britt's dedication to her students, her hard work and her pushing us always to be our best has been truly inspirational. Her wisdom, warmth and care have been at the core of my doctoral journey and for that I am forever grateful.

To my Ma and Da who have always shown me that hard work and determination can lead the way. They instilled a belief in me from early on that I could succeed, but most of all that the marker of that success is being a nice person, doing your best and helping others. They are two legends and much love to them for always being there. To Joy, Brooke, Brogan, and Ben. My Clan. Everything I do in this life is to pay them back for the love, support, and energy that they give to me. None of this project would have been possible without Joy's support and love. She is there when I progress and when I have setbacks, always with open arms, words of encouragement and support. Behind this strong and independent woman is a very thankful and grateful man. A thank you to my parents-in-law, Barbara, and Tony, who are always close by to lend a hand and are big supporters of anything Joy and I do.

Finally, to my life-long personal mentor Paddy 'The Bull' Minogue (RIP), who we lost in March this year. Thank you for all the great times, friendship and memories and I know you will be proud to see me come to this point.

'Raised on songs and stories, heroes of renown, the passing tales and glories that once was Dublin town. The hallowed halls and houses, the haunting children's rhymes, I am part of what was Dublin in the rare aul' times'

Table of Contents

Method

Analysis

Chapter 4: Research findings

Appendices

Tables

Photographs

Chapter 1: Introduction

'…*The king and his sister committed incest, breaking her magic spell on the sun'*

(The Dindsechas)

1.1 <u>Our ancient Irish past</u>

The Dindsechas is a Gaelic word meaning the 'lore of places' and is a compilation of early Irish poems and accounts of mythical Irish kings and queens, legendary characters and historical heroes which dates back as far as the 11th century. It has been a central source to the study of wider Irish mythology and connects ancient mythologies with origins of Irish place names. Whilst the transmission of oral histories and fables throughout time are open to claims about veracity, they can give us some hints as to how contemporary social processes are embedded in our ways of being. Whilst modern Irish society continues to proliferate and welcomes new cultures, you will be hard pressed to find anyone of my generation, my parents, their parents and so on that does not know the importance of the Brú na Bóinne. This is another Gaelic word which means 'palace' and is an archaeological landscape on the eastern part of Ireland that is home to three large passage tombs known as Knowth, Newgrange and Dowth all of which are part of the largest assemblage of megalithic art in Western Europe, built 5000 years ago in the late stone age. The history and mystery of the tombs are also included on the Irish education curriculum taught in schools as an important source of understanding our identity and cultural greatness. Whilst the 'stories told' about the tombs and their histories are freely available, promoted and enshrined through our education practices, they are but just the 'stories told'. For behind the polished production of these stories and promotions to attract hordes of tourists lies a darker, more sinister account of Irish history, one that is less readily accessed and in the main kept from public consumption. It is these lesser-known descriptions that helps situate my research in seeking to think

about the origins of taboo and incest and how they connect to the contemporary phenomenon of HSB. The Irish historian Anthony Murphy in his (2020) blog titled 'Newgrange and Inbreeding: Three Ancient Myths about Brú na Bóinne refer to occurrences of incest' draws attention to the lesser-known associations at this great historical sight. Murphy outlines these stories in detail and how some of the most famous kings in Irish history, whilst at the seat of this cultural palace all engage in incest and inbreeding. Whilst open to critique, the validity of these accounts is made more viable by a recent research study conducted by Cassidy et al. (2020) in which a group of scientific archaeologists examined 44 whole genomes exhumed from Brú na Bóinne. The findings of that study confirmed the remains of a 'first degree incestuous union' in which the remains were placed in the 'most elaborate recess of the Newgrange passage tomb' the preserve of where royalty is buried (Cassidy et al. 2020:384). This has relevance in thinking about how origin beginnings become taboo when about incest or sex. The story of these great mythical Irish figures and their favour for incest is hidden away, sanitised from history in a way that hopes nobody will want to look. From the earliest accounts, incest has been a taboo, something to be distanced from or its existence denied. For example, Murphy (2020) talks about the Fertae Chuile which is a lost Irish place name for the Dowth passage tomb which translates to the 'Hill of Sin or Hill of Incest' or in describing Eochaid Airem the great Gaelic king who was so distressed and ashamed of the daughter that was born from his sexual transgressions with his own daughter that the child of that union is abandoned, and she is left out to die.

The responses from ancient royalty who are revered in popular Irish culture was to keep secret or distance themselves from being exposed to having engaged in incestuous behaviour. Moreover, the King Conchubar who impregnates his daughter Deichtine before he betroths her in marriage to Súaltaims, leaving his daughter 'greatly embarrassed at having to go to Súaltaims bed while pregnant, so, when the time came, she lay down in the bed and crushed the child within her' (Murphy 2020). This account capturing the connections to feeling shamed by the incest and the extreme remedy. I am

interested in how and which versions of these stories have survived and made it into the popular discourses about ancient Irish history, sites of cultural importance and the mythical characters that we have shown great affection for throughout the ages. In the same way that the story of incest was lost in descriptions of the Brú ná Bóinne this is echoed in this research in how discourses in contemporary Ireland loses the child as having the potential to engage in HSB. Being completely omitted from public discourse reinforces the condition of extreme secrecy which the research participants in this study describe so vividly. How come the Hill of Incest or Hill of Sin was lost as a description of this great place. The inference that I draw is that the place becomes less great or something to be less proud of if it is in any way connected to incest. Whilst my research is not about incest per se the participants and the contemporary phenomenon of HSB are cast in extreme secrecy and taboo mirroring some of these historical processes. One theory that may help us better understand the processes by which stories survive and those which become subjugated or hidden is to examine the influence of those who take charge of the transmission process to other forms of history. These were usually the scholars of the day, people in positions of authority who begin the transformation from oral histories and accounts into written forms such as the Dindshenchas. One explanation put forward by Murphy and described as a complicating factor is that all these stories were written down or transmitted from oral form by 'ecclesiastical scribes for whom the idea of incestuous union would undoubtedly have been unthinkable' (Murphy 2020). This description of 'unthinkable' by Murphy resonates with my experiences of working with families where HSB has occurred in that to talk about it publicly is just that, unthinkable.

As I am now writing about this topic, with my own bias and prejudice so too did these scribes who Murphy considers may have intended to alter the stories to better appeal to the 'sensitivities of their own Christian beliefs' (Murphy 2020). He highlights how elements of these tales have been 'sanitised' to make them appear more Christian and deciphers clear examples where the scribes infiltrate Christian doctrine into the 'blatantly pagan mythology'. These ideas of history and systems of thought are

important to my study and are central to Foucault's ideas regarding his archaeological method (Gutting and Oksala 2022). Foucault's key ideas about what he called 'discursive formations' are that they are governed by rules beyond those of 'grammar and logic' and 'operate beneath the consciousness of individual subjects and define a system of conceptual boundaries' (Gutting and Oksala 2022). In this way we must pay attention to the connections of historical practices, and social outlooks to incest both then and now. In trying to understand processes from origin to taboo necessitates an understanding of the complexity of how powerful institutions and groups influence dominant discourses. This can help us link ideas to contemporary societies and how they influence the experiences of individuals and families.

Through my experience of working in HSB, I feel many different connections to the less heard stories of the Brú na Bóinne. In a similar way to the great 'palace', I work in a service that promotes and maintains a distance and secrecy about sex and sexual urges keeping the work away from the public. In many ways the influence of the ecclesiastic scribes and the role of the religious is something that seems to have transcended the generations from ancient Ireland to our more recent history. The motivation for my research was ignited working with parents and children at the service. For many years I have seen the dismay and pain that these families endure because they cannot live with the shame of their family being connected in any way to HSB, not least having a child who is responsible for it. My central concern for the families that attend the service is that they are positioned through public discourses, for example the media that vilifies adults who have sexually abused children. The depictions of children who engage in HSB follows suit, describing them as dirty, as the worst type of dishonourable behaviour that brings such shame they must cower and hide away. When I see how these families arrive at the service, I can feel and sense the power of how they have been positioned, in a way that paralyses them and isolates them and sees all their family resources invested into keeping their child's HSB a secret.

1.2 <u>More recently - the church and sexual harm</u>

It is difficult to have any discussion about Ireland, her culture, traditions, politics, and ways of life without finding immersions with the Roman Catholic Church. Speaking in the Irish Senate in 1925 the great poet and playwright WB Yeats said of the partition of Ireland (1922)

> 'if you show that this country, Southern Ireland, is going to be governed by Catholic ideas alone you will never get the North. You will create an impassable barrier between South and North, and you will pass more and more Catholic laws…. you will not get the North if you impose on the minority what the minority consider to be oppressive legislation' (Clifford 2015).

What is clear from Yeats' contribution is his concern regarding the proliferation of Catholic ideology and its influence on the direction of the country. This is also in no way to suggest that sexual harm does not happen in churches affiliated with other religions in Ireland and elsewhere, for example within the protestant church which also has a history of sexual abuse scandals (Ferguson 2017; Hart et al. 2017; White 2012). The redrawn constitutional arrangements between 1920-1925 in Ireland had ended centuries of British Rule, colonisation and had consolidated Catholic emancipation in what was to be a new Irish free state. Whilst this section does not have the space for a detailed appraisal of Irish history (see Hogan 1987 for a detailed chronology of church/state relations from independence) it is intended to highlight the central and hugely influential role that the Catholic Church played in the formation of what is now the Republic of Ireland and the enmeshment of church and state that followed. The power invested through the clergy would go on to have a profound impact on Irish society for generations not least on the church's role in the sexual harm of children over many decades.

It is difficult to capture the sheer horror, sadness, hurt and shame that was felt collectively as a nation when a tsunami of disclosures of sexual harm made by then adults about their sexual harm at the hands of the Catholic church began to emerge in the early 1990's. Such was the outrage in the country over the next decades that successive Irish governments ordered several independent inquiries into the sexual harm allegations, most notably the Ryan (2009); Murphy (2009); Ferns (2005) and Cloyne (2010)

commission of investigation reports. It is not an understatement to say that the foundations of the state shook and over decades the cultural landscape changed with the publication of victims' harrowing stories and descriptions of the systematic sexual harm of Irish children on a scale never seen before. Such was the back lash from the Irish people, Keenan (2014:2) describes the fall of the Irish government of the day and tracks the beginning of the end of Ireland as a mono-cultural society which was often described as the 'most catholic country in the world' .She goes on to describe the shifting societal changes and church state relations in stating that the 'Catholic church, once considered the ultimate arbiter of morality has found itself on the margins of influence in Irish public life' (Keenan 2014:2).

I work in a service which tries to help and treat families in which one child has sexually harmed another. Even as I write now and think about this period of Irish history I am filled with emotion, an overwhelming sadness but also a curiosity about the processes that influences our outlooks on HSB and how they shape contemporary Ireland. As the fall out continued in the intervening years, in 2011 Amnesty International commissioned a wide-ranging meta-analysis of the four main commissions of investigation into sexual harm in Ireland (Holohan 2011). The 436-page report focused on many intersections relating to the sexual harm of children. These included church/state relations, the moral order, class, ethnicity, wider society, church actors, civil society and many more. Of particular interest to my research is what the report details as a 'culture of secrecy' that pervaded both church and state relations and discusses 'the deferential relationship of agents of the state toward the Catholic Church' which maintained a dominant and very powerful position in creating an 'imbalance of power that existed between members of the public and agents of the Catholic Church' (Holohan 2011:170).

Whilst captured centuries apart, in a similar way to the stories of the Dindsechas, there prevailed a practice to keep HSB a secret, hidden from public view and something that cannot be spoken about. Many people interviewed for the report described this culture of secrecy and how it was reinforced by

the 'fear of scandal' or the exposure of the sexual harm into the public domain. When interviewed for the report a prominent Bishop in the Irish Catholic hierarchy described the fear 'that people would be scandalised' and referenced the gospels noting 'that causing a scandal can be as grave as the sin itself and that scandalising people received the strongest condemnation' (Holohan 2011:123). In other words, Ssshhhuuussshhh now! In this way the bishop is describing that the greater force is the scandal or shame that would be thrust upon those that dare to speak out or talk. This fear of scandal was even greater than the sexual harm itself. It brings to the fore the Foucauldian idea of defining conceptual boundaries, making possible what can and in some cases more importantly what cannot be spoken about.

Responding to the Amnesty report the then Irish Taoiseach[1] stated the revelations 'have brought the government, Irish Catholics, and the Vatican to an unprecedented juncture. Ireland is, perhaps, unshockable when it comes to the abuse of children, but Cloyne has proved of a different order. Because for the first time in Ireland, a report into child sexual abuse exposes an attempt by the Holy See, to frustrate an inquiry in a sovereign, democratic republic…. the Cloyne report excavates the dysfunction, disconnection, elitism… the narcissism… that dominate the culture of the Vatican to this day' (RTÉ 2011).

Curiosity about the origin of secrets and taboos about sexual issues led to my research and trying to get a qualitative understanding of how parents experience having a child who has sexually harmed another. It aims to do so in a way that that takes account of the social and cultural contexts in which HSB as a phenomenon takes place. It focuses on the intersections of public discourses on the phenomenon and how they have influenced and shaped the individual lived experiences of the participants that came forward. The literature review sets the scene by providing a theoretical and conceptual position in which to understand HSB in contemporary Irish society. The review focuses on research on children who

---

[1] Taoiseach is the Gaelic word describing the head of government, The Irish Prime Minster.

engage in HSB, parents who have a child who engage in HSB and the impact of discourse on the phenomenon. In this way it aims to capture the intersections and relationships within families and how they interface with social processes. The methodology outlines a rationale for adopting a social constructivist and critical realist position whilst also providing a basis for the use of a Foucauldian method of analysis. This method allowed me to take cognisance of the wider social processes that HSB is embedded in whilst also recognising the subjective experiences of the participants. This research privileged the voices of parents of children who have engaged in HSB in a manner that challenged how they are typically omitted from dominant research paradigms. The research sought to redress this and to adopt a more ethical stance in bringing this hidden topic into the public domain.

Chapter 2: Literature Review

2.1 <u>Introduction</u>

Influenced by my practice experiences I have developed research questions that help me to understand (1) parents' experience of their family and social identity and relationships following disclosure of their child's, usually son's HSB, (2) how the phenomena itself is constructed and influenced through and by discourses in contemporary Ireland, and (3) how these experiences may influence the parents' outlook on their familial relationships within this context. These research questions guided decisions to focus on themes perceived as relating most closely to the areas of inquiry and highlight identification of gaps in the literature that may be addressed through this research. I looked at three areas of literature that are central to my research questions, (1) Research papers available about the experiences of parents who have a child who has sexually harmed another child, (2) Research papers about children who sexually harm other children, (3) Research papers available about the impact of discourse on the problem of HSB. The methodology of the literature review is also described with some contextual information to assist the reader.

2.2 <u>Setting the scene</u>

The perpetration of HSB towards a child is a societal concern. When this involves children as both the sexual harmer and the harmed, it can often amplify the concern and invoke a crisis of morality within families and communities. HSB and children is not a rare phenomenon. An increase in public awareness regarding the impact of HSB has led to a steady rise in reporting of the problem (Lalor 1998; Ryan 1997). Attempting to identify with accuracy the scale of the issue is an on-going challenge. This can be for several reasons including, lack of consensus in definitions, under reporting and the heterogenous nature of the population (American Psychiatry Association 1999). Many writers point to

the problem of under reporting, with victims often anticipating negative social judgement, shame, and guilt if they come forward (Gilligan and Akhtar 2006; Sable et al.2006; Wolitzky and Taylor et al. 2011). In reviewing data for England and Wales, Wightman (2021) in reporting on the work of Karsna highlighted 'that only around one in eight of adults who said they had been sexually abused as children had told a professional or that a professional had found out at the time' and goes on to further highlight that despite increased awareness and understanding of child sexual harm, that less children are receiving support and interventions for child sexual harm concerns since the mid- 00's with a marked dip beginning around 1993/4.Therefore, the question of prevalence cannot be asked without recognition of the barriers to reporting and seeking help which also keeps in focus and reminds us of the HSB that happens but which we do not know about. Through the data that is available there is a consistent trend which shows that a significant amount of sexual harm is caused by children. There are estimates that attribute approximately 35-40 percent of all sexual harm to be carried out by children (Becker 1994; Lovell 2002; O' Reilly and Carr 2004). In the largest ever study conducted in an Irish context it was reported that one in every four children who had been sexually harmed indicated 'the perpetrator was another child' (McGee et al. 2002:177). These trends are similar in other jurisdictions. The HSB framework developed by Hackett et al. (2019) shows estimates that attribute at least a quarter of all sexual offences in the USA is engaged in by children. Hackett (2011) claims that between 20% and 33% of all reported sexual abuse in the UK involves other children and adolescents as the alleged harmers. Whilst the factors outlined above describe the challenges in accurately scaling the problem of HSB, the existing indicators do suggest that HSB as engaged in by children is a 'considerable social problem and is one that may have serious negative impacts not only upon victims but also upon the children who display the behaviours, as well as their families and their broader networks and communities' (Hackett et al. 2019:13). I now move to providing a definition of the problem. This is to assist the reader in trying to navigate differences that exists and lack of consensus among professionals on a definition.

2.3 <u>A note on definitions</u>

There is noteworthy variance throughout the literature regarding how to define sexual 'harm'. Potential definitions include sexual abuse, sexual offending, or harmful sexual offending. This list is not exhaustive. The different definitions can be used in different ways, but an overlap also exists between them. For example, to sexually offend is also to sexually harm. In this case the distinction can be made through the laws in what determines something to be an offence. In The National Organisation for the Treatment of Offenders (Nota – UK, 2022)[2] a distinction is drawn between some definitions used when describing children and sexual harm. They highlight terms often used such as 'sexually abusive behaviour' and suggest care when linking the word abusive with 'abuser' in society. They urge caution among professionals about the language used, highlighting the word abusive as linked to abuser. This is a central consideration relating to children and highlights the relationship between language and qualified descriptions of this problem. For this reason, I have chosen to use (NOTA's) preferred term of'

> 'harmful sexual behaviour' which they define as 'the behaviour of children and young people who engage in any form of sexual activity with another individual, that they have power over by virtue of age, emotional maturity, gender, physical strength, intellect and if the victim in this relationship has suffered a betrayal of trust (Palmer 1995:11).

2.4 <u>Theoretical and Conceptual Positioning</u>

Societal constructions of sexual harm have changed over time and are embedded in the 'cultural outlook' on the issue. A central question for theorists over time has focused on the origins and aetiology of incest avoidance. This is a very complex question, one which is too great to examine in detail here. However, it may be said that this idea is inseparably linked to the development of dominant social ideas regarding the 'incest taboo'. This is an important concept informing my research questions and I am

---

[2] NOTA is a registered charity. Inaugurated as a National Organisation in 1991, NOTA grew from a regional network in the Northwest of England. Membership is open to any professional whose work concerns intervention with sexually aggressive individuals regardless of their age, race, gender, or sexual preference. (NOTA – UK, 2022)

drawn to the connectedness of social and cultural ideas about sexual harm through history. The growth of ideas regarding 'incest taboo' has long played a central role in defining and influencing societies and relationships. Pulman (2012:415) provides a background when he describes the 'terminological convergence' within a wider debate of three of the most seminal influencers of modern society – Emile Durkheim, Edvard Westermarck, and Sigmund Freud, as defined in their writings using the term 'the horror of incest'. Whereas these great theorists amplify the fault lines between the social sciences and psychoanalysis and eventually take diverging views on investigating the phenomenon of incest, they used similar 'talk' in describing it and potentially influencing the development of the phenomenon. The Finnish Anthropologist Edvard Westermarck (1891:544) suggested that the social phenomenon of incest is almost 'universally abominated' thus creating a social condition of taboo. It can be contended that the idea of taboo provides cultivation of ideas relevant to the HSB in contemporary Irish society, or as highlighted by Pulman in describing Durkheim, the joining between 'moral facts and the social milieu in which they develop' (Pulman 2012:420). These ideas have influenced my research as they bring into focus the connections on how societies are influenced through social processes such as discourse, language and talk and how this may impact on experience, in this case the experiences of parents when their child has sexually harmed another child.

2.5 Literature search methodology

As my starting point I took each of the three areas of literature central to my question (1) research papers on the experiences of parents who have a child who has sexually harmed another child, (2) children who sexually harm other children, (3) the impact of discourse on the problem of HSB. I used the electronic data bases in applying multiple variations for the three separate sections identified. Initially I did not apply any limiters to the searches other than to conduct the searches in English. In some cases, I used over fifteen variations in the searches across the three areas. This was mainly due to discrepancies in definitions. The data bases included **Psychology** – Psych Info and Psych Articles;

Sociology and Social Care – Soc Index **Psychiatry** – Clinical Key Psychiatry. I also searched subject specific websites and journals. These included NOTA, National Society Prevention of Cruelty to Children (NSPCC), Association for Treatment of Abusers (ATSA). The Journals of Sexual Aggression and Child Sexual Abuse were central searches. I also used Google scholar. I got thousands of results using different variations of key words. I saved the initial searches before I began to narrow down the results. I consulted with my tutor and both directors at our service to ascertain their thoughts on the process of narrowing down my results. I focused on differentiating research papers from conceptual papers. I have included the table below to depict my word searches across the databases and other sources. I searched the terms marked with an asterisk and with inverted commas though the Boolean function on the search engines. This was to ensure the widest search of terms possible given the variance in definitions for this topic. These are also included in the table to demonstrate the variations. Please see the table below.

Experiences of Parents when their child has sexually harmed another child (Search Variations)	Children who engage in HSB with other children (Search Variations)	Impact of discourse on the problem of harmful sexual behaviour (Search Variations)
Experiences/Parents/ 'Harm* Sex*Behaviour'	Child*/Sex*/Harm*	Research/talk/ 'Sex* Harm*
Experiences/Parents/ 'Sex*Abuse*'	Research/Child*/Abuse*	Social/talk/ 'Sex*Abuse*'
Research/Parent*/ Experiences	Juvenile/Sex*/Offend*	'Social-talk'/Research/ Sex*Harm*Behaviour

Parents/ Sex*/ Offend*	Adolescent/Sex*/Abuse*	'Social Construction'/Sex*/Abuse*
'Care giver'/Experiences/Sex*	Prevalence/Child*/ 'Sex*Abuse*	Professional/Discourse/ 'Sex*Offend*'
Qualitative/Research/Parents	Experiences/Adolescent/ 'Sex*Harm*Behaviour*	Research/Attitudes/ 'Sex Abuse*'
'Support-group'/Parents/ Sex*	Research/ Adolescent/ 'Sex*Offend*'	Attitudes/Juvenile/ 'Sex* Harm*
Quantitative/Research/ Parent*	Child*/Sex*/Treatment	Research/ Attitudes/ 'Youth Sex* Abuse*
Experiences/Parents/ 'Child*Sex*Abuse*'	Youth/Sex*/Abuse*	Research/Discourse/Analysis

Table 1

I then used the limiters in the search process. These included excluding research articles from before 1960. I choose this year as I had read numerous articles on the history and development of HSB as a field of study – most of which detail the period after 1960 as coinciding with a societal and research interest in the field. It was difficult to narrow the search given the range of descriptions of this behaviour. I began to speed read titles, headings, and brief summaries. This left me with a much shorter list of papers circa. 50-60. I then read the abstracts and sometimes conclusions of these papers. Of this number I then discarded several papers. I kept fifteen papers. Eight of these were under the section of 'impact of discourse' although not directly related to HSB four papers were chosen relating to the experiences of parents of a child who had engaged in HSB, and three large research studies were included on the topic of children who engage in HSB.

2.6 <u>**Research on the experiences of parents of a child who has engaged in HSB**</u>

The influence of parents in playing a central role in 're-engaging children back to a normal developmental pathway' when their child has engaged in HSB cannot be underestimated (Duane and Morrison 2004:104). The distress can be devastating on disclosure and often parents will be incapacitated in their attempts to effectively respond (Duane et al. 2002; Haase et al. 1990; Smith and Trepper 1992; Thomas, 2010). Through my own practice experience, I have seen that responding to families in an understanding, supportive and coherent way from the beginning will greatly increase the probability of cooperation and inclusion in assessment and therapy. However, whilst seen as of central importance, there is a reported scarcity of research on the experiences of these parents. In what is described as the 'first dedicated account of literature on family backgrounds' Duane and Morrison (2004:110) describe research on these families as having 'huge gaps'; being 'sparse' and 'unpublished'. In their overview of the available research, they identify several empirical studies which focus on family characteristics of children who sexually harm. They describe the varying different research areas. These include comparative samples analysed against delinquent groups, those who have committed non-sexual offences, research with clinical and community populations and research of typologies of abuse. They describe several research studies conducted that suggested significant associations between child maltreatment, family environments and HSB (Knight and Prentky 1990; Manocha & Mezey 1998; O' Reilly and Carr 1998). Following this Archer et al. (2020) describe research that indicates a higher incidence of abuse victimisation including research by Hackett et al. (2013); New et al. (1999); Silovsky and Niec (2002), research reflecting higher levels of family instability and conflict Fehrenbach et al. (1986); Gray et al. (1999); Kahn and Chambers (1991) and research on the overall attachment difficulties within families Durham (2006); Marsa et al. (2004) and Tarren-Sweeney (2008). Whilst these studies are very useful in developing categories regarding the characteristics of young people who have sexually harmed and their families, the methods used are in the main quantitative and on broader samples of data for example retrospective examination of 900 case records in the Hackett et.al study or

305 in the Fehrenbach et. al study. They mainly focus on descriptive and 'baseline' data taken from case records and in addition the use of psychometric instruments. However, the methods used are not suitable to try to understand or get near to hearing the parents' direct experiences. Apart from the New et al. study (1999) which focused on the characteristics of 80 mothers who had a child who had sexually harmed, none of the others focus directly on the parent's experience and that study also excludes fathers from the data sample. Although the available literature describes relations between family factors as mentioned above and a child's engagement in HSB, 'it is possible only to say that these factors may be linked to the development of sexually abusive behaviour in some young people' (Duane and Morrison 2004:119). As described earlier there is very little research on the direct experiences of parents with a disproportionate amount of information available through these more in-direct research routes.

In a systematic review of qualitative literature which looked at parental experiences of having a child who had engaged in HSB, and which specifically explored the 'parent's own voices' a total of nine studies were identified highlighting a research field in which there is a paucity of research (Archer et al. 2020). I have chosen to select four of these studies for description. I chose these studies because there where different aspects of them that I felt I needed to understand further in providing a context to my research. One study was in an Irish context and therefore important for the local context of my own research project, one used an ethnographic methodology in a similar way to my method, one focused on recruiting participants from a parent support group which I wanted to do and the last one was the most contemporary study I could find (Archer et. al 2020).

In an Irish context Duane et al. (2002) explored the parental experiences of responding to revelation of HSB and a following participation in a group support programme. There were five parents involved in the study, all of whom had a son attending the programme. Each parent was interviewed three times using semi structured interviews with the addition of self-report psychometrics. The sample was mixed

including men and women, married and single parents. A theoretical model of the parents' experiences was then constructed across five domains that included impact of disclosure, positive change for parents, observations of their sons, positive experiences in the parents' group and comments on the programme. Through thematic content analysis of the fifteen interviews the model described the feelings of the parents including sadness, shock, shame, anger, confusion, and guilt. The model integrates a thematic content analysis approach with aspects of the grief and stages of change models. In addition, the researchers include the opinion from the clinicians working at the site who offer feedback and suggestions to refine the model. The researchers suggest the use of the developed model in clinical practice and future research. Whilst a useful contribution, the use of thematic content analysis has been critiqued within qualitative research 'as it does not allow the researcher to make claims about language use' (Braun and Clarke 2006:28). However, Duane at al. (2002) expressed confidence in their content analysis methodology. Whilst this research was important because very little is done in an Irish context, to my mind the use of thematic analysis and self-report psychometrics do not pay attention to the broader processes that may influence parents' experiences. They do not provide opportunity for a more detailed analysis of the parent's response and the context of these. For example, in the results section it highlights that 'one parent' completed the questionnaires incorrectly and they could not be used. This reflects the limitations of using questionnaires in research and with a small participant group. The research also ignores the cultural dynamics of researching in an Irish context and the implications of trying to transport any suggested models of practice to other sites both locally and internationally.

Jones (2014) completed two qualitative pilot studies. These included eight parents or care givers. Both studies included a focus group and individual interviews. The first pilot study focused on the parents' experiences of how they felt when supporting their son following disclosure of HSB. Three main themes emerged that included (1) an interactive relationship between parent and child; (2) identified as 'being there' and (3) the parental toll. The second part of the study then focused on capturing their lived

experiences in coping with the emotional toll. Four main themes emerged that included, coping with the initial response; coping with feeling responsible; coping with feeling alone and overwhelmed; and the benefits from participating in a family support group. The second part of the study adopted the use of Rasmussen's (1999) Trauma Outcome Process model which is used to map the experiences and influences of trauma in the lives of individuals. Whilst the model has use in providing a framework to map traumatic experiences it does promote the idea that 'behavioural and emotional responses to trauma are individual – specific' and in this way avoids any relational content between the child, parents, and other persons in favour of a more linear and individualistic epistemology. It excludes the significant relationships around the child and the possible influence of the social context on the child and on the HSB itself. It brings a narrow focus that excludes broader influences such as culture, social norms and local community influences as potentially impacting on these parents' experiences in a wider context.

Archer et al. (2020:363-366) engaged a group of six birth parents and used semi-structured interviews as data collection method. It is the most contemporary of the qualitative research studies that I could find, and this study focused on the lived experiences of parental relationships with their son's post HSB. Following collection of data, the researchers used an Interpretative Phenomenological approach in analysing the data resulting in five main themes from the results. These included (1) feelings evoked 'it's disturbing to be honest' (2) searching for meaning 'where is this coming from' (3) child's identity as fragmented 'you never know what you get' (4) wanting distance 'I just couldn't bear to be around him' and, (5) moving forward 'I gave him a cuddle'. Of note in this research design was the focus to include only biological parents as part of the inclusion criteria. However, the consultation process to refine the interview schedule included a foster carer. The purpose of the consultation with the foster carer was stated as to increase the sensitivity to parents and contexts and to produce a more 'empathic' interview schedule. Yet surprisingly foster carers were excluded from taking part. This research design thus devalues ideas of relationships which are not based on blood ties and leads to a narrow focus where

only white British biological parents took part in the study. In my own research design, I was mindful of not excluding any parenting relationships and was lucky to have a mix of biological and foster carers who came forward to take part.

Finally, Pierce (2011:174) used a conceptual framework referred to as the trauma outcome process which provides guidance on 'mapping the experiences and influences' of trauma in a person's life. In this case the traumatic experience was that of having a child who has engaged in HSB. The research took place at a group treatment programme for HSB. Pierce described using an ethnographic approach in seeking to explore human experiences in an unknown culture. In describing the parents as a cultural subgroup, she focussed on the delineation of their experience as being marginalised. The participants were described as either Caucasian or African American and all were females. Out of the four participants only one was a biological mother, the rest aunts, or grandparents. The researcher attended the parent group for eight weeks with the 'purpose of observing the culture and developing a rapport' (Pierce 2011:176). Additionally, she conducted a focus group and interviews with the parents. The results included some similar themes as mentioned above. Overarching themes included the original reaction, the relationship with the child, dealing with it and being a survivor. Participants described numerous challenging feelings and disjointed relationships. All the participants' children had engaged in intrafamilial sexual harm. In all cases the victims were younger cousins. The findings described the 'drastically' differing reactions across a continuum of difficult relationships (Pierce 2011:179). For example, one participant had little support from her immediate family. Her son lived with her parents although they never spoke about the HSB and did not involve themselves in treatment. The relationship with her brother (the victim's father) was described as strained. In contrast another participant described how the family stayed in contact with each other and that she 'felt her parents were there for her' even though they were hesitant to talk about the HSB. She described 'knowing her family was supportive but still felt there was no one else you can really talk to' (Pierce 2011:180). The researcher in this study

described the usefulness of employing an ethnographic approach given the methodological challenges that exist researching in this area. She described the difficulties in gaining access to their cultural subgroup recognising both the legal and ethical challenges but also highlighted that access may be inhibited by the individuals due to the nature of their experiences. These challenges were also present for me when thinking through a methodological approach in trying to access the 'near' experience of the parents in what may described as the 'protective' nature in which these services are offered.

2.7 <u>Research on children who engage in HSB</u>

Research in children who themselves engage is HSB is mostly quantitative, descriptive, and epidemiological and focuses on the profiles of children, recidivism, and risk assessment frameworks (Bagley 1992; Dolan et.al. 1996; Hagen et al. 1994; Hagan et al. 2001; James and Neil 1996; Kaemingk et al. 1995; Leibowitz et al. 2016; Marsa et al. 2004; Miccio – Fonseca 2016; Ralston et al. 2016; O'Halloran et al. 2002; Saunders et al.1984). There is a scarcity of qualitative research in this area with Grady et.al (2017) reporting just five such studies to their knowledge following a review of literature, namely those of Bremer (1992); Franey et al. (2004); Hackett and Masson (2006); Halse et al. (2012) and Lawson (2003). I have chosen to briefly describe two of the largest epidemiological studies, one within a British context and the other from the United States, as they reflect the dominant research methodologies in this area. I will also describe one small qualitative study in an Irish context which focused on the treatment expectations and experiences of adolescents who have sexually harmed. Hackett et al. (2013) carried out a large research project that analysed data from seven hundred children over a nine-year period between 1992 – 2000. This is described as the largest descriptive study in UK history on children who sexually harm. The data was obtained through an analysis of contemporaneous written records from nine service providers. Four of these were residential and the other five provided treatment in the community. There was a huge variance in the amount of detail available through the records with some cases having 600 pages of detail and in others anywhere between 30-60 pages of

information. In general, those records examined from residential settings having much more detail than those from community treatment programmes. A specific tool was designed by three members of the research team for the purpose of data collection. The records contained information about the children's developmental histories, prior life experiences, family backgrounds and details of HSB. Information from 700 data collection sheets were then entered to 'SPSS[3] (v16) to perform exploratory data analysis and obtain descriptive statistics' (Hackett et al. 2013:234). Some of the findings included that 97% (n676) of children to these services were male and that in 93% (n 427) of cases in which ethnicity was noted, the young person being referred to was white. It was also reported that ethnicity was not recorded at all in 240 of the cases examined. The researchers looked for information of prior sexual victimisation of the children who had sexually harmed. There was available data from some (n599) case records which indicated 31% (n186) had evidence of prior sexual victimisation and a further 19% (n114) had documented strong suspicion from professionals involved of prior victimisation with a further (n299) where it was clearly documented that no prior sexual victimisation was known.

A similar research methodology was carried out in the United States by Ryan et al. (1996) in which they describe the socio – demographic factors associated with 1,116 children who have sexually harmed. They obtained data from ninety different service providers across thirty different states. They collected the data using the Uniform Data Collection system (UDCS) which was developed by the National Adolescent Perpetrator Network in the USA. The UDCS comprises four separate structured questionnaires through which researchers collected both descriptive information and clinical impressions (Ryan et al. 1996). There was no direct contact with any participants at any stage of this study. The findings suggested that physical and sexual abuse, neglect, and loss of a parental figure were common in these youths' histories. Twenty-two percent of the youths, who had been victims of sexual

---

[3] '*SPSS 16.0 is a comprehensive system for analysing data. SPSS can take data from almost any type of file and use them to generate tabulated reports, charts, and plots of distributions and trends, descriptive statistics, and complex statistical analyses*'
https://www.uni-muenster.de/imperia/md/content/ziv/service/software/spss/handbuecher/englisch/spss_brief_guide_16.0.pdf

abuse, reported that the perpetrator of their own sexual abuse was female. The youths committed a wide range of sexual offenses, with twice as many of the referring offenses involving female victims than male victims (Ryan et al. 1996).

Both studies were similar in that large samples of data were accessed and there was no direct contact with any young person or their family. Both also had similar findings with large percentages of 97% and 92.4% respectively being males who had engaged in HSB. Similarly, both projects reported 31% and 22% with confirmed prior histories of having been sexually harmed themselves. These descriptions are useful because they highlight trends and categories which can help professionals working in this area. This type of research is also an important source of information when designing and commissioning services for HSB. Whilst these large-scale studies are aimed at providing descriptive themes regarding characteristics, they tell us nothing about the lived experiences of either the young people or their families. They make claims that are generalised yet there is huge variance in the information available from case to case.

In what they describe as qualitative research, Irish researchers Grady et al. (2017) looked at the treatment expectations and experiences of young people who had sexually harmed. The research took place in a service in a community setting which young people and their families attend for assessment and intervention following the child having engaged in HSB. The aims of the research were to (1) describe the treatment expectations and experiences of adolescents who have sexually abused and who were attending a community-based intervention programme (2) highlight pre-treatment differences between adolescents who completed the intervention and adolescents who failed to complete the intervention and (3) highlight pre to post treatment changes in adolescents who completed the intervention. The researchers examined data from 35 adolescents who had answered 'qualitative questions' that were included in specifically designed pre and post evaluation questionnaires. Using thematic analysis, five primary themes emerged in the findings: (1) Understanding of sexually abusive behaviour (2) Support (3) Effect on relationships (4) Effect on lifestyle and (5) Self-improvement.

Within each of these primary themes there were subsets of themes which described the findings of the research. I will give one example here. Under the primary theme of understanding of the sexually abusive behaviour there were five subthemes identified that focused on education around abuse, denial of abuse, acknowledgement of abuse, possible recidivism, and empathy toward the person they abused. Table 1 in the research article provides a breakdown of the sub- thematic codes which make up each theme (Grady et al. 2017:86). The sub themes then included learning why they sexually abused, learning to prevent re-abuse, and learning victim empathy. The same process was carried out for the other five primary themes in generating the findings. One of the main research findings that was described across all three response groups was the importance of family relationships, under the heading *'effect on family'* (Grady et al. 2017:94). A significant number of young people described the effect of disclosure of the HSB had on their families as the most difficult part of the experience. This is an important finding and highlights the benefits of doing this type of research in that is good to know that children that engage in HSB found the effect on families most difficult. This demonstrates that these children care about their most significant relationships. However, it also highlights significant weakness across research in this area in that it highlights the need to involve parents and families in research in trying to understand their perspectives and experiences.

2.8 The impact of social discourse on the issue of harmful sexual behaviour

Thinking about HSB as a social construct inevitably changes the response to the phenomenon. Thinking in this way invites an understanding that does not locate a pathology in a person rather the social processes that construct a discourse. It is less shaming, and it separates the problem from the person. This is particularly important when the person is a child. This can be clearly observed through exploring past social patterns with an ever-shifting landscape of how to understand or talk about the problem. There is a plenty of conceptual writing in this area with research to a minimum (Kincaid 1998; Thomas 2005). McCartan et al. (2015:101) describe multiple aspects of social institutions, processes,

and relationships as well as talk that contributes to the development and maintenance of social concepts. In this they describe the duality of implicit and explicit theories such as personal construct stereotypes (implicit) or the media (explicit) in evolving social outlooks of HSB. In relation to my research area, Kincaid (1998:13) describes the influences of 'western culture' in having 'enthusiastically sexualised the child while denying just as enthusiastically that it was doing any such thing'. Whilst Kincaid (1998:10) is talking about what he describes as the 'culture of child molestation' he puts forward the idea that the 'plot of child abuse is unavoidable'. Talking about western societies saturation of the 'child abuse plot' and the influence of Sigmund Freuds work on mutual seduction and polymorphous perversity and children, he highlights 'remarkable cultural narratives' fed through literature, books, and television all of which promote the idea 'if you have an inkling that you have been sexually abused as a child then you probably were and should proceed on that assumption' (Kincaid 1998:10). Quoting a segment from famous chat show host Oprah Winfrey he describes an interaction between a guest and host - 'when someone asks you were you sexually abused as a child? There are only two answers: One is yes, and the other is I don't know, you can never say no.'. Whilst not having the space in this thesis for a fuller appraisal of his work, he offers reference to 'historical constructionists' who track the development of the modern child, innocence, and eroticism in suggesting we are 'aggravating a problem that was there from the beginning: erotising a product that was marketed as eros-free' (Kincaid 1998:55).

Whilst a scarcity of research is available that directly links the influences of public discourses to HSB, I did find research that focuses on the attitudes within different societies to HSB. I chose this research as it is an in-direct route to providing some information about cultural, social, and political outlooks on HSB. In an Irish context the (SAVI) report by McGee et al. (2002) is the largest ever report on sexual assault and violence in Ireland. This report examines the attitudes, beliefs, and experiences of Irish people toward sexual abuse and violence. In analysing the role of the media, the authors highlight that

the heightened media focus given to the issue globally has led to what has been called a moral panic about the (violent) nature of the world we now live in (Goddard and Saunders 2001). In addition, Kemp's (1998) descriptions of modern society as being engrossed with child sexual abuse points to the place that sexual abuse has within different cultures. In examining the construction of media reports in the UK, Kitzinger (1995) found that intrafamilial stories of child sexual abuse are under-emphasised while those of a more sensationalist nature, e.g., those involving paedophile rings, are highlighted. The media is a powerful and influential agent of making social talk. Many writers have focused on the importance of links between media coverage of HSB, public perceptions of the issue and public policy. Studies such as those by Weatherred (2017); Mejia et al. (2012); Hove et al. (2013); Cheit et al. (2008) were methodologically designed using framing theory and used varying forms of content analysis in exploring how the concept of child sexual abuse was reported across various media outlets in the USA. Weatherred (2017:6) describes the notion of 'framing among media scholars developed in tandem with agenda setting theory as a way to examine influence'. These studies ranged in length. For example, Weatherred's study was described as a longitudinal study which examined content from eight news organisations and 503 articles in the USA over the period 2002-2012. The data collection method included using the Lexis/Nexus academic data base which is described for content analysts as 'probably the most important source of textual data' (Weatherred 2017:9). The same data base was also used in the Mejia et al. study referenced above, however this study had a much shorter time frame of 2007-2009. This study distinguished between what they termed episodic and thematic content analysis with the focus being on thematic or everyday reporting of the issue outside of 'big scandals' such as the 2002 scandal in the US Catholic Church, which is covered in the period of the Wheatherred study. Some of the findings in the Weatherred study (2017:6) described how the media reported about sexual abuse. Following their analysis of the media reports they then sperate out the causation of the abuse and attribute it into different categories at both the individual and societal level. They did this using the concept of 'framing' responsibility which is a method designed to understand attribution or how people

assign cause to social problems. For example, when analysing media reports they found that the attribution on an individual level toward the perpetrator, sex offender or paedophile appeared most frequently across all news organisations (n=312). This was followed by the second most cited cause of child sexual abuse was that 'victims did not report'' (n=71) (Weatherred 2017:11). Whilst I find this a strange finding it does give some insight into how victims are often blamed and or reluctant to report sexual crimes. The analysis of media content also produced findings under the heading 'solutions' at the individual level. These included 'file charges against the offender' with (63.3%) and 'that the offender was accused' at (53.2%) and to 'punish the offender' at (31.9%). One other solution at the individual level was categorised as 'attempt to kill or kill offender' at (1.1%). At the societal level the findings indicated the most common theme of causation was 'institutional failure' (n=230) followed by 'supporting the accused offender' (n=91). None of these studies involve direct contact with any research participants. They do however provide useful statistical information regarding how the media influences and constructs ideas about HSB. It is important to say that these studies did not indicate how or if they differentiated between content relating to either adults, children, or both as offender. This is an important difference that has the potential to conflate adult sexual offenders and children who engage in HSB. Therefore, it is important to take cognisance of the connections between the medias influence in creating cultural attitudes and a disproportionate 'risk anxiety' relating to HSB.

The notion of framing among media scholars developed in tandem with agenda setting theory to examine influence. Framing focuses on the nature of the news coverage rather than the amount of attention devoted to the issue. Framing is the process of exerting influence over an individual's perceptions of meaning attributed to messages.

Willis et al. (2010) provide a summary of empirical research on attitudes toward adult sexual 'offenders' and highlight the generalisation across findings that sexual offenders receive negative

attitudinal responses in comparison to non-sexual offenders Craig (2005); Hogue and Pebbles (1997) and Weekes et al. (1995). Whist I could not find any attitudinal data towards children who engaged in HSB in an Irish context I found some international studies which I will describe briefly here. The results in these research studies corroborated that those negative attitudinal responses toward children also exist. These are important studies as we can tentatively assume that holding a negative attitude may impact on how a person will talk and thus influence a cultural outlook on HSB. Whilst I will not examine the research relating to adults, I have chosen to mention it briefly as it highlights HSB as an area in which attitudes toward adults and children often are not differentiated.

In the first study Gavin (2005) used a method of story completion forms within a narrative construction framework. This was research focused on both leading and other narratives of the child who had sexually harmed. They used a method described as story stem completion were the researchers developed six scenarios generated from an examination of literature and 'specialist media' that identified themes that were pertinent. Several lists were then developed, and researchers exchanged the lists, retain the stories featured on all lists and 'refine or disregard through mutual agreement' the others. (Gavin, 2005:399). For example, one of the story stems agreed to be presented to participants for completion was 'a convicted child sex offender moves into a community'. Twenty participants took part, with a balanced gender distribution, in completing six short stories that were designed to elicit insights and attitudes on children who sexually harm. There were no exclusion criteria applied yet there was also no information provided on the ethnic or cultural background of the participants. The age range of the participants were 18-60 with over 45% being over 40 years old. In addition to the narrative story forms the participants were asked numerous perception questions aimed at understanding what influenced them most in their current perceptions of child sexual harmers. Fifteen of the twenty participants choose the media as their most significant source of their perceptions. The findings support that the dominant narratives persists in shaping the public perception of children who sexually harm.

These narratives depict the child sexual harmer as irredeemable and devoid of opportunity through treatment, as inhumane, and inherently evil (Gavin 2005:405).

The second research study Sahlstrom and Jeglic (2008) was comprised of two hundred and eight undergraduate psychology students. The participants ranged in age from 18-55 with a mean age of 20 years old. They were described as ethnically and religiously diverse. They were given three scenarios each and a short questionnaire about their life experiences. The data was obtained using two scales: the attitudes towards sexual offender's scale (ATSOS) adapted by Hogue (1993) and the attitudes toward sex offender treatment scale (ATSOTS) developed by Wnuk et al. (2006). The first scale is a thirty-six item self-report measure that is designed to 'capture the affective and evaluative judgments' of respondents (Harper et al. 2016:202). The second scale is described as a 'development and refinement of a measure of Attitudes Toward Sex Offender Treatment scale'. This scale was developed after identification of 'poorly functioning items' from the original item pool on the ATSOS. Of the original thirty-six items, fifteen were 'found to statistically and theoretically function well' (Wnuk et al. 2006:35). An initial pool of 35 items was developed from statements commonly come across by the researchers regarding the sex offender population as well as the modification of items used in other attitudinal scales to include 'sex offender'. Participants were asked to fill out each scale. The findings suggest that several participants believed that children who sexually harm others were not amenable to treatment. In the main respondents thought a more formal intervention was warranted than that of intervention within the family. Participants presented no difference in attitudes toward those children who had themselves been sexually harmed and went onto harm another child. Participants also viewed females who sexually harmed as being more serious and requiring more intervention than males. Overall, there were consistent negative attitudes recorded across a range of domains.

2.9 <u>Discussion</u>

Of the research relevant to my study, the research on children was primarily quantitative, the limited amount of research on parents tended to be qualitative and the research on the impact of social discourse used mixed methodologies. This reflects in my view how particular social phenomenon are claimed by disciplines and researchers.

There are some general comparative themes present through the findings of all four studies relating to parents of children who sexually harm. They all describe challenging feelings that are evoked through experiencing their child having engaged in HSB. For example, they all note feelings of shame and guilt. I was reminded of descriptions by other researchers. Pierce (2011:175) described the parents in her study as 'cultural subgroup'. Archer et al. (2020:364) spoke about parental descriptions of their 'child's identity as fragmented' within a broader context of trying to understand their child's HSB. In my view, subcultures usually develop where there is no space within the dominant culture to accommodate other ideas about a phenomenon. Most of the research discussed was qualitative. The research studies used small samples and participants ranged in numbers from four to eight. In defence of using small samples Crouch and McKenzie (2006:483) describe their usefulness in 'penetrating social life beyond appearance and manifest meanings'. The research studies share some common themes regarding their methodological approaches. In my view the research designs focus too narrowly on researching parental experiences in isolation. There is little attempt to capture these experiences within a wider context of what may have influenced these experiences outside of a focus on the individual. The four studies described make up part of a very small research base that focuses on using qualitative methods within the context of the methodological challenges mentioned above. Overall, this research sits within a much broader focus on using quantitative methods seeking descriptive data as part of larger scale projects. Even within these larger research projects the parental data is sought as an add on to the central focus which is the data collected on the children and HSB. This research focuses on the characteristics and demographics of families however it does not help us understand either children who sexually harm or

their parents and what they might need. For example, focusing research on comparative samples such as delinquent groups or non-sexual offences furtherly brings attention to validating categories of young people and HSB and does not in any way help us appreciate the complexities of their experiences or how we might better respond through service design. Quantitative data does not help to understand how children and families involved in HSB respond and feel while they go through the connections with professionals and process of treatment. Using these quantitative methods focuses on numbers and prevalence but are not conducive to researching the content of this taboo. My research was focused on understanding the effect of HSB on children and families and their relationships to others.

There are areas of similarity and some difference across the findings of the two large research projects relating to children who sexually harm. Both quantitative studies report a significantly higher incidence of boys that engage in HSB. These figures are consistent with other research on these trends (Taylor 2003). Several general similarities exist in the findings across some socio demographic variables including age of referral, type of abuse and relationships to victims. One notable area of difference between the findings of each point to the 'significantly higher' portion of boys who disclose themselves as victims of preceding sexual harm (Hackett et al. 2013:241). One of the other main differences of these research projects is reported through the very low percentage referral rates from black minority ethnic (BME) communities in the Hackett et al. study. One of the suggested reasons for this was that boys from these communities are treated more harshly through the criminal justice system and therefore are imprisoned rather than treated in a community setting. This is an important observation as it interconnects issues on the cultural outlook regarding ethnicity and sexual harm in a way that focuses on social structures as relating to HSB. It is important to note that in the one 'qualitative' research study the data was collected with no contact, or observational methods used. The use of these methods in some way follows a tradition by not having any direct contact with research participants. They maintain an artificial barrier and limit engagement to that of interpretation of text and statistics available through written records. These findings give us some useful information particularly about demographic data.

The scale of the research and the focus on capacity to be generalisable as well as a concern to use methodologies which could be replicated mean that it is not suited to capture the complexities of the lived experiences, emotions and impacts that HSB has brought to the lives of these children and their parents. It is unsuited to gathering information on family processes and evolving family relationships.

Whilst different methods are used in the research studies regarding the impact of social discourse on HSB, their findings are comparable with generalities present across the literature regarding harsher outlooks and attitudes regarding responses to children who sexually harm others. Kvale (1995) describes narrative approaches as being broadly situated within a constructionist framework in privileging specific and local knowledges with a focus on stories. This is evident in the Gavin (2005) study using story completion forms and perception questions. This employs a critical realist position in understanding the fluidity albeit at the same time the tangibility of participants' described realities. The use of attitudinal scales in the Sahlstrom and Jeglic (2008:184) study in some way negates the potential diversity in responses. The participants are limited to using a Likert scale in choosing their responses from most positive to negative. A mid-score range of 72 dictates whether an attitude derives 'positive of capable change' or 'basically deviant individual'. This method does allow for a greater participation size and provides valuable data in generating more questions.

2.10 <u>Concluding remarks</u>

My research can build on these studies in seeking to further understand the connections between the impact of 'social talk' and broader discourses as embedded in the cultural outlook on the parents of children who have sexually harmed another child. Thus, whilst I enquired about individual parental experiences I did so in a way that seeks to stimulate a broader systemic understanding of those experiences, for example asking about potential community or public reactions. There is very little available research in this area that focuses directly on the experiences of parents who have a child who has sexually harmed, even less in an Irish context. The most recent Irish research available relating to

parents is 20 years old with an intervening period of very significant social change in this country. There is a disproportionate number of quantitative studies, however these also focus mainly on base line data for children with information about the child's family taken as an add on. My research questions reflect my interest in how parents are positioned and therefore are concerned with social relationships, processes of change and impact of social discourses on their individual experiences. Considering all these research studies has highlighted the potential strengths and limitations of each approach. It has demonstrated the dearth of research about parents. This mirrors how parents in my experience can be excluded from or treated as an add-on in HSB services. I wonder what exactly it is that makes a parent feel shame or guilt about their child having engaged in HSB? One way that shame can be experienced is as a social construction which regulates morality. My research gives primacy to researching in a local context and recognises the situatedness of the researching in a taboo. I was very careful and respectful in how I approached services and parents seeking their participation in this research. The research design follows on from the literature above in seeking to understand parents' experiences within a broader context. I collected data through a combination of methods to get a fuller and richer description from a variety of positions.

Chapter 3: Methodology

3.1 Introduction

I firstly identified a public service in Ireland that works with children and their families where it is confirmed that the child has engaged in HSB. Following several consultations with service managers and ethical approval, I undertook observations of groups, conducted one-to-one interviews and did a media analysis.

This research uses Ethnographic observations and Foucauldian discourse analysis (FDA) as a methodological approach in researching the experiences of parents' who have a child who has sexually harmed another child. This research was conducted within a social constructivist paradigm and a qualitative methodology was employed. Qualitative methodologies are explorative in nature; they seek to understand experience as opposed to create generalisable knowledge (Erickson 2017). FDA takes a somewhat radical stance in the field of social and psychological research as it takes discourse, as opposed to individuals, as its object of study (Potter and Wetherell 1987). In this chapter I outline the context and my developing understanding of where this research sits within epistemological and ontological assumptions before describing the process of the methods used in generating my findings.

3.2 Toward understanding my ontological and epistemological position

Guba and Lincoln (1994:105) set out what they term as the 'qualitative/quantitative distinction' within research paradigms. The social and political situatedness of research may influence discourses which privilege ideas of scientific quantification. Larner (2004:18) points to the tensions that can exist within systemic research in highlighting that the centrality of focus on practice and relational processes is often at odds with achieving what is deemed a 'gold standard' within a research hierarchy. This standard is usually achieved through 'randomised clinical trials and replication by independent investigators'

(Larner 2004:26). Consequently, he describes the challenge herein for systemic research and how it is positioned within the 'politics of empiricism and the 'limitations of a scientist -practitioner model' (Larner 2004:17). My interest in researching in this area is based on my practice experience gained over a long period of time. During that time, I have observed patterns that exist with the families that attend our service as characterised by their uniqueness, heterogeneity, and complexities specific to their experiences of HSB. In this way I feel that quantitative methods would not catch these nuances. In this I follow Macionis and Plummer (2002:44), who point to what they term the 'ideal of objectivity' within positivist research as a constraint and highlight qualitative approaches as suitable to more complex human relations such greed, love, pride, and despair'. Whilst I recognise that research is a complex process that is beyond binary methodological descriptions and that all approaches have value dependent on the area of interest and perspective, my research questions are more suited to using a qualitative approach, because they seek the direct experiences of parents, are interested in a relational understanding and social processes.

3.3 <u>A qualitative approach</u>

Parker (1999) describes as a profoundly qualitative issue the complications interwoven between words, discourses and meanings and points to the cultural backdrop within which research happens. This is important for my research as the parents' experiences and outlook on HSB as connected to social discourses in an Irish context must take account of the cultural factors. It is central to highlight that the term discourse is often closely applied to words, text, or language, however it has a much broader application. The French philosopher Michel Foucault (1977:49) offers a useful insight in describing discourses as 'practices that systematically form the objects of which they speak'. In this way Parker (1999:3) refers to symbolic domains which can include 'all the things that we see, refer to and take for granted as actually existing out there'. The challenge to move away from a narrow application of the term discourse has been present for me throughout this research. This was part of the rationale for me

doing ethnographic observations. In this way it allowed me to have an alternative to analysing the text generated from interviews and media. One of my hypotheses developed through my professional experience is that the ways in which we construct HSB within society creates a truth. This limits the ways in which parents can respond and they often feel shamed and isolated through ways that make 'talk' of this subject somehow taboo. The challenge therefore in this research was to broaden out and attempt to diversify the application of discourse to more than text, such as the feelings and emotions behind 'text' and the concrete manifestation of the relationships between persons while being mindful of the cultural limitations applied to HSB as something that happens out of sight. I will talk more below about how I broadened out the collection and analysis of data from interview transcripts to include ethnographic observations and media sources (albeit an analysis of text).

3.4 <u>Critical realism</u>

This study is positioned within a critical realist ontology and social-constructivist epistemology. The methodology was FDA, which is rooted in post-structuralist philosophy[4]. Whilst not a method but more so an approach that can be useful in how methods are applied, a critical realist approach helps me understand my outlook on reality vis a vis this research. Sturgiss and Clark (2020:143) describes a critical realist position as one in which the 'evidence we observe can come close to reality but is always a fallible, social and subjective accounts of reality'. One of the central concepts in this ontology is the challenge to the supposition that associates human perceptions of reality with reality itself or as Segal in describing the work of Von Forester explains 'observations effect the observed so as to obliterate the observers hope for prediction' (Segal 2001:24). A critical realist approach suggests the nature of reality is 'mind independent' and whilst understanding the importance of human perceptions that these are always 'accounts of reality' (Sturgiss and Clark 2020:143). As described earlier by Parker the importance of recognising the cultural

---

[4] In describing the work of Gilles Deleuze and Michel Foucault, Dillet presents some elements of post structural theoretical practice as immanently integrating more and more social and political problems into the schemes of thought. A post structural theoretical practice means integrating into thought problems and events, in order to compose with them, and not simply study discursive strategies (Dillet, 2017).

backdrop in which research happens, similarly the 'mind independent' concept within a critical realist approach are not only applicable to physical dimensions but also includes social and cultural aspects. In this way Sturgiss and Clark (2020:144) define the 'mind independent' nature of culture in that 'human perceptions of cultures remain that and cannot be equated with the culture's themselves'. Practicing and now researching in HSB has led me to understand that I cannot employ outlooks or research methods based on simplistic or linear causal explanations or truth-seeking exercises but more so an engagement with complexity, observations, and an ease with unpredictability of outcomes. In adopting a critical realist approach, I am not seeking to exclaim a truth from this research. Sturgiss and Clark (2020:144) further discuss critical realism in the context of what they term 'emergent mechanisms' and describe emergence as the 'synergism that occurs between components of a complex process so that the outcome is more than the sum of the parts and that different components can combine across multiple layers of a system'. In this way I see emergence as a useful concept in understanding the volatility of outcomes in a complex research process such as this one.

3.5 <u>Social Constructivism</u>

The epistemological stance for this research is that of social constructivism. This paradigm promotes ideas that observing is 'both the ultimate starting point and the most fundamental question in any attempt to understand reality' and that our cognitive abilities as observers are biological phenomena because they are altered when our biology is altered (Maturana 1988:27). This paradigm is not to be confused with social constructionism which suggests that knowledge and meaning are dynamically constructed by an external social interchange and proposes that institutional practices and systems of power hold influence over the type of knowledge that can be constructed through the mechanism of discourse (Burr 2015). Luhmann (2013:101) describes the central tenets of a constructivist approach when he draws our attention to the distinctions between observing and the observer and his use of the German word

'mittenmang'[5]. In this position it is accepted that the researcher does not exist 'somewhere high above reality, does not hover above things and does not look down from above in order to observe what is going on' but inside the world that she/he is attempting to observe or describe (Luhmann 2013:101).

The challenge in adopting this position and within this research was to find a way to accommodate and witness the individual and subjective experiences of the parents whilst trying to understand how these experiences are embedded and influenced within broader social processes. By this I mean to take a position that recognises the interfaces, the subjectivities that are enmeshed within the macro and micro relational processes both in and outside of our awareness. This was accounted for in adopting a mixed method of FDA using a ten-step model to analyse the parents interview data in addition to diversifying the data collection and analysis methods. The adapted model of FDA was chosen as a way of mitigating a potential negligence to the individual experiences of the participants whilst focusing too much on the macro social processes.

Krause (2012:20) advocates a move away from 'promoting an idea of subjectivity as empty' or 'just like us' to a position toward more comprehensive reflexivity. She includes 'recursiveness between different aspects of meaning, interpretation, and experience held or expressed by persons' (Krause 2012:88). These ideas challenged me throughout the research to think about the complexities involved in human connections, but they also set forth a position in which I am encouraged to conceptualise how I think about and understand my positioning. They provide a more rhizomatic frame to think about my ontological and epistemological standpoints. Often the fault lines between epistemological and philosophical underpinnings are unclear. In recounting the work of Gilles Deleuze, Patton (2010:10) describes the indeterminacies of theoretical positioning and variations in method to 'thought'. He also describes Deleuze as an 'elusive thinker but, more importantly, that he is an experimental thinker committed to a conception of movement in thought'. These ideas were central to me keeping an open mind and adopting an ongoing curiosity within the different stages of the research. One of the challenges

---

[5] Mittenmang roughly translates from German to mean (right in the middle of it/them) Collins dictionary 2022.

when working in a particular area for so long is remaining open to ideas that emerge outside of practice experience. In further defining my relationship with ontology and epistemology I see myself as a researcher being part of a 'co-creation' which privileges ideas that connect the relational and subjectivist interactions between myself and the 'subject' researched (Patton 2010:405). A social constructivist approach allowed me to think about the 'subject' researched and me as 'interactively linked so that the 'findings' are literally created as the investigation proceeds' (Guba and Lincoln 1994:111).

3.6 <u>The case for Foucauldian Discourse Analysis</u>

Willig (2015:162) describes the suitability of applying FDA to research questions in which we try to 'characterise the discursive worlds people inhabit' and 'what are their implications for possible ways of being'. Carabine (2001:268) in describing FDA theorises discourses as being 'productive' in a way that is constitutive of a 'truth' within society. This research is not about finding the truth, rather it is about learning more about the participants' experiences and how those experiences have evolved and been influenced within broader social processes and knowledges. Khan and MacEachan (2021:2) further support the FDA approach within this context and highlight its effectiveness in revisiting issues of 'social legitimacy' and by promoting questions about the establishment and structure of social conditions. Foucault (1984:110) declared that 'discourse is the power which is to be seized' and his analysis of power as a creative concept that enables certain knowledge to be produced and 'known' is an important principle. In this way this research is creating a discourse by trying to highlight some of the issues that maintain HSB carried out by children as a taboo and social issue that can be hidden and remain in the margins.

Jorgensen and Phillips (2002:13) describe Foucault's conception of discourse as 'relatively rule-bound' sets of statements which impose constrains on what can have meaning. For example, this idea was

helpful in thinking about what the discourse might do to parents who are seen publicly to support their son through a treatment programme after he has engaged in HSB. Through my professional experience, I believe the current discourse on HSB would not allow for parents to take this position within the 'rule-bound' concept as described above. Therefore, acceding to an FDA methodological approach allows for how Hall (2001:80) describes the work of Michel Foucault when he suggests that 'all discourses, then construct 'subject-positions' being that 'discourse itself produces subjects' and creates a space where others are 'subjected to' discourse. In this way, I recognised myself as both a researcher subjected to a 'research discourse' and a human subjected to and exposed to ideas on HSB in my practice experience and in other areas of life. The process of deciding an appropriate methodological approach encourages an engagement with oneself as a researcher however an engagement that cannot be siloed from the other aspects that contextualise a research process at any given point.

Unlike Conversation Analysis or Discursive Psychology, there is no single decided way of conducting an FDA (Burr 2015). Burck (2005:252) highlights some of the differences in using the qualitative methodological approaches of narrative and discourse analysis. In considering a narrative approach for this research the focus of that approach on "self-constructions" and "self-narrations" did not allow for a more relational analysis. Further, Burck advocates the narrative approach in "examining presentations of self". The emphasis on "self" in narrative methods can be problematic in that we can miss what's going on in the wider social contexts in which research is happening. A central concern in this research was these wider social, cultural and community context and how discourses impact and or position the parents in ways that create a pain and silence for them. It was therefore decided that the FDA approach was more suited to answering the research questions.

Foucauldian philosophy offers a theoretical lens rather than providing a methodology (Carabine 2001). The application of this lens will depend upon the individual researcher and their research questions. Several writers have, however, outlined possible procedures to assist novice discourse analysts, some

of which are well established (Parker 1992; Willig 2013). In conducting my own analysis, I drew upon the guidelines offered by both authors. Pomerantz's (2008) visualisation of the range of methods within discourse analysis reproduced in the appendices in (Table 2) further illuminated for me that an FDA was the methodology most in line with my area of research and questions.

Method

3.7 <u>Design and procedure</u>

Participants for this study either took part in groups which were observed or in individual interviews. The ethnographic observations included between four and six participants in each group session who were observed by me on four separate occasions over a four-week period. All the parents who attended had a child who was engaging with the service that was taking part in the research. Their children attended a weekly group that ran concurrently. All parents who attended the groups were committed to attending weekly for the duration of the clinical programme which runs over a two-year cycle. Group members were all at differing stages of the programme with some only recently beginning and others at the end of the programme cycle. The observations happened at a location from where a HSB service was being delivered.

Six participants attended for individual interviews. There was no cross over between participants and those that were part of the group observations were excluded from participating in any of the interviews. As the service groups only take place at locations in the capital city Dublin[6] it was felt that the invitation for interview participants be advertised both locally and regionally with research gatekeepers identified throughout the country. It was important to recognise that a diversity of participants from other geographical locations outside of Dublin would enrich the research. The six interviews happened at various locations and included four participants from outside Dublin. There were five females and one

---

[6] This is an historical issue in that services in Ireland for HSB were provided on the grounds of two children's hospitals in the capital city. This was mainly because of increased populations in the capital and that services for hsb had not yet been developed in other regions of the country. Development of services nationally is now the remit of Tusla CFA and whilst they now have regional services, they have not extended to group provision outside of the capital city.

male who volunteered for interview. They were all primary carers of children at the service. Professionals such as social care, work or residential staff who support children's attendance at the service are not directly involved with the therapy provided through the program and were excluded from taking part in the interviews. The research questions were aimed at understanding parental experiences and the potential influences on their social or family identities post HSB becoming known and not at their experiences of working with professionals. On average the interviews lasted a little over an hour except for one which lasted approximately fifty minutes.

The third data collection phase included an analysis of a section of the Irish print media which focused on looking at how HSB was constructed and reported over a period of one year. Whilst no participants were involved in this part of the research, approval was sought and given for me to access the Tusla[7] national media data base for this part of the research.

All participants gave informed consent before meeting the researcher see appendix (T) for group observation and appendix (U) for interview consent forms. Initially I had hoped to complete five group ethnographic observations. However, with the advent of Covid 19 and the schedule of the groups the final observation did not take place. The initial plan was for me to be in the same room as the group participants, but in the event, this was not to be supported by the service. The Service providers were concerned that the presence of a researcher in the same room as the group may disproportionally impact on the process of and the parent's perceptions of the safety of the group. The idea of putting forward the research information in its original request and allowing the parents to either opt in or opt out was not supported. The anticipated issue of how to respond if some parents consented and others did not, was raised as it would be considered unethical to exclude parents who did not opt in from the group. I took this as an indication of the protected nature in which these services are provided, and the sensitivities present in the work of HSB. With this information considered, and in consultation with my supervisor it was decided to observe the groups from observation suites in a separate part of the building

---

[7] Tusla is the name for the Irish state child protection and welfare agency.

in which the groups happened. This was accepted by the service as a more workable approach and following ethical approval this is how the observations took place.

3.8 <u>Ethnographic observations</u>

Aull-Davies (1999:67) describes the method of participant observation, usually referred to as the archetypal form of research employed by ethnographers and defines it as more a research strategy than a unitary research method. The rationale for choosing an ethnographic approach was to become more familiar with 'social and cultural forms' that may present within the groups observed. Moving my observing from participating within the parent's groups to an observation suite limited the participation aspects of the method, nevertheless I found the observations eye opening. My findings chapter details a snapshot of my experience of the process. Whilst overall the experience greatly enhanced my connection to the research participants and made me more curious about aspects of their experience, I do feel something was lost by not being in the room with the group. I felt a barrier through the audio visual and technological equipment, a sense that I could have been closer to the experience. That said as I have outlined in my finding's description a lot of what I did experience I felt was because I was looking in a different way, from a little distance. There is little literature available on using this method with this research topic, however, Pierce (2011) described using an ethnographic framework with a parent's group in which their children had engaged in HSB. She described this group of parents as a cultural subgroup and focused on their distinguishing characteristic marginalised within society. I feel that the hidden and taboo-like topic of the research was instrumental in limiting my participation and access and that this was both a central issue and a serious difficulty in researching life processes in which the participants are invested in remaining out of sight. That said, my experiences with the group and following analysis helped me formulate new directions in the creation of my interview schedules. See below photograph (1) to give the reader a sense of the physical context in which the observations happened.
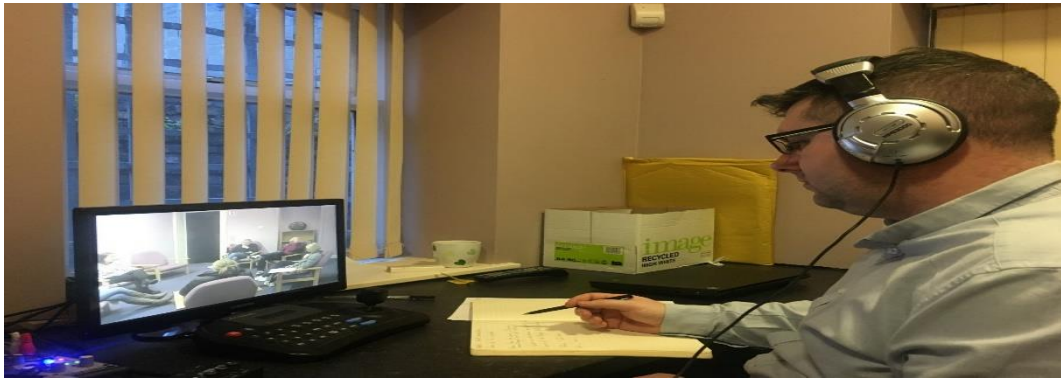
Photograph (1). Observation's suite – Me at the screen and control panel of audio-visual equipment

During each observation I had a note pad. I sketched notes, wrote down words as connected to what I felt, and at which point in the observations it happened. I tried to pay attention to what was evoked in me and what I noticed during the observations. Below sees photograph (2) which captures a segment form my scratch notes of my first observation.
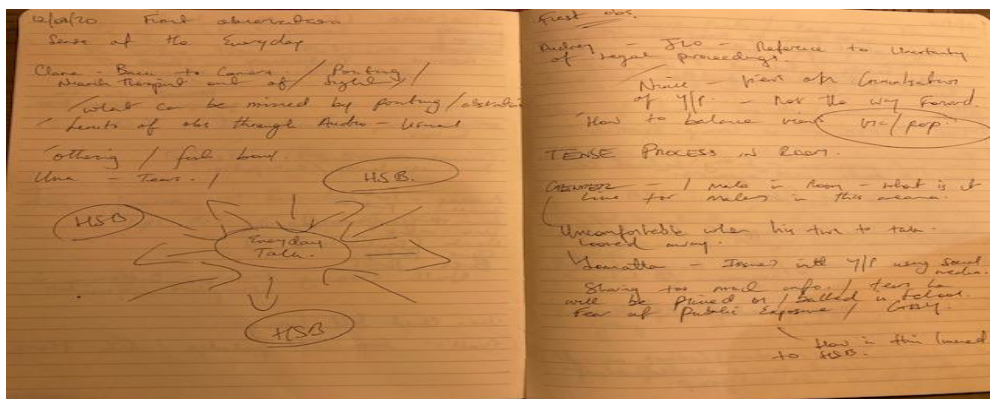
Photograph 2. Sample from scratch notes in observation no. 1

The scratch notes were helpful to me as there was lots happening in the observations. Sometimes there was eight people in the room including the facilitators. This was in the context of the activity in the observation suites and the impact that the physical space was having on me. The challenge was to use the scratch notes to help me consider significant moments, what I was feeling at points but not to be consumed with focussing on recording each detail at this stage potentially losing the feeling of being immersed in the group. Each group finished at 18:30 in the evening. When the parents had left the

building, I remained to write my full descriptions. At this stage I just typed all my thoughts, what I was feeling, what I had observed, connections to me as a researcher. I wrote freely at this point just getting it all out and down see appendix (A) for a sample of a full description. In an ethnographic approach the descriptions of the observations constitute the analysis (Morgan-Trimmer and Wood 2016; Turnbull 2015). Following completion of the full observational descriptions the next stage involved reading and re-reading the observational data several times. Each time looking for what pieces of the description struck me or created a further curiosity. Again, I made more detailed notes as I read along the side see appendix (B). It was an iterative process and some commonalities and differences across the four observations were examined. For example, in the screenshot attached in appendix (B) I was drawn to the concept 'can good children engage in HSB'. This concept later featured in the interviews and is a demonstration of how the observations and analysis process can be useful in guiding later stages of data collection and places emphasis on researcher reflexivity.

3.9 Semi-structured interviews

The use of semi – structured interviews as a method of collecting data are well established within qualitative research approaches. Jamshed (2014:87) described the best use of semi-structured interviews with participants in a systematic and comprehensive way, utilising a schedule of questions to keep the interview focused on a line of inquiry. Bevan and Bevan (1999:15) offer an analysis in describing the use of interviews within a discursive methodology. They suggest the importance of recognising that the dyad of interviewers and interviewees as being 'positioned within influential social contexts. The locations and physical spaces in which the interviews took place varied. As described above the importance of having geographical diversity influenced the available spaces in which to meet participants for interviews. For ethical reasons I did not meet the participants in their homes or in public places such as coffee shops or libraries. For example, one of the interviews happened in an old social work office on the grounds of a hospital, another in a room in a health centre in a rural location. Each

interview brought a unique experience. See below in photograph (3) one location in which an interview took place.

.

Photograph 3. A location in which an interview happened.

The interviews were audio recorded using the voice recorder shown on the table in photograph (3). Following the completion of all interviews I began the transcription process. In total there are 104 pages of transcript data. The transcription process was arduous and long. In the main this was due to me deciding to transcribe the data myself. I transcribed the data by plugging my earphones into the audio recorder, whilst playing back the interviews and listening to small pieces at a time I then spoke verbatim into a voice notes application. It was a start/stop process as every time I listened to a couple of seconds of the interview I had to stop, playback and then speak what I heard into the voice notes app. See photograph (4) below for a visual on how this process happened. I found this method of transcribing helpful, albeit labour intensive, as it allowed me to hear back the interviews in detail. It also provided a different space in which to engage with the data over a longer period.

Photograph (4) the transcription process.

Following on from this process I ended up with 104 pages of interview material as shown below in photograph (5)
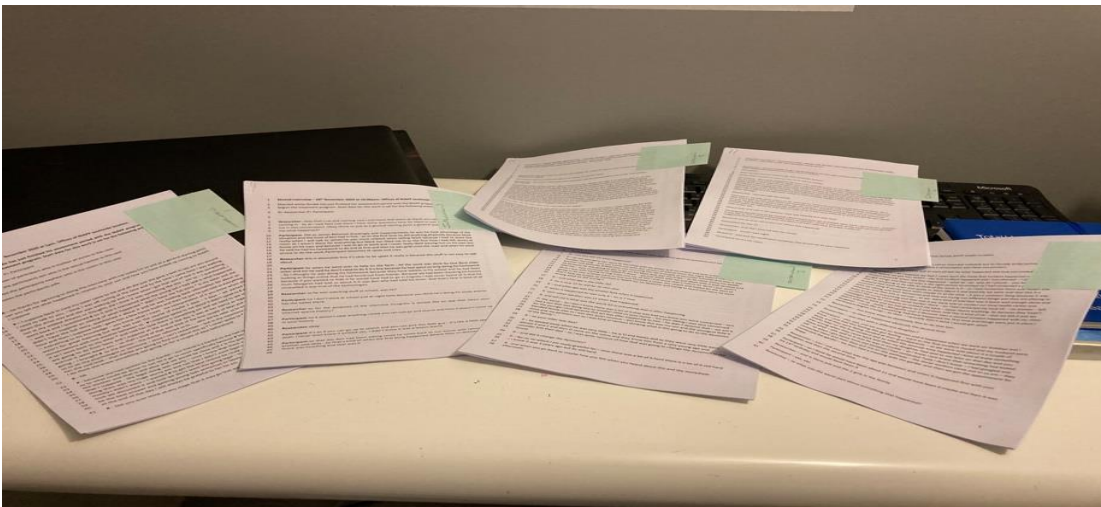
Photo (5) Transcripts from interviews

Analysis

3.10 <u>Developing an ideal type</u>

Given the volume of data and in thinking about how to continue the analysis I employed an approach developed by German sociologist Max Weber. Swedberg (2018:184) describes the work of Weber and introduces the concept of developing an ideal type to take a first step in the 'analysis of a topic that is little known or explored'. The ideal type may function as an 'emergency safe haven until one has learned to find one's bearings while navigating the immense sea of empirical facts' (Swedberg:133). Developing an ideal type can assist the researcher to 'get a better handle on empirical reality, and this is done primarily through a comparison of reality with the ideal type' (Swedberg:184). He describes a five-step model which researchers can use to assist developing an ideal type. This is set out in (Table 3) in the appendix. Broadly based on these steps I began analysing the interview data. I began to analyse the six interviews and organised the data, this is detailed in the appendix (Table 4). In addition, for each interview I used flip chart sheets to assist in bringing together an ideal type. This is evident in the visual image of the flip charts (Photograph 6 in the appendix). I repeated this process multiple times whilst analysing the data (Table 4). It is important to highlight the concepts of ideal types in that they are not intended to be an account of reality but a measuring stick with which to develop a hypothesis.

Below is an ideal type of HSB that was developed.

Don't talk		Scorned
(Taboo)		

Fear
Social backlash

Ambivalent emotions

Secrecy Amplifies reality		Unconditional Protection
hsb becomes public		
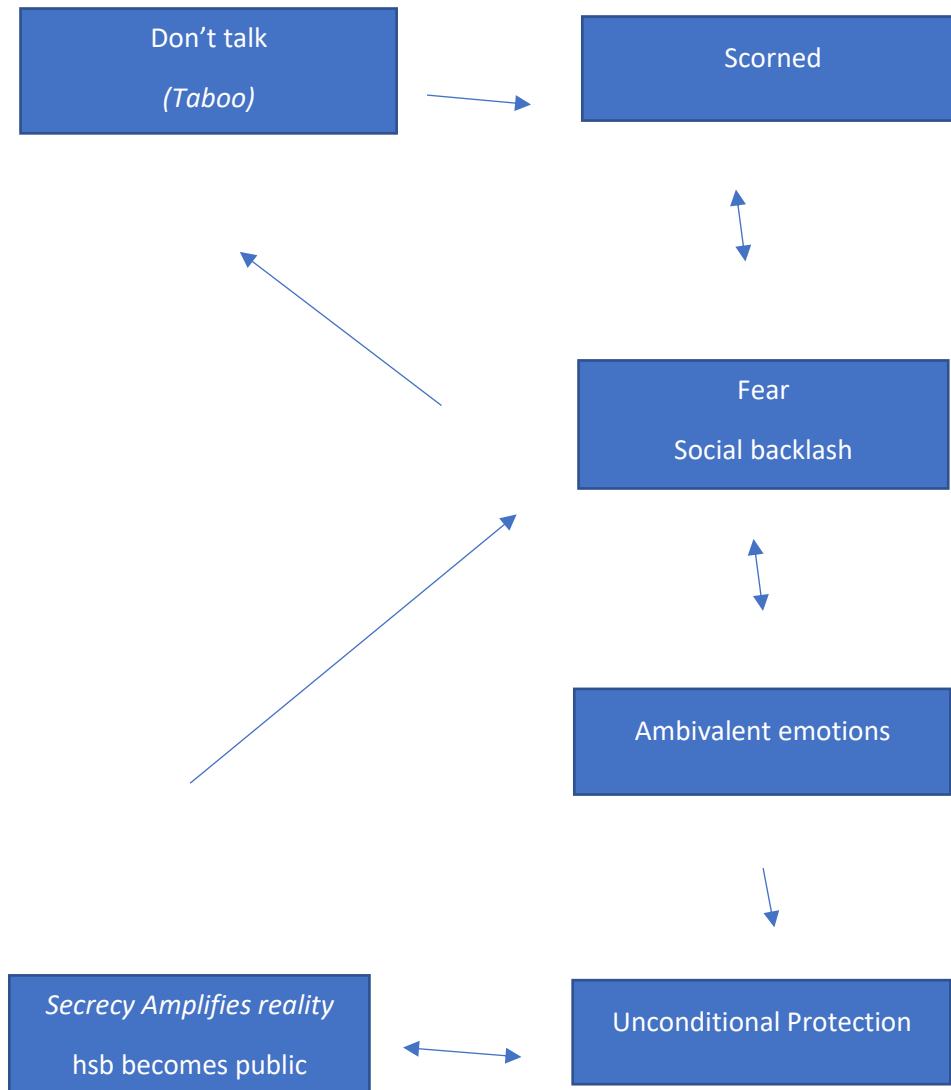
Ideal type of harmful sexual behaviour (Secrecy amplifies reality).

Given different individual experiences people emphasise different aspects of the model. That said the basic theme which links the experiences of parents to the social constructs of HSB are present for all. The model shows the worst conceivable consequence for a parent whose child has engaged in HSB by it becoming known publicly with the fear of social backlash. The secrecy of the behaviour and how their child has transgressed 'amplifies their reality' within this context. The model conceptualises an interface between social conditions and individual experiences and links a position of parents'

protection in maintaining the HSB as secret. The model is conceptualised in social terms. The secrecy and fear of their family being 'outed' creates ambivalence and a questioning of family identity and a threat to their social contexts as they have known them.

The next phases of the data analysis included using the ideal type model to revisit the interview data and to use as a framework to extract data for an FDA analysis. As Swedberg (2018:184) describes using the ideal type it 'helps the social scientist to get a better handle on empirical reality, and this is done primarily through a comparison of reality with the ideal type'. This allowed me to compare the ideal type of HSB with the accounts of reality provided by the participants. The broad idea of 'secrecy amplifies reality' was used from the ideal type in extracting data from the full interviews. See photograph (7) in the appendices for a sample of this data that was then selected for FDA analysis.

3.11 <u>Foucauldian Discourse Analysis (FDA)</u>

In the next steps six of these data sets, one derived from each interview, were analysed using a ten-step model of FDA. Willig (2015) and Parker (1992) have developed frameworks to guide researchers to apply FDA and have greatly influenced the development of the method in qualitative research. Parker's approach is most closely aligned with Foucauldian theory, including consideration of the historical and political origins of discourse and its relationship to institutions, power, and ideology Hook (2007). Willig's (2015) six stages are described in appendix (C) and Parker's (1992) twenty stages of analysis in appendix (D). I chose to depart from using either model on their own and instead devised a ten-step model using all of Willig's six stages combined with four stages from Parker. The 4 stages of Parker's 20 stage model that I used are 15 -18, highlighted in blue in appendix (D). I did this because neither model alone or in its entirety was sufficient in providing a framework of analysis that allowed me to capture the individual experiences of the parents' as they interfaced with broader social knowledges and institutions. Notably Willig (2013:131) acknowledges that her framework for analysis, while

drawing on Foucauldian philosophy, does 'not constitute a full analysis in the Foucauldian sense'. This is due to her method's orientation to understanding the subjective experience of the individual, as is encapsulated by her sixth and final stage, titled 'subjectivity'. A more stringent Foucauldian approach might include greater consideration of the historical and institutional influences within the discourse, concentrating less upon individual experience in favour of broader social issues such as the discourse's ideological effects (Parker 1992). I addressed the omission of broader institutional influences in Willig's Model by including the 4 stages pertaining to institutions and their relationship to discourses from Parker's Model as this was relevant to my research interests and questions. The inclusion of stages from Parkers model which gave attention to the historical and institutional influences whilst also maintaining Willig's focus on the importance of the relationship between discourse and practice and exploring the implications of discourse for individual subjectivity was better suited to answering my research questions (Willig 2013).

Table (5) in the appendix outlines in detail the stages and step by step analytical approach to FDA for this research. The analytic procedure describes the analysis across stage, description, rationale, and procedure as outlined in the table. In summary this included five different stages of analysis which incorporated steps 1-6 of Willig's model as seen in appendix (C) and steps 15-18 of Parkers model as seen in appendix (D). It also includes reference to and detail of to the use of Harré's (2008) positioning theory which was used throughout stage 3 of the process set out in Table 5 and further detailed in the sample in appendix (L).

3.12 <u>Understanding Media influences</u>

I wanted to understand the influences of the media on my topic of research and the ways in which HSB is constructed within Irish society. I engaged Tusla, the statutory Child and Family Agency in Ireland and sought permissions to access their media database to begin my searches. It was thought that given

my research was being carried out at various Tusla sites that a search strategy through a centralised system would best suit the task. Permissions was granted and I was given temporary access to their media database which is managed by a private communications company. There are various options in how and what to search on the database. I decided on a search strategy that would place a filter which excluded all other media sources except for 'daily newspapers-national' see appendix (O) which lists other 'media sources' that were excluded. I considered that the national dailies would be most representative from the options available. I chose a period of twelve months starting 01st January 2019 and ending 01st January 2020. Any articles outside of these dates were excluded. Initially it was thought that a six-month period would provide a snapshot of how the media reports on this issue in contemporary Ireland however this was extended to a twelve-month period as it was felt there would be a disproportionate reporting of Covid-19 and related segments.

Five searches were conducted using the following search terms 1 - Juvenile sex offenders which returned (437), 2 - Children and HSB (3409) 3 - Adolescent sexual offenders (852) 4 - Pornography and children (53) 5 - Teenagers and sexual harm (479). One challenge I faced through using this data base was that even with filters in place with words such as 'children' or 'teenager' in the search bars all articles on sexual harm were returned. The database system was unable to differentiate between adults and children who sexually harm. Following each search, the data base created an electronic document which included all the articles that were returned under any of the five search terms. These were automatically catalogued in a contents list see appendix (P) which made it easier to get through the volume of articles. Following this I printed the contents lists from each search and choose six articles to analyse further using FDA. The overwhelming majority of articles returned were either about adults who had sexually harmed others or victims of sexual harm with very little coverage of children who engage in HSB toward another. This process of choosing the six articles was based on there being either some direct reference in the headline or main body of the article that specifically talked about HSB and children who had engaged in it in an Irish context. A shorter version of the FDA analytic approach

described in Table 5 was employed and is described in Table 6 in the appendix. This approach included steps 15-18 of Parker's (1992) model of FDA and was completed using two steps. This decision was taken based on my earlier descriptions of Parker's model which gives greater consideration of the institutional influences within the discourse, in this case the media.

3.13 Researcher reflexivity

When engaging in qualitative research and inferring discourses, the process is an interpretive one and influenced by the researcher's cultural outlooks, relational epistemologies all producing subjective interpretations. Willig (2013) describes reflexivity as the process by which researchers acknowledge their effect on the creation of findings and is an important element in ensuring that research processes and findings are transparent. One of the key learnings for me throughout this process has been in embracing a new position transitioning from a therapist practicing in this area to a researcher seeking new experiences and perspectives from what I think I may already know. At times it has been an emotive process which has allowed me space to reaffirm my motivations for working in this area. It has also challenged me in ways I did not expect for example, I did not anticipate the annoyance I felt at a point whilst doing my observations. In that moment it brought to me the complexities involved working and researching in this area. I experienced tension at times when at differing stages of the process remaining curious and receptive to new knowledges interfaced with my practice experience. Researching and working in HSB, my motivations are simple, it is to prevent further sexual harm from happening again. Often the families who are referred to our service have been castigated within their local communities. They often share their stories of being relegated to the margins and feeling a shame that is somewhat maintained through responses or anticipated responses that repulse at the problem of HSB. In my view these experiences are inextricably linked to the development of dominant societal ideas regarding 'incest taboo'. This was a great challenge in trying to develop a methodology that would some way help me try to 'get at' the idea of HSB and these parental experiences and taboo. In this way

the language or how we talk or don't about a phenomenon is embedded and generated through the cultural outlook of the day. For this reason, trying to get 'close' to the experience of these parents and learning about them through the observations and interviews was important to me. Not least, because it was a rare opportunity to demonstrate an engagement and interest with their plight in what is mostly a hidden and painful experience for them.

I was surprised at how the distress of the parents impacted me as a researcher. It was unanticipated and very different from how I have experienced the impact as a therapist. On occasion I found the dual role of both practicing and researching in this area as being overwhelming and having little respite from the subject matter. At times this was both depressing and engendered a sense hopelessness. I felt near to how the parents described feeling stigmatised almost a sense of being tainted by the subject.

<u>**Chapter 4: Research findings**</u>

4.1 <u>Introduction</u>

The findings presented here are based on a data collection process which included ethnographic observations of parents' support groups, a selection of articles from the Irish print media and individual interviews with parents of children who have sexually harmed another child. Parent support groups present an invaluable setting for learning about the experiences of parents. Nevertheless, it is important to recognise that these groups represent a particular context and a particular time. No forms or visions of truth are claimed to be identified in this study rather the findings themselves are possible versions and interpretations of the researcher's iterative engagement with the emergent data. A detailed process of data analysis is described in the analysis/methodology chapter and outlines the process of how HSB was constructed within the interview data. This process is described in the appendices (E-H). This allowed for the identification of initial themes that were taken back to the whole interview texts which then allowed contextualisation and application of the chosen FDA method. Four discourses emerged from the interviews and 2 from the media analysis. I have summarised and identified as follows:

1. SSSHHHUUUSSSHHH Let's not talk about it …

2. Parental guilt – taking responsibility for their child's transgression

3. Perceptions of children as adults

4. Love and understanding shows the way

5. Children who engage in HSB as criminals

6. Digital immigrants – parents, technology and HSB

In the rest of this chapter, I will set out the findings from each of the 3 methods used, observations, interviews, and media analysis.

4.2 <u>**What I found through observing**</u>

I observed the parent's group on four occasions, the total number of group members never exceeded six and varied from four to six participants in the group at any one time. At full complement the group consisted of five women and one man, all were white. In addition, there were two white women facilitators of the group. They were the same two facilitators for each group, they were both younger than the parents. The building in which the observations took place was an old red brick building behind large electronic and black iron gates. It was an uninviting space from the outside and I noticed all the windows were protected with steel bars. The observation room was small with audio visual (AV) equipment set up. It was at the rear of the building at the back of an office and separated from the main clinical rooms. I could see through the AV monitor the door into the parents group room which was open and led out into the main waiting area. This area was noisy and busy and whilst the audio speakers in the group room transmitted the noise from the waiting area it was difficult to make out any clear things being said. There were two separate AV monitors in the room, one observing a boy's group and the other observing the parent's group. Throughout my observations there were two other people in the observation room, one was a student social worker on placement, and the other a clinician. Both were getting ready to observe the boy's group. It felt a little like an 'experiment' with professionals gazing in at the groups. That bit felt a little uncomfortable for me. Reflecting on why that was I often think that HSB can be sensationalised or misunderstood or has a 'wow' factor with professionals that don't work in the area, the public and others. Often professionals will say to me 'I don't know how you can do that work' or 'I would love to do that type of work' whilst knowing very little about the work. They often talk about HSB from a distance or as something that has some type of mystified aspect to the work. The looking 'in at' the group and how at times I was uncomfortable with that, could help me ask interview questions that were designed to understand that parents may also be feeling a 'fishbowl' effect through their experiences of HSB. The observation room is dark, and the windows are protected from the outside with steel bars that resemble that of a prison. There is also a tall red brick wall right up to

the window giving the feeling of very little space. The group starts at 5pm each week. I sat on a swivel chair and there was not very much room on the table for note taking or drawing. It felt a bit claustrophobic in the observation suite. It struck me that that the room felt like it was closing in a bit on me. The grey bars outside on the windows give the sense of being locked in with little space to view anything else around. I did wonder how the parents might experience the location of the group and the building and that the windows were behind metal bars. It struck me that in my experience a lot of what parents often describe to me was being replicated in how I was feeling at different moments doing the observations, feeling closed-in and having no space to move or feeling trapped. In the first observation as the parents settled into the room and took their seats, the facilitators reminded everybody 'Niall is observing today' from the observation suite. The group become quieter almost as if they seem they should express themselves differently now they have been reminded they were being observed. Initially this made me feel uncomfortable or in some way as an imposter into the group. This feeling eased over the course of the observations although at various times throughout I felt uneasy as being an observer and wondered what it must be like for parents or even if they noticed after the initial time that they are reminded. I wanted to understand more that idea of being an imposter and find out more about parent's experiences of this, again often in the context of my work parents describe a sense of being a 'stranger' to their new circumstances in trying to respond to HSB. As if in some way this experience has been visited upon them as they struggle to get to grips with it. This helped me to think about questions I might ask or be interested in, for example about how they may have experienced a changing family or social identity since becoming aware of their son's HSB. At different points over the course of the observations I felt strong emotions evoked in me. One example of this was when a parent was speaking about a recent visit to her home from a professional called a Juvenile Liaison Officer. This is a member of the police force who works as a part of a police diversion programme. The basic premise of the programme is that certain conditions must be met by the young person and their family to avoid a criminal proceeding in the context of HSB. There was something that challenged me in how the parent

described her opposition to her son having to engage with the police officer. On any level she did not see how this was necessary. I observed other parents become uncomfortable during the time she was speaking. Some moved around in their chairs, others made eye contact with the facilitators, even though I was not in the room I could sense a change in the atmosphere. Some of the other parents whilst looking uncomfortable verbalised some support for her position as a mother but were less equivocal in their views regarding the involvement of the police. I felt an anger from the parent and a certainty from the way in which she delivered her view on the issue. Reflecting afterwards I can say I felt an annoyance toward the parent in that I took the way she became angry about her son's dilemma in some way had indirectly minimised the experiences of her son's victim. I felt it was disrespectful even though she did not talk about the victim. I agree with her position that there may be other alternative ways to respond outside of the criminal justice systems but was also left with the question about why I became annoyed at her being angry. Even with my many years of experience working in this area, the idea did not sit well with me that the sexual harmers parent could be angry or was entitled to feel angry. This surprised me as my work is very much focused on advocating, supporting, and providing therapy to the sexual harmers and their families. There was something that hit me about the 'how' we advocate that needs careful consideration not to misrepresent the work we are trying to do which seeks to keep the victims in mind whilst supporting those who have sexually harmed. In some ways it brought home the difficulties in separating out and understanding the connectedness of the experiences of both sexual harmers and victims. Feeling this way in and after the observations helped me think about trying to understand more about the experiences of parents of children who sexually harm and the complex emotions that are often present for them and the professionals that work in this area.

4.3 <u>Summary</u>

These observations were hugely beneficial to me as a researcher for several reasons. They allowed me to take a different position, that of researcher, in experiencing how a group of parents come together

and support each other when they all share the commonalty of having a son who sexually harmed another. I was surprised at different times throughout about how I was impacted either by way of feelings evoked in me or the things I noticed. The biggest surprise was in fact the simplest things that I noticed. What I mean by this is because I have practiced in this area for many years, I have become comfortable, certain in my ways of approaching the children and families that attend, sure of the patterns or similarities that can exist in the presenting issues that families bring. The observations allowed me space and drew my attention elsewhere and challenged some of my taken for granted ideas. For example, I had never given much attention to how the physical structures of the building had impacted me or had provoked my thoughts about how the parents may experience it. The idea that we bring families into a building that is behind steel bars with big metal gates, and which made me feel claustrophobic, challenged me to think about the connections between physical spaces and how they may influence the replication of how families may feel or the experiences they may have had in the context of HSB. This process also allowed me to feel and experience in a different way some of what the parents were discussing. It did not require me to respond as a therapist in the room. The aftermath and write-up of the observations allowed time to reflect and focus in on different moments when I may have been emotionally evoked or different curiosities were generated. In this way the process assisted me to focus in on areas of enquiry as they connected to my experiences within the observations. I was able to develop and refine my interview schedule within the border context of the experiences, surprises and reflexivity that was facilitated through the observations.

4.4 WHAT I FOUND THROUGH THE INTERVIEWS

4.5 SSSHHHUUUSSSHHH Let's not talk about it …

Across all the interviews parents described their experiences of investing in a position which aimed to maintain the HSB that their child had engaged in, as secret, sometimes within the family or from others outside the family or both. They described an approach of not talking about what had happened with

anybody and not outside the family. They linked this motivation to protecting their son from public

exposure which would identify him as having engaged in HSB toward another child – sometimes a

sibling or member of a wider family network. When asked if the HSB this child had engaged in was

known in the family or outside or both

Parent 1 responded:

> the way we have this now is that it's staying in the family that's it, a friend of mine a few years ago his young lad was abused by a guy he had working on a farm with him now all that went to court and your man done time and all that but I remember I suppose the vitriol I don't know if vitriol is the word toward the guy who had done the abusing - I use to always think what was going through his mind at that time to do that because it all came out in the paper – no names were mentioned – me mother rang me at work and said you need to get down to the shop and buy the Leinster leader (regional newspaper) so I went down and bought it

In this excerpt I understand the parent to be describing an investment in maintaining the HSB by his

son as secret within the family because of a previous experience of how an adult sexual harmer was

treated in the community where this family lives. In describing his motivation, he is linking the 'vitriol'

that was experienced by the adult perpetrator to an experience in which the sexual harm and the

perpetrator was known in a public way. Even though the parent describes how the adult perpetrator in

this case was subject to the legal processes and the court system, he seems to emphasize remembering

the vitriol expressed toward the perpetrator in the community as carrying a more excessive

consequence. This emphasis highlights the different ways in which HSB can enter the public domain

for example through the media or information from the courts. The parent may be suggesting that

spending time in prison may be a more favorable outcome than having to face the vitriol and isolation

within a community environment were HSB becomes publicly known. In describing how his mother

called him and drew his attention to how the HSB was reported in the local newspaper – speaks to some

of the ideas of how HSB is communicated publicly in communities. Notwithstanding that no names

were mentioned in the newspapers I take it as apparent that everyone in the community knew who the

article was written about and who the 'legitimate' target for the vitriol was. Recounting how his mother was motivated to bring the news of the HSB and perpetrator to his attention, may reinforce the idea of how this type of news can spread quickly in local communities. It also reinforces the possibility that his son's HSB could become public and the reasons why he is motivated to prevent this not least the expected vitriol. This is both a fear and a motivating factor described by all parents who were interviewed and whilst not excusing the HSB of their children - protecting them from this social reaction was a priority.

Parent 2 responded:

> I suppose I didn't want nor do I still want anybody knowing about it so for me then to reveal that to a GP that I potentially have to go and see for other issues – it's the stigma it's the judging you and particularly because this was the second time and I didn't want that whole (participant crying) I wouldn't even tell my own family because – no matter how much you think you won't– like if somebody told me something you're always going to have an impression you're always going to have an idea no matter what - it would change people's perceptions and that's why I wouldn't - I think if people knew I would definitely have to move out I don't think I could it's just the thing of judgement and looks and they might not even be looking at you in a funny way but in your head you would be going they are looking at me now they're giving me a dirty look

In this excerpt the parent is describing how her position of not wanting anyone to know about her son's HSB is the same now as it was when she first learned of it. I take this to mean that even though a specialist service is now involved with her family and that her son is progressing in areas of his therapy and programme, the idea of revealing the HSB remains off limits thus excluding both family members and other professionals that may otherwise (in any other circumstances) be considered a support. Describing that disclosing the HSB by her son is beyond communication to a professional such as the family GP or 'anybody' brings into focus how this parent's ideas about HSB makes inaccessible what would be a usual source of support. In describing her experience of wider social discourses about judgement and stigma as they are connected to HSB, she highlights some of the ways in which HSB can impact on families by positioning them into silence with little choice available on how to respond. Similarly, as in the example provided above regarding vitriol, in my practice experience, shame has

often been described as a regulator of morality and can be a powerful effect on how families may be targeted if HSB is known publicly. This parent also introduces the idea of an 'impression' or how ideas may form in others if they knew that her child had engaged in HSB. Even though it is her son who has engaged in the HSB, there seems to be a vicarious process that connects the HSB to the parent. At least this seems how she perceives others would think about her if it became known. I take this to accentuate a difference in how impressions or perceptions of sexual harm caused by adults and those associated with a child sexual harmer, may be different given the legal social responsibility of parents to children not yet of adult age. There is often an anticipated perpetuity to it that would outlast the period of childhood and in some ways designate families as outcasts in their own communities. Throughout the interviews this parent and others describe their feelings of having little choice but to move out of their homes and communities if the HSB was known publicly. Using the term 'dirty look' brings into focus ideas that often characterise how HSB is talked about or described in that the behaviour is 'dirty' and maybe by extension the child harmer and the family of the child sexual harmer are dirty too.

Parent 3 responded:

> I just wasn't going to be one of those parents that just brushed it under the carpet and hoped for the best, because it's not always easy to ring and say that this happened in your home, I know there is plenty of people who do brush this under the carpet and never speak of it again. I spoke to mam she is the only one that knows what goes on I have got very close friends who would be more family to me than friends but I just don't want to discuss it with anybody I am nearly afraid for him I don't want people to think that's what he is like or that's the type of person he is developing into or that they have to be fearful or worried that they have to have their kids around us I'm terrified of that for him and for me I don't want to lose family and friends

In this excerpt the parent refers to having some experience, knowledge or understanding that HSB is something that can be hidden or when discovered never spoken about again. The metaphor of brushing it under the carpet speaks to the idea that often facing up to and acknowledging the existence of HSB as engaged in by children can be a difficult process for families. I take it also to highlight the iterative process and connectedness of silence and secrecy to HSB. Most parents talked about their shock when finding out that the HSB had occurred, and some described the secrecy which allowed

the harm to happen and continue in some cases. The idea described above by the parent who knows others who have responded by brushing this under the carpet and never speaking of it again, illuminates a process of repetition whereby secrecy and HSB go hand in hand and often how HSB is responded to is with secrecy and silencing of the issue through not talking about it. In this case the parent describes talking to her mother as the only one that knows, but then describes her close friends as family however she has not discussed it with them. This brings into focus the distinctions that can exist when there is an investment in keeping the HSB from being known outside the family but also the different layers that may exist within families when trying to respond to the issue of HSB. In the first instance describing her fear for her son, she talks about how others may think about him or focus on the 'type' of person he is developing into. In my experience this speaks to ideas of how others categorize children who have engaged in HSB into 'types' that cannot be trusted or that are irredeemable from the harm they have caused. It also adds to ways in which I have experienced how a particular behaviour can be reified so that children who sexually harm remain on a preordained trajectory to causing further harm or as this parent describes the 'type of person he is developing into'. It may be the ideas that this parent has about her son's harmful behaviour and her own uncertainty about the 'type' of child he is, that fuels her fear of losing family and friends.

4.6 Parental guilt – taking responsibility for their child's transgression

The development of this discourse emerged through parents' descriptions of their own guilt or vicariously assuming responsibility for the HSB as they discern their relationship to their sons in the context of the HSB. These ideas were described within wider social discourses of what I would describe as 'parental oversight' or 'the good parent' and as described by parents within these contexts. Throughout there was a theme from the parents of what I would describe as 'what if' in their accounts of recalling their experiences. What if I did more, what if I had educated him better, what if I had of paid more attention.

Parent 3 noted:

> We had gone to X (service that responds to HSB) and been told this is kind of ok – then we left it and we didn't follow up - really I feel guilty over it because then a second incident happened with my other daughter – I was like if something had have happened the first time and things were put in place (participant begins crying) -, well I think firstly for me it was the guilt of I should have kept ringing I should have after the first incident – I will always – that kills me – I feel I could have prevented something from happening – and obviously the second time round it's had a bigger impact - because it's my son (crying) and that's the hardest thing because you think you have reared them to do good and I find that hard because it's my son and he's done something to my other child that I think is the hardest part

In the first part of this excerpt, and to give context, the parent describes having sought out some advice from a service following an initial incident of HSB by her son towards her daughter. There seems to be some suggestion from the service that the behaviour may have been 'kind of ok' but that there needed to be a follow up in some form. The parent then describes her guilt for not following up and then moves to mentioning a second incident. I wondered about this parent hearing initially that the behaviour was 'kind of ok' in the context of the findings described in the last section. As this is a problem that parents struggle to discuss or in some cases acknowledge the existence of, to hear that it is 'kind of ok' may be enough permission to not follow up or be motivated to explore the issue further. There is a sense from this parent of the 'what if I had continued to call' and get further advice or support then this second incident would not have happened. For me this brings into focus the reality that as parents they have responsibilities ascribed to them vis-a-vis their children who are not yet independent or adults, and who have caused sexual harm to another. Moving to the later part of the excerpt I note that reading it as a text does not convey the sheer emotion and sadness expressed by this mother as she described doubting herself as a parent and how she has reared her son 'you think you have reared them to do good'. Writing this now some months after the interview, I can still vividly feel this mothers' pain as expressed by her in feeling that in some way, something she had done in the parenting of her son had caused him to

sexually harm her daughter. She does not focus in any way on the HSB as being her son's responsibility, instead she focuses back in on herself. It also highlights how the problem of HSB can sometimes totalise an experience as the defining characteristic of a person or experience - in this case the mother's rearing of her son. There seems to be no room for other experiences that can accommodate HSB as part of wider description of 'rearing' or that the son has a capacity to do other things that are 'good' outside of the HSB.

Parent 1 observed:

> On a personal level myself there is probably - I am assessing myself as a parent a lot of the time – I still would think I am good parent but where I might have myself at 95% before last June, I would do a lot of thinking about that – am I being a good parent ? – when I say no to my kids should I be thinking did that trigger something – probably one time if I was asked for something – I might have said no you're not getting it or you're not doing that – I'd probably explain things a lot better now that type of thing – ye I am second guessing myself a bit as a parent - X will probably tell you the same we do regret not getting something done with that (pornography) you know they are all at it – after his operation it fucking bugs the shit out of me – it kills me that I did not bring him for therapy after he had that operation on his testicles definitely yes

This parent describes a process of 'assessing' himself on a more continual basis since the HSB became known to him. In this description, I take the idea of assessing himself as connected to the experience that these parents sometimes feel they are being 'assessed' with the assessment grade being indicative of how their child has transgressed in a sexually harmful way. There is also a notion introduced in his description that there is a category of 'good parent'. Whilst he puts forward the idea that he feels he is still a good parent he then goes on to grade himself at a 95% before the HSB became known and whilst not giving himself a current grade, I take it that it has dropped with the knowledge that he is the parent of a child who has sexually harmed. This awareness has led to him now asking the question 'am I a good parent?'. In some way the emergence of HSB in the family has brought forward the question of parental responsibility or competence and whilst this parent identifies himself as a good parent, there is more in his description that points to uncertainty and lack of confidence in his parenting which has

ignited a form of perpetual self-assessment or as he describes 'second guessing' himself. This parent also describes a 'what if' in the context of knowing at a point that his son had been watching pornography prior to the HSB and that his son had been physically attacked in school and struck in the testicles which required surgical intervention. He describes that he feels his wife (X) would share the same view that they have regret in not 'getting something done' when discovering his child was watching pornography. This description suggests to me that this parent probably did not know how or what to do in response to discovering the use of pornography. Whilst he goes on to describe that he knows that most teenagers are watching porn, there is no sense of what the best way may be to manage the behaviour which in hindsight seems a source of regret to him. This rings true from my own practice experience and I can recognise this inertia, the common thread being if we ignore it, it will go away.

Parent 5 said:

> The anger that was in X's head he had a view that he was supposed to protect his family and he didn't protect his grandson -I brought this trouble to my door you know that is the language that he was using and I would be saying look we did not think that was going to happen we didn't expect we were going to be in a situation like this you know that's the worst-when you go to your training you know you expect some things happen but you know never think this sort of thing and we were landed right in the middle of it

To provide context, this mother is describing her husband's anger about their long-term foster son having sexually harmed their grandson. She describes the husband's ideas of failure to protect his family and that in some way he believes he had abdicated a responsibility, although he was not aware at the time that the HSB was occurring. In this and not unlike the examples above, there seems to be an expectation held by parents of themselves that they should have pre-empted or known that HSB was happening, and they seem to judge themselves harshly on that basis. For me this highlight a connection between wider social discourses that generates ideas of how 'good parents' should be, which includes having oversight or knowledge of what their children are doing and how they are behaving. This excerpt highlights slightly different views regarding the idea of the parents assuming responsibility even though

having no knowledge or involvement in the HSB itself until after disclosure. The foster mother describes her husband's position in believing that he had some direct responsibility for the fallout within the family 'I brought this trouble to my door' whereas she is describing a more empathetic response towards the expectations that these parents should have of themselves given the unexpected nature of the HSB and them becoming aware of it retrospectively. These differing positions described here raise questions and perhaps highlight limitations that exist for parents following them becoming aware their son has engaged in HSB. For example, can parents renege all responsibility in these cases and what would have to happen to make that position possible for them? This parent then goes on to highlight how she perceives HSB as being something different 'you expect something's happen, but you never think this sort of thing' or as something that is outside or at a different level to other experiences that may come as unexpected. I take this as another example of how once it has occurred HSB can be dominant in how people think, even about the unexpected.

4.7 Perceptions of children as adults

As part of the interview schedule, I explored with the parents where their ideas or knowledge about HSB may have come from or what the influences were that might have played a part in forming these ideas. What emerged was that most parents when describing their own ideas about HSB and in the context of their son attending the programmes, linked their descriptions or gave them in the context of perceiving some connections to ideas of adult sexual harmers. These descriptions brought into focus what I would describe as a coupling of two separate issues: a possible link to terms such as 'child molester' and 'Paedophile' in how these parents describe how others may perceive their child who has sexually harmed along with their own ideas or knowledge of sexual harm.

Parent 2 noted:

> I just don't want them to be fearful for their kids I just do not want people to ever think that he is a child molester or anything like that and I know I just know that's what society will do to him I know that it's not a nice world that we live in there is too much that can happen across social media and the Internet

and cyber bullying and the whole lot I could not protect what happened three years ago and then some sense I feel like I do have the power now to protect him from having stigma hanging over him for the rest of his life

In this excerpt and in describing why she has decided not to tell her friends or usual support networks about her child's HSB the parent describes her perceived fear that her friends may fear that her son could potentially sexually harm their 'kids'. In the same sentence she goes on to link and use the term 'child molester' and that her fear is that her friends may think that this is what her son is or 'something like that' if they knew about the HSB. I take the use of the word 'think' to mean that this parent has some idea that her son is not a child molester but rather her fear is driven by her ideas of how others can be indiscriminate in their response to HSB and do not distinguish between adults and children. The parent then further elaborates on this connection and introduces the idea of a societal punishment for child molesters which may be applicable to her son if others perceive or categorise him as a child molester as she fears. She then goes on to describe how the punishment from society would be linked to exposure of the HSB across social media or the making public of the secret of her son's HSB. The punishment of the sexual harm becoming known in the public domain is then described as a 'stigma hanging over him for the rest of his life'. This highlights for me that I would describe as this constant dance between vigorously maintaining the HSB as secret and the threat of a moral doomsday attributed to the family if it becomes public. It is this dance between these two processes of secrecy and moral outrage, that influences this connection between maintaining the HSB as secret and the expected societal wrath as described by the parents. It also calls attention to how the perceived punishment for 'the rest of his life' does not take account of the developmental aspects or stage of her son, who was a child and who with any other transgression would be given an opportunity and encouraged to learn from his mistake.

Parent 1 observed:

well I can't really turn around now and see it on the television now and think that's a dirty bastard after doing that and have me 16-year-old sitting beside me that was 14 when he had done that – I call that lad

on the television one name just say – that equally by having that opinion about him I have that opinion of my son

This statement offers an insight into the connections between how his ideas are influenced by watching the television. I take it as the parent feeling that he has little choice 'well I can't really' by virtue of his son having engaged in HSB to make the distinction between adults and children that sexually harm. In my experience parents often cannot give themselves permission to see any progress or hope for their sons and sometimes are fearful that if they do, it will be misinterpreted as minimisation of the behaviour or that they as parents are not being punished enough. Like the previous description this parent uses the term 'dirty bastard' in the same sentence and as connected to his sixteen-year-old son. He then goes on to explicitly describe a parity in how he would describe both the adult and following that logic then must also describe his son as 'dirty bastard' without any distinction between children and adults that sexually harm. Whilst I believe that this parent does not think of his son as a 'dirty bastard' and has declared his love and support for his son in other parts of the interview, I take this to mean he could not publicly declare that love and support and would have to be seen to abandon rationality for a totalising response that sees all sexual harmers as the same and as irredeemable whether they be children or adults.

Parent 4 said:

I would have watched a lot of we love myself and X love unsolved mysteries and crime scene investigation's so you would see from social media exactly what people think about people who done that sometimes I find it really hard to put Z in the category of sexual predators or whatever you want to call them Because I just don't feel that way about him but at the same time I know what the world is like and I know what way they will think about them

This parent describes the influences on her ideas about HSB as popular culture programmes that she and her husband watch on the television. She also describes her experiences from social media and how

through this experience she has witnessed 'exactly what people think about people who done that' in describing negative responses to sexual predators. Describing her difficulty of trying to put her son into the 'category' of sexual predator whilst acknowledging she does not feel that way about him to me, indicates that a pull in each direction may have existed or still exists for this parent in how to feel about her son. In my experience this position can change back and forth for parents over prolonged periods of time. She goes onto describe a certainty in understanding from her experience how the 'world' would think about 'them'. This idea of the existence of a category of 'them' or that all sexual predators have the same characteristics is omnipresent. For me this brings into focus the blurred lines about 'them' and how in many cases the 'them' seems to make no distinction between adults and children.

4.8 Love and understanding shows the way

Whilst each parent contributed to this research in a unique way and through descriptions of their observations and experiences – the common thread of HSB having a negative impact on the family and as a life altering experience was present throughout. The compromising and ending of previous relationships were described as including relationships between siblings, parents and children, parents and siblings and families of origin, grandparents- grandchildren, neighbours, friends, schools, and communities to name a few. Whilst recounting these relationships and the complexities post the HSB becoming known, all the parents also described identifying responses that included love and understanding in addition to their anger, shock and at times repulsion at what their sons had done.

Parent 2 reflected:

> so I suppose in my family it wasn't spoken about and I don't know why that was then, now definitely now looking at the fact that my son is the one who caused the harm I see the person who does this in a different light and that it's not an evil person - someone who needs help and I suppose before I probably would have thought they were evil – to think how they could do something like that to somebody else but I know he is not – he is actually very caring

In this excerpt the parent is discussing her early sources of information about sexual harm and describing that her cousin was sexually harmed as a child by a teacher. Whilst identifying that this was not discussed in her family, she is now making some connections to her son's HSB. I take her description of 'I see the person' that has caused the sexual harm as in some way indicating that she had an already existing set of ideas or even a classification of persons that sexually harm before her son engaged in HSB. This conception is then challenged as she reconciles her sons HSB and how she describes now seeing 'those' in a 'different light' and that in her sons' case 'it's not an evil person' that causes the harm. For me this illuminates a process of a changing outlook given her more intimate knowledge of her son and a conflating of the issues as in the case of the adult who sexually harmed her cousin and her son. These entanglements are further highlighted when the parent describes 'I suppose before I would have thought they were evil'. Who are 'they'? Is it the adult sexual harmer who was described as evil beforehand or is it her son who she then goes onto describe 'he is actually very caring' and needing of support and indicates he is worthy of help. Describing her son as very caring also introduces another way of thinking about children and HSB- that is you can be caring and engage in HSB if you are a child. It seems to me that this parent can more easily separate the behaviour of HSB from other more caring aspects of her son but not so easily from the adult who sexually abused her cousin and who was not part of their family. In doing this, at some level the parent is aware that her son needs not to be classified as evil or beyond redemption and that care and support is more of what he needs to address the HSB.

Parent 3 said:

> the fear of anyone finding out what he had done and how he would be treated and just to find people who are accepting of him and loving of him because when we'll be dead and gone he will still be there and he will need people to be there for him I think he will be lonely I am just afraid that there will be no

one there for him and that he's let's say they found out and we were gone and he was on his own – would anybody accept him for who he is and what he has been through the mistakes he has made

This parent describes a searching or potential difficulty to 'find' others that will be accepting or show love to her son if the HSB was to be known. In putting forward the question 'would anybody accept him for who he is and what he has been through*'* I take this to be her position and that she has framed her son's HSB in a more generous outlook that being 'the mistakes he has made'. She also introduces the idea that this understanding and acceptance may be required over the longevity into her son's adulthood. She describes her fear of how her son would be treated if the HSB became known in the future when she and her husband will not be around. I take this to mean that maybe she and her husband are the only ones who currently show any love or understanding towards her son. Or that parents cannot conceive of other's loving their son if they knew what he did. The idea of her son being lonely is also introduced which in my experience can often be connected to the sheer isolation that families and children can feel if HSB becomes known within communities or to other family members who may not have previously known. Another question posed by the parent 'would anybody accept him for who he is*'* for me brings into reflection an ongoing conflict within themselves that is often expressed in the programme by parents about how to accept that this HSB has formed part of their son's behaviour and impacted their family. In some way it is often assumed that the HSB is now part of the family or sons' identity. In this case I take the parent to accept that the HSB is part of who her son is or was at a point in time but that it does not necessarily totalise his identity.

Parent 5 observed:

> yes and no when this happened I was obviously really annoyed but could not talk to him and I would've found it very hard and he apologised and he wrote a letter and he apologised and he was given gifts and whatever but at the end of the day I said to him look I still love you no matter what you did and I don't know what you did but at the end of the day I'll still be there for you I knew from that aspect that you couldn't completely you know at the end of the day he is still my child and I still love him no matter what but yes it was hard I suppose from the point of view of showing him the love that you would've shown him before or I suppose you would be talking to him differently or being harsh or given out to him over things that were silly

This parent describes having feelings that made it difficult between herself and her son and the different approaches her son took in apologising with gifts and writings. Although she felt very annoyed and could not speak with him, she describes a broader context in that, even within the hurt she was feeling, she felt she should express her love for him in a way that was unconditional 'I still love you no matter what you did'. The parent then goes onto describe what I would call a difficult bind that parents have described between being repulsed at the behaviour that their child has engaged in but being required to recognise their continuous connection as parent – child – 'at the end of the day I'll still be here for you'. I take the parent to be referring a dilemma that these parents often face, namely an unrealistic expectation from extended family that their child should be excluded from the family and that parents should withdraw their love and loyalty because of the HSB. I understand that when the parent describes 'I knew from that aspect that you couldn't completely you know' as being in the context of that dilemma that you cannot completely disown your child even if they have engaged in HSB. In the latter part of the excerpt the parent describes a punctuation of how she would have expressed her love before and after the HSB became known. In highlighting a difficulty in showing her son love she also brings into focus the idea that children who engage in HSB receive disproportionate responses of harshness that are often incongruous with the issue in focus – 'you would be talking to him differently or being harsh or given out to him over things that were silly'. This idea can often manifest in how parents describe that everything the child does or says or every move that the child makes is seen through the lens of the HSB.

4.9 <u>Summary</u>

One of the key aspects that connects these discourses together is to think about the context in which the public discourse about HSB is dominant. The discourses highlight an intersection that exists between perceptions of negative public discourses and private family discourses on the problem of HSB. These discourses create a tension that is experienced by the parents that by virtue of their son having engaged in HSB they are now challenged to think about and experience HSB in ways that they may not have previously. It is the connexions between the dominant public discourse and private family discourses that creates a tension or uncertainty for these families about how to move forward. Whilst not by design, it happened that all the participants that came forward to take part in the research had experiences of their sons having engaged in intrafamilial HSB as opposed to extrafamilial. This highlighted even further the rigidities of the dominant and negative public discourses on HSB within the contexts of private family discourses of love, reconciliation, and responsibility. The discourses create a challenge and influence an experience in which parents try to separate out the complexities of knowing and loving their sons from the HSB they have engaged in. This accords with one of my research questions which focused on how these parents experience their social and family relationships following the HSB becoming known to them. Whilst all the parents are clear in their rejection of the HSB they are less so in their rejection of their son as it may be said to reject their son, they also reject part of themselves. The challenge as described in these discourses is to generate alternative discourses with new understandings of HSB which are conditioned in the context of having close relationships with their sons and is at odds with their previous ideas or experiences of HSB. In some ways the discourses describe the centrality of the familial relationships as a key factor in moving to set aside or accommodate the dominant discourses in a different way and have a transformative effect on their outlook about the issue. The accommodation of alternative discourses may be what makes the difference in moving from intolerance to an understanding that the current available public discourses do not fit with their experience of their sons. This creates a space of closeness and distance at the same

time. By this I mean that the dominant negative discourses do not reflect the parent's experiences of their sons and are distant from the sons they know and love. This highlights what I would term an artificial split that exists within public discourses on sexual harmers that does not allow for sexual harm to be associated with anyone who may have other 'positive' attributes or who may be at an immature developmental stage as children in this way the dominant discourses replicate themselves in a feedback loop thus maintaining their status quo as dominant.

4.10 WHAT I FOUND THROUGH MEDIA ANALYSIS

The search strategy that was used for this part of the research is detailed in the methods chapter. One of the key learning points, but also challenges from using an electronic media database and searching in this area was the organisation and layout of the database which constrained searches on HSB. Most articles reported on adults who sexually harm and led with different headlines, for example when reporting one story as '43 sex beasts at 'high risk' of offending'; '43 pervs at large' and '43 high-risk sex beasts at loose – vile crims in our midst' or in another case '20 years for abuse beast who preyed on his family' or 'groomer back in business'. These are headlines which are evocative and sensationalist and were representative of the general reporting on sexual harm across sections of the Irish print media. I chose six articles, four of which had some reference to different definitions of sexual harm and children in their titles and a further two which reported on sexual harm and children in the main body of article. The results of the analysis of these articles are described below.

4.11 Children who engage in HSB as criminals

Five out of the six articles reported on HSB and children in the context of criminal investigations or court proceedings. Three of the articles referred to these contexts in their headline.

Article 5 reports on a 5-year-old girl who was attacked in her local community:

The child fled the scene after she was beaten and then subjected to inappropriate touching of a sexual nature. The incident is being investigated by a team of Gardaí from a local specialist unit, the Divisional Protective Services Unit. Detectives are waiting to conduct detailed interviews with all four children involved. Gardaí have received an account that the five-year-old girl went with the three boys - whom she knew from the small town they live in - to a shed beside a derelict house and was beaten with sticks by the boys. Gardai[8] confirmed an investigation is under way but did not provide exact details about the extremely sensitive case. The Children's Act defines that no child under the age of 12 can be charged with a criminal offence, however exceptions to this exist in cases of suspected rape or murder and in such instances, children aged 10 and 11 can be charged

In this excerpt the connections between the 'sexual' behaviour and the responses from the local Gardai construct HSB within a frame of criminality. Not only is the incident worthy of Gardai attention but in addition the incident requires 'a local specialist unit, the divisional protective services unit' to respond to and interview three boys whose ages are reported elsewhere in the article as seven, eight and ten. Even within the resources of the Gardai, this investigation required higher ranking officials at 'detective' level to handle the investigation. Detectives are usually deployed for investigation of crimes that are deemed more serious in nature or needing an additional skill set because of the importance placed on the investigations they are involved in. When asked by the reporter about more detail of the case the Gardai confirmed that an investigation was taking place but that details could not be provided as it was 'extremely sensitive'. It seems that how this incident was reported connects HSB as engaged in by children as requiring a different or more excessive attention than if other forms of harm were the most prominent in the incident. The deployment of detective ranking Gardai and descriptions of specialist units all construct this HSB in a way that categorises it as at a high level of seriousness. The latter part of the excerpt also highlights that even within Irish law children under 12 cannot be prosecuted save the two exceptions of rape or murder. In this way HSB is positioned and reported in the media akin to murder within Irish law. Given that children under 12 are below the age of criminal responsibility in Irish law, the question again is raised as to why it required a specialist unit and higher-

---

[8] Gardai is an abbreviation for An Garda Síochána which translates from Irish into Guardians of the Peace. It is common name for the Irish National Police Service.

ranking officers to investigate the incident. This reinforces dominant discourses that the appropriate response to HSB and children is a legal or criminal justice one.

Article 4 asks 'What drove two teenage boys to murder a 14-year-old girl?' This article reports on a Gardai investigation into the killing of a 14-year-old girl. A large part of the article focuses on making connections between HSB, violent media and psychopathy:

> Less easy to discount as a factor is the huge amount of, sometimes violent, pornography consumed by Boy A. Gardai found thousands of images on his digital devices. One featured a man in a balaclava looking at a semi-naked woman, another showed a man choke a woman as a second man watched. There was also evidence of searches for child porn and horse porn. Extreme pornography is giving children a warped view of what normal sexual relationships look like and plays a major factor in many cases of sexual abuse or violence involving children. Dublin solicitor Gareth Noble is seeing parents of children as young as 11 come to him for advice because they are worried their child might have committed a sexual offence. These are incidents of sexually inappropriate behaviour which might occur in school, which might have been brought to their attention by other parents in the community, or by sports coaches; he says. Existing legislation criminalises young people. A better approach, he says would be to teach teens where the boundaries are that means seeing children as potential victims rather than potential perpetrators

In this excerpt and the wider article, the section on HSB is the largest section written about and given the most attention. In the opening lines of the excerpt above 'less easy to discount as a factor' is placing HSB, in this case the consumption of violent pornography as a central influence in what made these two boys commit murder. Even though there were many other complex issues some of which are also reported in the article for example psychopathology and violent media, the HSB is constructed as 'less easy' to discount. In this way I take the HSB to be characterised as casual within a much more complex set of factors that led to the murder. This point is further elaborated in making connections between HSB and violence in children when it is described as 'and plays a major factor in cases of sexual abuse or violence involving children'. In a similar way here, I take the reporter to be singling out HSB as being the only causal factor or least the only factor he chooses to report on as causing violence in children. The idea of criminal responsibility is further evident when the solicitor 'Gareth Noble is seeing

parents of children as young as 11 come to him for advice because they are worried their child might have committed a sexual offence'. One of the main questions in this research was to look at how HSB is constructed within an Irish context. The idea that parents would seek out a legal professional for advice on these issues points to the constructions of HSB as being understood to be criminal and requiring to be responded to through a legal framework. Similarly, some of the parents interviewed in this research describe their engagement with either solicitors or Gardai as their first point of contact with any professionals in seeking support on the issue. In this report the solicitor goes on to clarify that these incidents his counsel is being sought for, are not criminal but as he describes 'incidents of sexually inappropriate behaviour'. In the report the solicitor then goes on to offer an alternative view to that of constructing HSB as criminal in pointing out that 'Existing legislation criminalises young people. A better approach, he says would be to teach teens where the boundaries are that means seeing children as potential victims rather than potential perpetrators. I take this to mean that he is advocating for a move away from criminalising children who have engaged in HSB to seeing and responding to them in ways that understand the seriousness of what they have done but within a framework that sees them as children needing support and not as criminals. This part of the excerpt also points to definitional difficulties in defining and the general understanding of what constitutes HSB. For example, the solicitor defines what these parents are seeking legal counsel about as 'sexually inappropriate behaviour'. I take this to be different from HSB and suggest what seems to emerge is that any sexualised behaviour between children is viewed as harmful or wrong in some way. In my experience there is an absence of discussion of 'normal' or acceptable sexual behaviours between children and this lack of nuance contributes to pathologizing all sexual behaviour between children.

4.12 Digital immigrants – parents, technology and HSB

Three out of the six articles constructed connections between technology use, access to the internet and the consumption of pornography. These constructions were sometimes reported in the context of parental naivety on issues of digital competence or as described above parents as digital immigrants. In this sense a digital immigrant is generally a person who was raised prior to the digital age and who in most cases is less competent in this area than their children.

Article 3 – 'Child referrals for sexual behaviour have 'sky-rocketed' – expert

In this article a child welfare consultant is interviewed about his experience working with HSB and that referrals have 'skyrocketed'. Whilst the article describes a wider context and descriptions of HSB it is dominated by constructing the connections of 'extreme pornography' and access through the internet to 'explicit, violent and degrading material'.

> Sexualised behaviour among under 18-year-olds is becoming more complex with the proliferation of smartphones and children's access to social media. These phones are used by and against young people and children, says Mr McGrath. Few parents are aware their children are, quite literally, carrying a type of weapon around in their pockets or school bags that can do them and others a great deal of harm. Smartphones can be used to ensnare children in behaviours that can damage them for the rest of their lives said Mr McGrath

In this excerpt the complex relationships between children, parents, technology, HSB and access through the internet to social media is described. I take the report that 'few parents are aware' that smart phones can be used as 'weapon' in some ways constructs parents as having a naivety to the harm that their children may either cause or experience. It also points to the hidden nature, discussed previously, in which HSB can be cultivated. In any other instances where a child was carrying a weapon for example to physically harm another child there may be a more explicit or visual use of the weapon to harm. In the case of smartphones and in the context of HSB this is much more difficult because

smartphones have become a central part of everyday lives and in many cases are used as a safety mechanism for children to contact parents if needed. In the same article and under a separate heading 'Extreme Pornography' it reported that

> Young males especially were being exposed to widespread pornography that bore no resemblance to the straightforwardly sexual pornography of the past, he said. It consisted now of material which was 'damaging the developing brains of young males in a way that causes them to be more narcissistic and uncaring for others (Holland 2019).

I take this excerpt to indicate that there is a continuum of material which included 'extreme' and that is some way different to what was available in the past is considered not extreme. This captures a transition from what parents may have understood pornography to be when they were growing up to now a more 'explicit, violent and degrading' content. Whilst elsewhere this article does speak to the need to appropriately define and understand the contextualisation of HSB in cases where it is known, the use of the word 'narcissistic' in describing what children can become through access to pornography may construct the connections between technology and HSB in a way that is pejorative for parents who are trying to make sense of this experience.

Article 4, 'Ana Kriégel Murder: What drove two teenagers to murder a 14-year-old girl?' states:

> On the face of it, her killers, barely out of primary school, come from hardworking, stable families. Neither had been in trouble before. Nor is there evidence that either suffered emotional, or mental problems, or any form of abuse. In the aftermath of the sentencing, there will undoubtedly be a rush to find one factor, one defect in society, we can blame for the murder. Was it the vast amount of pornography consumed by boy A to blame? While the influence of video games on violence is disputed by experts, there is growing consensus that unfettered access to extreme pornography from a young age can be highly destructive. Extreme pornography is giving children a warped view of what normal sexual relationships look like and plays a major factor in many cases of sexual violence or abuse involving children. If parents and teachers don't intervene, then these issues don't go away, and they will get worse

In this excerpt, the reporter seems perplexed searching for 'one defect in society' that influenced these boys who seemingly came from 'hardworking, stable families' to murder a 14-year-old girl. The reporter highlights that neither boy 'suffered emotional, or mental problems. Or any form of abuse'. This interests me as the search for a reason or cause is focused on the family background. I frequently encounter in my work the assumption that the child who has engaged in HSB must have been sexually abused themselves. It also seems somewhat surprising to the reporter that a child who has engaged in HSB could come from a 'hardworking and stable family'. The writer has constructed the beginning of the article in a way that eliminates all these potential causal factors before next introducing the question: 'was the vast amount of pornography consumed by boy A to blame?' I take it that this constructs HSB in this case as attributable to pornography and technology. It focuses on this influence as causal and superior to other considerations and the one issue that the parents missed within these otherwise 'stable' families. The strong links and the growing consensus that unfettered access to extreme pornography is highly destructive is reported upon. I am minded of how the concept of 'unfettered access' is constructed. For me this implicates parents or constructs as adults who do not intervene or who have no control, awareness or understanding of the need to monitor access to their child's emerging virtual world. This idea is further elaborated in the article that reports 'if parents and teachers don't intervene then these issues don't go away, and they will get worse'. In the context of how parents in the interviews described their guilt, feeling less than adequate and in some cases seeking to assume full responsibility for their son's behaviour, these constructions of HSB in newspaper articles consolidate the link between parents and HSB even in circumstances in which the parents may be unaware of the force of this link.

4.13 Summary

These discourses generated through the media sample highlight the connections between HSB and different institutions in Irish society such as the family, law, technology, and the media. The discourses construct a dominant view that children in instances where HSB is an issue are talked about in the

context of criminality. This discourse creates a tension for parents in how they perceive what is the best way to move forward. Given that the overwhelming public discourse on HSB as reported in the Irish media is connected to adult sex offenders further exacerbates challenges for the parents in responding to HSB and their child. In some ways the media discourses reflect a disproportionality or blurred understanding of the differences between adults and children who sexually harm. There were distinctions in what I would term the reporting style and content inclusion in how HSB was constructed. Headlines like the ones described above using words such as 'beasts' and 'pervs' create a lurid construction of adults who sexually harm that leaves little room for any other possible constructions for children. In the six articles chosen relating to children and HSB two were written by journalists who were interviewing professionals who have worked and have direct experience with parents and children and the other four were written by journalists reporting directly on the issues. In the articles in which professionals were interviewed there was more balanced reporting. For example, that HSB should be seen on a continuum and with the importance of including contextual factors such as age or developmental stage (O'Keefe 2019; Holland 2019). This style was less present in the other more dominant reports in which assumptions were more generalised and with what I would describe as a much more sensationalist style of reporting the HSB. Furthermore, the discourse connecting parents, children, and access to technology in the context of HSB creates a sense of parents who are out of their depth by virtue of their position as digital immigrants. Most parents made references to the presence of technology and access to the internet as something they struggle with in the interviews too. This discourse leaves parents in a vulnerable position in which they are seen as novices in the digital world as this is connected to HSB.

4.14 <u>Concluding remarks</u>

I was struck by the interface between public discourse and what I term as private (family) discourse. In my experience, parents have often shared the views expressed in dominant discourse. This relates to

the findings Children who engage in HSB as criminals and Perceptions of children as adults. However, the experience of having a child engage in HSB presents significant challenge to many of the ideas from dominant discourses which families may have previously adopted. There is a shift often in the family's position facilitated by their relationship with their child. Their personal lived experience of having a child who has engaged in HSB now in some way mediates their views on the topic. This is illustrated in the findings 'Parental guilt – taking responsibility for their child's transgression,' and 'Love and understanding shows the way.' However, this changed private (family) discourse rarely, if ever enters the public domain as families are unwilling and fearful to share their personal experience. The finding SSSHHHUUUSSSHHH Let's not talk about it captures the secrecy surrounding HSB. In this way the process of discourse is not reciprocal with a dominant discourse going unchallenged.

Chapter 5: Discussion of results

5.1 Summary of Findings

In this chapter I discuss the findings of the research and link them to the available literature. I consider the strengths and limitations of this study and evaluate the based upon accepted guidelines for qualitative research. These include understanding the importance of the situatedness of the research and places an emphasis on relational ethics (Simon 2018). Privileging a position of comprehensive reflexivity, I consider the issues that arose throughout the research process and how I addressed these and discuss the clinical implications of the research (Krause 2012).

The initial data collection phase of the study was carried out through ethnographic observations of a parents' group. The findings of that phase set the scene for a further two phases of data collection. The ethnographic observations generated findings about the physical spaces in which HSB services are delivered and the potential impact these may have on the families attending and of professionals working in this area. During the observations I felt on my own body a sense of suffocating and being hidden away. I also felt emotive reactions in myself, and I struggled when parents advocated strongly for their children, the 'sexual harmers'. On reflection, in these moments I was embodying tensions that exist between creating spaces for expression about HSB but also feeling an anger when I perceived that expression to be too 'strong' or negate the position of their child's victim. Some of these reactions surprised me as I describe myself as a strong advocate for children who engage in HSB and have spent a lot of my professional life advocating for better services for these children. Yet in these moments I was reacting in a way that symbolises a juncture of how we tend to respond to children who engage in HSB, a juncture that encompasses questions about ethics, morality, access to services, and challenges to the status quo of HSB as taboo. The theme of taboo and how it related to secrecy was present in all aspects of this research. The observations demonstrated how services are hidden from public view and being delivered in communities in secret for fear of negative community reactions. It rings true about

the service I work in. This is in a building that has no signage on the outside which would indicate the work that we do or even that a children's service is provided from that building. This is very different to other children's services where an emphasis is placed on creating child friendly spaces and ensuring that services have a visible presence in the community which focuses on universal access for children and families. This brought me to think about the design and delivery of services for HSB and how this may in some ways replicate some of the feelings and experiences that parents present to the service in terms of keeping their child's HSB secret and being complicit with the taboo which exists widely in Irish society. Parents, services, professionals all collaborate to maintain the taboo in Irish society. This taboo does not serve the interests of children, rather it is extremely destructive to the children and families and negates child development and reparation. During the observations I felt a 'force' that constrained me, that suggested to me that how HSB is generally responded to reinforces ideas of keeping it contained, out of sight. I would describe the defining feature of this opening phase of collecting data as a force of concealment. Everywhere I turned in the observations I felt positioned to looking inward. Regardless of what angle I took I felt a force toward concealment. I was reminded of the work of social anthropologist Michael Taussig in thinking about the concept of mimesis. In his chapter on 'the disorganisation of the organisation in mimesis: the subcommadante unmasked' (Taussig 1999) Taussig discusses ideas about the imitation of behaviour of one organisation by another as a factor in social change. Whilst Taussig is talking about Mexican rebels he describes the social processes of masking and unmasking and anticipated outcomes in relation to different social phenomenon. In this way I felt the HSB service, the workers, parents that attended, the children that attended, the building are all organised in a state of mimesis. That is, they are designed to imitate the taboo of HSB and children in Irish society. The focus on what I was feeling and what I observed, my own emotional responses at different points during the process was an important finding in helping me understand further the relational aspects of working and researching in this area. Whilst there is literature available on the emotional responses of parents to this phenomenon this brought into focus the importance of further

understanding professional responses and motivations whilst working in this area. The following outlines the remaining findings with discussion points.

The findings from the analysis of the interview data were reported under four headings. These were (1) Ssshhhuuussshhh Let's not talk about it, (2) Parental guilt – taking responsibility for their child's transgression, (3) Perceptions of children as adults and (4) A pathway to reconciliation through love and understanding. The findings from the analysis of the section of media were reported under two headings. These were (1) HSB, children and criminality and (2) Parents as digital immigrants – technology, children and HSB. These findings highlighted how the reporting of HSB and children in an Irish context privileged a dominant discourse that framed children who engaged in HSB as criminals. The overwhelming reporting on sexual harm in the Irish media is connected to adult sex offenders. This reflects a reluctance to talk about or try to understand children who sexually harm, a turn away from seeing them within a developmental perspective or even consider that Irish children could engage in HSB. This in some way links to the parents' experiences as described under the finding heading 'perceptions of children as adults' reflecting both the media's inability to separate or understand children who engage in HSB as not being connected to adult's sex offenders and in turn parents' struggles trying to make sense of their own sons HSB in the context of these dominant reporting trends. There were also discourses through the findings connecting HSB, children and technology in the media to parental experiences described in some of the interviews. This mainly generated a discourse suggesting that parents struggle with the continued proliferation of technology and unfettered access to sex through the various forms of the internet.

In the next sections I move to discuss those impressions that were strongly evoked through the findings. The theme of secrecy is prevalent as connecting the different topics.

5.2 <u>Secrecy</u>

Whilst all participants described different aspects of their experiences, they constructed discourses that captured a tension that exists between public and private family discourses on the phenomenon of HSB. The psychological distress that these parents often experienced was captured through the intersections of what they believed to be dominant public discourses on HSB and their duty as parents to support and love their child. The tension that is created through these discourses is responded to by the parents closing rank and not talking to anybody about what has happened. The dominant discourse as they experience and understand it, positions the parents in a way that leaves them feeling they have no alternative except to remain silent and maintain the secrecy of the HSB. Any alternatives to keeping the HSB secret are not contemplated as a viable course of action and after disclosure of the HSB the families enter a state of cowering. Of course, it is not the HSB itself that initiates this state of cowering for the families, rather it is the associated ideas and ideology which the dominant discourses convey about the phenomena. These ideas construct those who engage in HSB as 'demons' often irredeemable of making any meaningful contribution to the future of society or social relations. This demonisation induces shame, stigma, fear, and silence for parents and in particular an expectation that they and their sons would experience the wrath of their communities if the HSB became public. This fear was expressed by Parent 1 when he describes his memory of a case of sexual abuse in his community that was reported on through the media:

> I suppose the vitriol I don't know if vitriol is the word toward the guy who had done the abusing everyone knew about that after it came out in the papers but I just remember the talk and said fuck it I'm not going to talk to anyone about it because it will get out

They are trapped in a similar way to the force of concealment I felt during my observations. The strength of the taboo positions them to experience psychological distress that is maintained by the fear of their family secret becoming 'unmasked'.

For example, when parent 2 talks about 'it's the stigma, it's the judging you' she is talking about her own anticipation of social ostracization for her and her family if the HSB became known publicly. She is anticipating that she too will be punished as a parent and held responsible for her child's behaviour. Social and emotional processes such as shame and stigma are induced in response to HSB and have been reported as a barrier to making sexual harm public (Gilligan and Akthar 2006; Sable et al. 2006; Wolitzky et al. 2011). From my experience this may reflect her awareness of dominant discourse and resonate with her own personal views on HSB prior to her becoming aware of her son's behaviour. Society endorses this in how parents are held accountable for their children's behaviour and, this sometimes extends to their adult children. I am reminded of the media commentary regarding the parents of three professional rugby players accused in the 2018 Belfast Rape Trial. The commentary brought into focus a blaming of the parents of the accused even though the accused were adults whilst implying a 'guilt by association' to the parents. This is reflected in how parent 5 described her husband, his emotional reactions and how he blamed himself for their sons HSB when she said, 'the anger that was in him he had a view that he was supposed to protect his family and he didn't protect his grandson – I brought this trouble to my door was the language he was using'. In this way some of the micro processes that intersect with each other in how these parents responded to HSB come into view. For example, how the anticipated shame and stigma of the HSB becoming known publicly induces fear which creates a position of secrecy as a means of preserving the family status. This implicates how parents assume responsibility, become angry, guilty, and blame themselves whilst all the time they suffer in silence away from their usual support systems. A pattern of secrecy thus extends across all levels of the systems that are organized around HSB. This includes how the services are provided, the community attitudes toward HSB, the emotional outlooks of service users, the dynamics of families, the experience of professionals working with HSB, the young persons who have harmed and their families. These different levels all 'hang' together through a prism which reveals concealment. This paradox of revealed concealment comes together if HSB comes into the public domain where it immediately becomes

concealed via institutional, psychological, and social processes and constructions. Taussig (1999:50) further captured this paradox in describing Foucault's seminal work the History of Sexuality where he discusses sex and defines it as not only the repository of taboo in modernity but the repository of the secret, as well - albeit the 'public secret'.

In thinking about the delivery and design of HSB services, in my experience the secrecy is driven by a reasonable fear of community reprisal and potential closing down of the services. During the writing up stage of my findings I was reminded of one of my first team meetings after not very long working in the field of HSB. One of the agenda items at the meeting was to discuss safety and potential 'vigilantism' within the local community in which the service was delivered. The need for this discussion had arisen after I was chatting to another staff member in the car park of the service about an aspect of the work. As the service is nestled in a community and the car park bordered by a block of apartments I was informed to 'sssuuussshhh' for fear that we might be overheard by the neighbors. What both interested and confused me at that time was that the discussion was not about any individual nor had I disclosed any identifying information about a person or family. It was about the work of HSB, and the service and I was asking about general issues. It was a stark lesson for me that conditioned me going forward to understand the force of concealment as a means of service preservation. For the service not to be 'outed' we must not talk about it in any spaces that have a proximity to the public. Over my period working in this area, I have seen several incidents of families subjected to community vigilantism including one having a bullet shot through their living room window and another family being forced out of their home after describing being 'marched on' by a crowd of about 60 members of their local community. Parent 2 expresses this concern vividly when they comment saying 'I think if people knew I would definitely have to move out'. The professional systems around HSB share these concerns and are as invested in maintaining secrecy. In doing this they also maintain the status quo. This creates a challenge working in this area for professionals in that the strength of the taboo makes it difficult to find ways to confront the status quo. The cautionary tale of an adult service whose premises was burned

down when the community found out about the work, that they were doing is used to reinforce the need for secrecy. The revelation that adult sex offenders were receiving support and therapy in a community setting was enough to provoke community vigilantes to burn the premises out and create enough fear that the service could no longer operate in that location. In some ways these community responses embody the dominant discourses regarding HSB. Some of the parents in this research expressed their experiences of observing a societal punishment for child molesters which may also be applicable to their sons if others perceive or categorise him as a child molester. The punishment of the HSB becoming known in the public domain is then described by parent 2 as a 'stigma hanging over him for the rest of his life'. In their research into community reactions to children who engage in HSB Hackett et al. (2013) caution against the inclusion of children in policies on community notification of sex offences. They reported a varied range of community responses with stigmatisation, social isolation and collateral damage being widespread. They also reported on processes of social contagion in these cases with some families attacked and having to leave their homes.

In some cases, in my experience children have been named on social media even where the print media was prohibited from reporting by the courts. This experience of parents is like a 'dance' between vigorously maintaining their sons HSB as secret and the perceived threat of a 'moral doomsday' for their family if it becomes public. It is the two processes of maintaining secrecy and the threat of moral outrage, and how these influences each other, that maintains the taboo. The HSB must remain as secret or risk inviting the expected societal wrath as described by the parents. In this way the secrecy is pervasive throughout all levels of the phenomenon. It leaves no room for these parents to respond differently and shuts down their usual ways of being or accessing support.

5.3 Culture

As previously discussed, the impact within the Irish context of clerical and institutional child sex abuse has greatly shaped the dominant discourse about sexual abuse and HSB. For a significant period, a

constant stream of inquiries and reports into clerical sexual abuse became mainstream within Irish public discourse. The pervasive influences on each other of the church, state and the Irish public are important intersections when considering the taboo on HSB. This historical period is the backdrop to how we became informed about sexual abuse and therefore of HSB. Keenan (2014) in her book titled *Are the Irish different?* describes the clerical abuse scandals in Ireland as being seen to be unique. This is in part because of the continuity and enmeshed relationship between the church and political institutions. Keenan (2014:101) goes on to talk about the 'culture of deference' that existed by the political institutions and society toward the church, and she raises the question of the possibility that Irish church and Irish government 'worked separately and together in covering up the sexual abuse of Irish children'. The Irish public were outraged and angry at both the persons who sexually abused and the institutions that were seen to have protected them. This extended to a suspicion of professionals in authority and was described by parent 2 when she described 'I suppose I didn't want, nor do I still want anybody knowing about it so for me then to reveal that to a GP that I potentially must go and see and see for other issues. In this way this parent feels she cannot disclose her sons HSB to what should be a trusted professional. This is not a reflection on the GP but another example of the fear of disclosing information about HSB into any area of public life even within what is a context of patient-doctor confidentiality.

There was also anger directed at the 'State' who were seen to be complicit in not achieving justice for the victims of this abuse. It could also be argued that this fall out and anger toward the church and political institutions would open a more humane outlook and discourse about children who engage in HSB. This has not been the case and instead there seems to be a more all-encompassing cruelty in how HSB is responded to that fails to see the nuances within a developmental context. In my work experiences with parents, they often reference their interactions with criminal justice and child protections services. They describe being hesitant to assert themselves in any way because of their fears that it might make the situation worse for their child. They also strongly feel that as the parents of the

child who has caused the harm that they are not entitled to be heard. In my view these societal processes influence ideas of vigilantism toward HSB when people no longer trust the different arms of the state to protect them from sexual abuse or abusers. This also greatly influences our ideas about who are those that sexually abuse, in these cases mainly priests, teachers, coaches, strangers (outside the family) and mainly adult men in positions of authority. This focus completely obscured ideas that HSB could happen within families or by children and gives an impression of a consistent 'type' of person that engages in HSB.

All of this contributes to a public perception of sexual harmers and an outrage that privileges the place of the victim. I must be clear here in differentiating these positions. It's important to understand that ideas that place the victim as privileged are central to the continuing work with children who engage in HSB and in preventing further sexual harm. In the context of my study, however this is at a cost; it maintains a moral egotism and a hierarchy of suffering. The challenge that exists with a position of moral egotism is a failure to think about the other. In this case it underprivileges the suffering and needs of children and the parents of the child who has sexually harmed the other.

In response to the institutional failings and public outcry the state responded in recognition of the public interest by setting up redress schemes and by making public the results of many inquiries. Nowhere in any of these discourses during this time was there mention of the possibility of a child being the sexual harmer. There was also no discourse that the threat of HSB could happen within the family; danger was positioned as outside and being perpetrated by strangers or non-related adult men. As a result, we are primed as a society at both the individual and institutional levels to respond to a particular perception of adult sexual harmers. This is the limited view of HSB and sexual harmers that exists and which influences the parents of children who sexually harm with no attempts to understand HSB as a social, political, and emotional issue or understand what lies behind these processes other than 'bad people'.

This was evident when parent 3 talks about her fears 'I don't want people to think that's what he is like

or that's the type of person he is developing into*'*. In my view parents, children, and wider society We are in no way critical consumers of these ideas and in this way, are also impacted by the dominant discourses. This leaves us utterly unprepared to even think about the possibility of children engaging in HSB or that they could be different to the 'type' that we have become accustomed to hearing about in the public discourse. For example, in an Irish context, engaging in sexual activity is associated with a loss of innocence and is primarily through a loss of virginity. This promotes the idea that children are no longer innocent once they have engaged in sexual activity and that in some way they have become 'dirty'. This also extends to HSB. In a similar way Foucault (1978:42) described an 'entire medico-sexual regime took hold of the family milieu' in highlighting a diversity of discourses through which to discuss sex and on children's masturbation 'labelled it being treated like an epidemic' that needed to be eradicated. In this way children are not seen a sexual beings or persons in development but are thought of as sterile and clean.

The sociologist Chris Jenks (2005:136) provides a detailed history of the development of different societal ideas about childhood and within different cultures at different points in time and suggests 'while children are present in all cultures their presence has been and still is differently regarded'. In describing contemporary 'social constructions' of childhood, he puts forward four themes that distinguish our modern conceptions of childhood. These are (1) That the child is set apart as temporally different, through the calculation of age, (2) that the child is deemed to have a special nature, (3) that the child is innocent, (4) that the child therefore is vulnerably dependent (Jenks 2005:139). The culture of thinking about children in this way challenges us to think about what Jenks calls the plurality of childhoods. It obscures the individual experiences of children being fragmented across several domains not least having 'particularised identities' that children themselves 'remain enmeshed in the forced commonalty of an ideological discourse of childhood' (Jenks 2005:137). These cultural ways of thinking about children and what they 'should be' brings into focus children's morality and by extension can call into question their parents too.

This depiction of 'childhood' highlighting innocence, vulnerability, dependance and difference from adults also positions sexual behaviour in children as taboo. In my own experience in this area, I have liaised with many professionals who have expressed the view that any sexual behaviour between children is abnormal without any understanding that sexual development is a process throughout the life course. This kind of totalising view that any sexual behaviour in children is deviant misses the nuance of HSB, and power differentials that may be present. If we accept this all-encompassing view that any sexual behaviour in children is wrong, then it does not require further consideration. In this way the subject is closed, and taboo is maintained. This can also be reflected through societal institutions, for example the courts system. There is some provision in the Irish justice system to protect the identity of the victim of a crime when the victim is a child. In the case of a child who has engaged in HSB toward another child that very same protection protects those who have harmed from being identified as to do so would make public a child's identity. The necessary protection of the identity of children in these cases further keeps the issue of HSB out of the public arena. There is another provision to ensure the privacy of family law cases and childcare proceedings. These processes shape public discourse in ensuring that some information is never publicly available. Taboo and secrets are two sides of the same coin and for these parents in keeping their child's HSB a secret involves what Krause (1998:122) calls 'individuals in conscious intentions'. The secret could be described as a way of preserving their family within the cultural taboo. She goes on to cite the work of Fortes (1987) puts forward the idea that taboo reflects the 'morally binding forces of social relationships which cannot be repudiated if one wishes to be a normal person, in this sense taboos are ordained aversions integral to personal and social identity' (Krause 1998:122). From my experience of working with families where HSB is an issue it is far less likely that if the HSB happened within the family that they will engage with criminal justice services. Information about children engaging in HSB never enters the public domain. The question then becomes how this issue can enter the public domain so as not to be so profoundly stigmatising and without some of these children having to go through the court system. We end up with the earlier descriptions of older

men and extra familial sexual harm as the only possible depiction in the public discourse.

5.4 The inseparability of children, adults and HSB

One of the findings that has emerged from this research is a conflating of adults and children demonstrated in the absence of any distinction or nuance in how parents describe or talk about their children's HSB. This is highlighted in one example in which a parent described an incident of sexual abuse by an adult to a child in his local community. This is his descriptions in response to being invited to talk about where he has learned about HSB. He uses the term 'dirty bastard' to describe the adult and concludes that the same description must apply to his sixteen-year-old son. Whilst I believe that this parent does not think of his son as a 'dirty bastard' and has declared his love and support for his son in other parts of the interview he has no other reference points to think or talk about HSB outside of adults. Whilst he has expressed his love and is trying to understand his son's behaviour, I think he could not publicly declare that love and support. This sees him abandon rationality for a totalising response that sees all sexual harmers as the same, and irredeemable whether they be children or adult. By his own measure if he were to publicly support his son, he would be publicly supporting a 'dirty bastard'. In a broader sense conflating descriptions of adults and children who sexually harm negates any developmental perspectives. This was reflected when using a media database for this research in searching newspaper headings. The challenge I faced through using this data base was that even with filters in place with words such as 'children' or 'teenager' or 'adolescent' in the search bars all articles on sexual harm were returned. The database system was unable to differentiate between adults and children who sexually harm. This theme is further reflected in the early development of assessment and treatment programmes for adolescent HSB in which adult models of interventions are employed. Early descriptions of children who engage in HSB used the same language as that used for adults. This included descriptions of children as abusers, perpetrators, and offenders. This implies an identity rather than a mistake or a one-off behaviour and a trajectory of continuing HSB. Concerns about recidivism

in adults have made their way into the discourses on children albeit contrary to the available research (Worling and Curwen 2000; Worling, Littlejohn and Bookalam 2010). The benchmark seems to be the most prolific predatory adult sex offender who is irredeemable. These ideas are reflected in research carried out by Gavin (2005:405) in which he looked at collecting data about the perceptions of children who had engaged in HSB. The findings support that the dominant narratives persists in shaping the public perception of children who sexually harm. These narratives depict the child sexual harmer as irredeemable and devoid of opportunity through treatment, as inhumane, and inherently evil.

The 'special status' bestowed upon children who engage in HSB can be seen also in criminal justice responses. There are many incidences in the criminal justice system in which the seriousness of the offence overrides the protection given to children facing criminal charges. These include murder, manslaughter, rape, and aggravated sexual assault. So serious is sexual assault considered to be that in Irish law it is placed on a par with murder. The level of seriousness that is ascribed to HSB impacts on a child's ability to participate in normal developmental activities like for example in some cases attending school or engaging in organised sporting activities. Thin descriptions of those who have engaged in HSB be they adults or children lead to a paucity of detail about their subjective experiences or context to the behaviour. There seems to be little room for anything other than individual responsibility which obscures family, developmental or environmental issues. Parent 2 describes her ideas about this when talking about her friends and family and how she feels she is protecting them and her son 'I just do not want them to be fearful for their kids I just do not want people ever to think he is a child molester'. It seems that in justifying maintaining the secrecy and protecting him as a child she links him and his behaviour to that of an adult child molester. There can be little room to see the child as someone who has made a mistake once the context is that of HSB. Parent 4 further reflects this when she describes her experiences from social media in describing she knows 'exactly what people think about people who do that'. Whilst this parent goes onto use the term 'sexual predator' as part of these

descriptions she does not deviate from her description of 'people' who do that. This maintains the idea that there is a type of 'people' with no acknowledgement that her son's behaviour as a child provides a different context.

5.5 Trying to get near

There have been several challenges for me in what I am going to describe as trying to 'get near' to the experience of these parents and understand HSB further. The research has been greatly influenced and designed bearing in mind the 'protected' nature of how services are delivered. Whilst the method that I used was designed with the purpose of trying to get 'near' experience, the challenge was also grappling with and elucidating the different mechanisms that maintain the status quo of HSB as taboo and secret. The protected nature of how services are provided present a double edge sword in that secrecy gives comfort and a level of protection to the family. However, in doing so this creates a further dilemma in how the problem can be expressed publicly if there is so much insistence that it must remain out of sight. This dilemma manifested itself in different ways throughout the research process. For example, at the stage of seeking ethical approval, when I noticed that there seemed to be an unusual length of time in addressing what was described as an insurance issue for the university. When I discussed this with my supervisor and explained the details it was suggested that the insurance detail was a cover for a general anxiety about the nature and sensitivity of the research and that approval may take longer in this case. This delay resulted in me having to write a letter to the Dean of the university outlining the issues and unusual nature of the delay. Only following this intervention was the research able to proceed. At every level of working with HSB there are similar reactions. As I have described briefly in my methodology section even at the predesign stage of the research and during consultations with service providers there was a sense that I was trying to get 'too near' these parents. The idea that I wanted to essentially 'hang out' at the service and carry out ethnographic observations that included me being in the room with the parents seemed a step too close. This reflects the broader issue of the dominance and

privileging of quantitative approaches to researching in this area. These approaches are to all intents and purposes experience-far. Yet, there is a paucity of qualitative research studies available. Duane and Morrison (2004) describe this as having gaps, being sparse and unpublished. In addition, Archer et al. (2020) also identify that very little qualitative research that has happened in the intervening years. In my view this further reflects a comfort with trying to understand this phenomenon from a distance and a reluctance to try to 'get in there', to get close and familiar. Perhaps there may be a sense of fear of researchers themselves being 'contaminated' if they get too close. Or even when having informal discussions with other colleagues that have worked in this area, I was struck when one colleague described it as a 'contemporary leprosy'

When keeping my reflexive research diary, I had decided to do this using the voice notes app on my phone. This way was more convenient and could be used anywhere on the go when travelling to and from Dublin and London, whilst walking on the street or when something struck me that connected the world to my research, I would take out my phone and talk into my app. It was a more instant and creative way to capture moments in motion. This only lasted a couple of days before I noticed how some people reacted to listening to the subject matter being spoken into the phone whilst out in public. For example, whilst waiting on a tube train to the airport I noticed as I was speaking one man looked at me intently as he heard the content. It made me feel uncomfortable and whilst I will never know his intention, it was not a very inviting look and one that made me instantly stop talking into the phone. Writing this now I can connect as a researcher to how some of the parents described their fear of a gaze of disapproval if the HSB became known. In describing how a group of parents at her son's school treated another mother after it became known that her son had engaged in HSB, parent 3 said 'yes parents and I see how they still look at that mother and how she is what they say about her-do you know she didn't do anything'. I felt a similar sense at the tube station that I hadn't done anything other than speak some notes into my phone about HSB however that was enough for me to feel this man's disapproval. Whilst there was nothing graphic spoken again, or any compromise to confidentiality, I felt an uncomfortable

pressure to conceal the area I was researching in. I changed my method of keeping the diary back to typing the content into the phone. This was more laborious and characterises this research topic as privileged towards a more silent, private way and a turn away from 'getting near'. In my experience even when parents are leaving the service where I work after a two-year cycle there can be a barrier to getting near. Recently one of the families had finished their two-year cycle whilst I was away from the service on leave. The ending is marked by a graduation ceremony that recognises all the work that the child and the parents have completed. It culminates with the child being encouraged to depict their learning in a creative way either for example through song, poetry, or art. When I arrived back to the service there was a thank you card from the family. On the inside to the card the message read 'To the team, words alone cannot express our gratitude for the way you have supported our child and family, warmest regards parents of a graduating child' see appendix (Y). Whilst this was a lovely message to receive, I was struck by how the parents signed themselves off, 'parents of a graduating child'. I took it as another paradox, that it was intentional and unintentional at the same time. It was intentionally designed to not identify who they are (even though we all knew who they are) and it was not intended to be impersonal or in denial of the positive relationships the family had built up at the service. In my view it symbolised a juncture of moving from a place of safety, leaving a service that was free of judgement and shame and back to being alone without support in a world that would be very unforgiving if their secret was compromised. Even when leaving the service, the final act was a symbol that reinforced distance rather than 'getting near'. There are other factors too that contribute to these challenges. Ireland is a relatively small country with a lack of services in this area. The services that are available are fragmented across the country. This combination of services, relatively small population and localised delivery seems irreconcilable with the levels of comfort present in maintaining distance and anonymity to parents. The sensitivity of the subject matter means that on all levels of HSB there is a reluctance to talk and little motivation to change how things are or challenge the status quo.

Chapter 6: Conclusion

This study set out to explore the experiences of parents in an Irish context of having a child who has sexually harmed another and how public discourse influences these experiences. The strength in this research is that despite the difficulties I faced, it did become possible to conduct a qualitative study. The study thus has begun to bring attention to this difficult area. My research and dissemination of it will be a challenge to the status quo and an attempt to begin to shine a light on these parents' experiences. My chosen research methodology was a strong point in providing a creative mixed methods approach designed specifically to explore these experiences within a broader framework of observations and media analysis. It privileged the parents' experiences within wider relational contexts and aimed at eliciting a deeper understanding of HSB as a phenomenon. It is unusual to use ethnography in a study such as this, and this research method allowed for an approach which recognised the sensitivity of the topic. The choice of analysis was a strength as it allowed issues of social and cultural relevance be explored. It allowed for providing a context for some of the intersections that influence HSB. Whilst the sample size is small, the methodology allowed for more depth and therefore has high validity. A limitation of the research was not being permitted to participate and observe in the room and this constrained in some ways an attempt to get even closer to the participants. Whilst this research was facilitated through one service I believe that my findings may have releavnce to other services within the Irish context. This may not be the case where other countries and cultures are concerned, although I believe that they may be useful in this case to some extent. The service was a public service, and this may have limited the kind of families who participated to those who did not have the means to access private therapy services for their family and child. Future studies in this area may look at samples from other regions as its important to consider the localised cultural contexts in which HSB is happening.

In my view, the taboo around children who engage in HSB is so strong as to silence parents and position them to guard the secret. This is further reflected in how the subject matter is dealt with in the

institutions that respond to HSB, services for victims and perpetrators of HSB. At every level, avoidance of exposure is a theme, from victims of sexual harm, the person who has sexually harmed, the parents of both, the services that are set up to provide treatment, research institutions and commissioners of services. In this way fear of exposure emerged as a preoccupation of parents and professionals alike. In the Irish context it is notable that both buildings that provide services to families where HSB has occurred, in the capital city have no identifying signs anywhere on the building. This is the services in mimesis or isomorphisim forming and operating in the image of the secrecy that is present throughout. A tautological taboo if you like. It also highlights how families face displacement or violence if their secret becomes known. There is an unforgiving public discourse when it applies to HSB and an equal and relentless pain that is experienced by parents that their secret will be exposed. This pain is further characterised and aligned with a fear of an expected wrath, and of a vicious and possiblly violent local response toward their family. There seems to be little room or appetite for alternative discourses or even to think about strategies that can begin to challenge the status quo. Dominant discourses have such strenght and prevalence that their prescence creates a paradoxical process that positions HSB as a social taboo.The discourse has become a monologue and suffocated any other alternatives to a point that any scencerio that may countenance a 'both/and' approach is unthinkable. In this way the subjugated discourses that are silenced are those of redemption, hope, the possibility of help and care and viewing the young people as persons in development and not as adult sex offenders.

Dominant discourse about HSB and children negates trying to understand the context of HSB or the 'complexities of the multi-levelled systems' in which families are embedded (Burck 2005:238). Some of the findings in this research suggests that we are exposed to a view of children who engage in HSB and their families as pathological and irredeemable. Professionals and researchers need to emerge into the public domain and be a voice for change. The findings of the research make the case for why parents are not able to advocate, campaign or lobby on the issue of HSB. Going forward, professionals should

influence and lead out in trying to introduce alternative discourses. I feel strongly that professionals need to be more active in bringing this phenomenon to the fore by for example continuing to research and publish, speak at professional conferences, engage with the media on the topic and promote this cause within their own agencies in efforts to reinforce the distinction between adults and children in this area. They need to reinforce the separation between the child and the act or between the crime, and the criminal. The criminalisation of children is unhelpful and reinforces ideas of children as irredeemable. Media organisations that report on HSB have a responsibility to understand the implications of reporting on these matters in a way that can influence the discourses of criminlising these children and by proxy their families. In the same way that the media can be seen as part of the problem they may also have a role in the solutions. For example, they could lead in a public awareness campaign which focuses on the differences between children that engage in HSB and adults. As with any of these ideas they would need to be thought of and approached in a sensitive way and one which maintains the victims as a central consideration. For professionals and services delivering treatment and therapy in this area they should aim to restore the centrality of relationships to the clinical spaces and practices in which services are delivered. Spaces could be less sterile, more inviting, and maybe on a gradual basis more visible. In this way we could change the mimesis described earlier and be proud of the work that we are doing, always remembering our motivations to prevent further sexual harm from happening. The primacy of relationships is recognised in the parents' views in this research in the finding of the way forward through love and understanding. This is a recognition that moving forward together albeit within difficult emotional spaces is the only alternative. If the response of the parents in this research were to be replicated across wider social systems and processes, there is a possibility to help and care while simultaneously holding people responsible for their actions. In many ways parents embody a both/and position which may contribute to a far more progressive discourse. Their experiences serve to strongly challenge dominant discourse and the status quo.

However difficult it may seem, there remains an ethical and moral imperative to reconcile how we can hold people to account without necessarily being punitive especially towards children and their families. We need to work to facilitate parents to access their usual supports and to begin campaigns to destigmatise them seeking help in circumstances when they need it. This work should happen from the relative safety within attending the programme. It would try to bring into focus with the parents how their experiences have been impacted by pervasive discourses on HSB. In my experience nobody has attempted to pitch the idea of ways in which the parents supported by the professionals involved could imagine a campaign of advocacy on this issue. This would shine a light onto these painful experiences and would impact positively for parents coming behind them with similar experiences. One example of this could be for a group of parents to write a letter to the children's minister advocating for a policy initiative on educating the public about the differences between adults and children who sexually harm. Another example could be to write an open letter to a mainstream news agency requesting coverage in bringing his hidden topic into view. In each of these cases I would envisage that these communications would be done anonymously to begin with. In this way, we can promote a process of change beginning by the acknowledgment of their experiences. In every culture people are entrenched in a complicated set of human relationships and traditions. Creativity and a motivation for change may pose a danger to these very relationships and practices. In the case of changing the outlook on HSB in Irish society there is no other way forward than to contend with this danger.

Reference list

American Psychiatry Association (1999) *Dangerous Sex Offenders*, a *task force report of the American Psychiatry Association*, American Psychiatric Publishing, Washington, DC.

Archer E, Pieter W. Nel, Turpin M and Barry S (2020) 'Parents' perspectives on the parent–child relationship following their child's engagement in harmful sexual behaviour', *Journal of sexual aggression*, 26(3): 359-371.

Aull-Davies C (1999) *Reflexive Ethnography: a guide to researching selves and other*s, London, Routledge.

Bagley C (1992) 'Characteristics of 60 children and adolescents with a history of sexual assault against others: Evidence from a comparative study', *The Journal of Forensic Psychiatry,* 3(2):299-309.

Bevan S and Bevan K (1999) 'Interviews: meaning in groups', in Parker I (eds) *Critical text work: an introduction to varieties of discourse and analysis,* Open University Press, Buckingham.

Becker JV (1994) 'Offenders: Characteristics and Treatment', *The Future of Children*, 4(2):176-197.

Braun V and Clarke V (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology,* 3(2):77-101.

Bremer J.F (1992) 'Serious juvenile sex offenders: treatment and long-term follow-up', *Psychiatric Annals, 22*(6):326–332.

Burck C (2005) 'Comparing qualitative research methodologies for systemic research: the use of grounded theory, discourse analysis and narrative analysis', *Journal of Family Therapy,* 27(3):237-262.

Burr V (2015) *Social Constructionism*, 3rd edn, Routledge, UK.

Carabine J (2001) 'Unmarried motherhood 1830-1990: a genealogical analysis', in Wetherell M, Taylor S and Yates S.J (eds) *Discourse theory and practice*, Sage Publications, London.

Cassidy L, Ó Maoldúin R, Bradley D.G, Kador T, Lynch A, Jones C, Woodman P, Murphy E, Ramsey G, Dowd M, Noonan A, Campbell C, Jones E and Mattiangeli V (2020) 'A dynastic elite in monumental neolithic society', *Nature* 582:384-388.

Cheit R. E, Shavit Y and Reiss-Davis Z (2010) 'Magazine coverage of child sexual abuse, 1992–2004', *Journal of Child Sexual Abuse*', 19(1):99-117.

Cheek J (2004) 'At the margins? Discourse analysis and qualitative research', *Qualitative Health Research*, 14(8):1140–1150.

Clifford G (02 May 2015) 'WB Yeats: He cast a cold eye on church and state in Seanad career', *The Irish Independent,* accessed 06 June 2022.

Craig L. A (2005) 'The impact of training on attitudes towards sex offenders', *Journal of Sexual Aggression,* 11(2):197-207.

Crouch M and McKenzie H (2006) 'The logic of small samples in interview-based qualitative research', *Social Science Information* 45(4):483-499.

Cloyne Report Department of Justice (2010) *The Report by Commission of Investigation into the Catholic Diocese of Cloyne,* The Irish Government.

Dillet B (2017) 'What is Post Structuralism?' *Political Studies Review*, 15(4):516–527.

Dindshenchas, *The Metrical Dindshenchas*, *Royal Irish Academy Todd Lecture Series*, Part 1-4, https://archive.org/details/metricaldindsenc02royauoft, accessed 13 May 2021.

Dolan M, Holloway J, Bailey S and Kroll L (1996) 'The psychosocial characteristics of juvenile sexual offenders referred to an adolescent forensic service in the UK', *Medicine, Science, and the Law*, 36(4):343-352.

Duane Y and Morrison T (2004) 'Families of young people who sexually abuse: characteristics, context, and considerations', in O Reilly G, Marshall W.L, Carr A and Beckett R.C (eds) *The Handbook of Clinical Intervention with Young People who Sexually Abuse*. Routledge, New York.

Duane Y, Carr A and Cherry J (2002) 'Experiences of parents attending a programme for families of adolescent CSA perpetrators in Ireland', *Child Care in Practice* 8(1):46-57.

Durham A (2006) *Young men who have sexually abused: A case study guide*. Wiley, UK.

Erickson F (2017) 'Qualitative methods: histories in social and educational research', in Denzin N.K and Lincoln Y.S (eds) *The Handbook of Qualitative Research*, 5th edn, Sage Publications Inc, USA.

Fehrenbach P.A, Smith W, Monastersky C and Deisher R.W (1986) 'Adolescent sexual offenders: offender and offense characteristics' *American Journal of Orthopsychiatry*, 56(2):225-23.

Ferguson A (20 January 2017) 'Northern Irish children suffered decades of cruel abuse – report', *Reuters,* accessed 05th June 2022.

Ferns Report Department of Health and Children (2005) *The Ferns Report: presented to the Minister for Health and Children*, The Irish Government.

Foucault M (1984) 'The order of discourse', in Shapiro E (eds) *Language and Politics*. Oxford Blackwell, London.

Foucault M (1977) *The archelogy of knowledge*, Tavistock, London.

Foucault M (1978) *The History of Sexuality*, Pantheon Books, New York.

Fortes M (1987) 'Totem and taboo', in Goody J (eds) *Religion, morality and the person, essays on Tallensi religion*, Cambridge University Press, Cambridge.

Franey K, Viglione D.J, Wayson P, Clipson C and Brager R (2004) 'An investigation of successfully treated adolescent sex offenders', *Journal of Child Sex Abuse*, 13(3-4):295-317.

Gavin H (2005) 'The social construction of the child sex offender explored by narrative', *The Qualitative Report*, 10(3):395-415.

Gilligan P and Akhtar S (2006) 'Cultural barriers to the disclosure of child sexual abuse in Asian communities: listening to what women say', *British Journal of Social Work*, 36(8):1361-1377.

Goddard C and Saunders B (2001) 'Journalists as agents and language as an instrument of social control: A child protection case study', *Children Australia*, 26(2):26-30.

Grady S, Cherry J, Tallon M, Tunney C and O'Reilly G (2017) 'An exploration of the treatment expectations and experiences of adolescents who have sexually abused', *Journal of Sexual Aggression*, 24(1): 80-98.

Gray A, Pithers W.D, Busconi, A and Houchens P (1999) 'Developmental and etiological characteristics of children with sexual behaviour problems: treatment implications', *Child Abuse & Neglect, 23*(6):601–621.

Guba E.G and Lincoln Y.S (1994) 'Competing paradigms in qualitative research', in Denzin N.K. and Lincoln Y.S (eds) *Handbook of Qualitative Research*, Sage, London.

Gutting G and Oksala J (2022) *The Stanford Encyclopaedia of Philosophy,* https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=foucault, accessed 15 February 2022.

Hackett S, Branigan P and Holmes D (2019) *Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours*, NSPCC, https://learning.nspcc.org.uk/research-resources/2019/harmful-sexual-behaviour-framework, accessed 03 March 2022.

Haase C.C, Kempe R.S. and Grosz C.A (1990) 'Nofamilial sexual abuse: working with children and their families', in Oates R (eds) *Understanding and managing child sexual abuse.* Harcourt Brace Jovanovich, Sydney.

Hackett S (2011) 'Children and young people with harmful sexual behaviours', in Barter C and Berridge D (eds) *Children behaving badly? peer violence between children and young people*. Wiley-Blackwell, UK.

Hackett S and Masson H (2006) 'Young people who have sexually abused: what do they (and their parents) want from professionals?', *Children and Society*, 20(3):183-195.

Hackett S, Phillips J, Masson H and Balfe M (2013) 'Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers', *Child Abuse Review* 22(4):232-245

Hagan M.P, King R.P and Patros R. L (1994) 'Recidivism among adolescent perpetrators of sexual assault against children', *Journal of Offender Rehabilitation, 21*(1-2):127-137.

Hagan M.P, Gust-Brey, K.L, Cho M.E and Dow E (2001) 'Eight-year comparative analyses of adolescent rapists, adolescent child molesters, other adolescent delinquents, and the general population', *International Journal of Offender Therapy and Comparative Criminology, 45*(3):314-324.

Hall S (2001) 'Foucault: power, knowledge, and discourse', in Wetherell M, Taylor S and Yates S.J (eds) *Discourse theory and practice*, Sage Publications, London. (eds) *Discourse Theory and Practice*, Sage Publications, London.

Hogan G.W (1987) 'Law and religion: church-state relations in Ireland from independence to the present day', *The American Journal of Comparative Law*, Vol 35 (1):47-96.

Hogue T.E (1993) 'Attitudes towards prisoners and sexual offenders', *Issues in Criminological & Legal Psychology, 19:*27–32.

Hogue T.E and Peebles J (1997) 'The influence of remorse, intent and attitudes toward sex offenders on judgments of a rapist', *Psychology, Crime & Law*, 3(4):249-259.

Halse A, Grant J, Thornton J, Indermaur D, Stevens G and Chamarette C (2012) 'Intrafamilial adolescent sex offenders' response to psychological treatment', *Psychiatry, Psychology and Law*, 19(2):221–235.

Harper C, Hogue T and Bartels R (2017) 'Attitudes towards sexual offenders: what do we know, and why are they important?', *Aggression and violent behaviour*, 34:201-213.

Harré R (2008) 'Positioning theory', *The Official Journal of the International Orem Society*, 16(1):28-33.

Hart A, Lane D and Doherty G (2017) *The inquiry into Historical Institutional Abuse 1922-1995*, The Executive Office, Government of Northern Ireland, accessed 05th June 2022.

Holland K (02 May 2019) 'Child referrals for sexual behaviour have 'skyrocketed' child welfare consultant Kieran Mc Grath warns issue 'cannot be ignored', *The Irish Times*, accessed 04th April 2022.

Holohan C (2011) *In Plain Sight, responding to Ferns, Ryan, Murphy, and Cloyne reports* Amnesty International Ireland, accessed on 11th February 2022.

Hook D (2007) *Foucault, Psychology, and the Analytics of Power*, Palgrave, London and New York.

Hove T, Paek H.J, Isaacson T.E and Cole R.T (2013) 'Newspaper portrayals of child fbuse: frequency of coverage and frames of the issue', *Mass Communication and Society*, 16(1):89-108.

James A.C and Neil P (1996) 'Juvenile sexual offending: one-year period prevalence study within Oxfordshire', *Child Abuse & Neglect,* 20(6):477-485.

Jamshed S (2014) 'Qualitative research method-interviewing and observation', *Journal of Basic Clinical Pharmacy*, 5(4):87-8.

Jenks C (2005) *Childhood*, 2nd edn, Routledge, London.

Jones S (2014) 'Parents of adolescents who have sexually offended: providing support and coping with the experience', *Journal of Interpersonal Violence,* 30(8):1299-1321.

Jorgensen M and Phillips L (2002) *Discourse analysis as theory and method*, Sage Publications, London.

Kvale S (1995) 'The social construction of validity', *Qualitative Inquiry,* 1(1):19-40.

Kahn T.J and Chambers H.J (1991) 'Assessing re-offense risk with juvenile sexual offenders', *Child Welfare: Journal of Policy, Practice, and Program, 70*(3):333–345.

Kaemingk K, Koselka M, Becker J and Kaplan (1995) 'Age and adolescent sexual offender arousal', *Sexual Abuse,* 7(4):249-257.

Kaufmann J (2011) 'Post structural analysis: analysing empirical matter for new meanings', *Qualitative Inquiry*, 17(2):148–154.

Keenan M (2014) 'Sexual abuse and the Catholic church', in Inglis T (eds) *Are the Irish different?*, Manchester University Press, UK.

Kemp A (1998) *Abuse in the Family: an introduction*, Brooks-Cole Publishing Co, USA.

Kincaid J.R (1998) *Erotic innocence, the culture of child molesting*, Duke University Press, London.

Kitzinger J (1995) 'Qualitative research. Introducing focus groups', *BMJ,* 31(1):299-302.

Knight R and Prentky R (1990) 'Classifying sexual offenders: the development and corroboration of taxonomic models', in Marshall W.L, Laws D.R and Barbaree H.E (eds) *The Handbook of sexual assault*, Springer, New York.

Krause I.B (2012) 'Culture and the reflexive subject in systemic psychotherapy', in Krause I.B (eds) *Culture and reflexivity in systemic psychotherapy: mutual* perspectives, Karnac Books, London.

Krause I.B (1998) *Therapy Across Culture*, Sage, London.

Khan T.H and MacEachen E (2021) 'Foucauldian Discourse Analysis: Moving Beyond a Social Constructionist Analytic', *International Journal of Qualitative Methods,* 20:1-9

Lawson L (2003) 'Becoming a success story: how boys who have molested children talk about treatment', *Journal of Psychiatry and Mental Health Nursing*, 10(3):259–268.

Lalor K (1998) 'Child sexual abuse in Ireland: an historical and anthropological note', *Irish Journal of Applied Social Studies,* 1(1):37 - 54.

Larner G (2004) 'Family Therapy and the politics of evidence', *Journal of Family Therapy*, 26(1):17-39.

Leibowitz G.S, Akakpo T, and Burton D.L (2016) 'Comparison of non-sexual crimes committed by juvenile sexual offenders and delinquent youth in residential treatment in the USA', *Journal of Sexual Aggression,* 22(1):66-81.

Lovell, E. (2002) *I think I may need some help with this problem: Responding to children and young people who display sexually harmful behaviour*. London: NSPCC

Luhmann N (2013) *Theory of Society*, volume 2, Stanford University Press, Redwood City.

Macionis J.J and Plummer K (2002) *Sociology, a global introduction* 2nd edn, Pearson Education, Essex.

Manocha K.F and Mezey G (1998) 'British adolescents who sexually abuse: a descriptive study', *The Journal of Forensic Psychiatry,* 9(3):588-608.

Marsa F, O'Reilly G, Carr A, Murphy P, O'Sullivan M, Cotter A and Hevey D (2004) 'Attachment styles and psychological profiles of child sex offenders in Ireland', *Journal of Interpersonal Violence*, 19(2):228-251.

Maturana H.R. (1988) 'Reality: the search for objectivity or the quest for a compelling argument', *The Irish Journal of Psychology, 9*(1):25–82.

McCartan K. F, Kemshall H and Tabachnick J (2015) 'The construction of community understandings of sexual violence: rethinking public, practitioner and policy discourses', *Journal of Sexual Aggression,* 21(1):100-116.

Mejia P, Cheyne A and Dorfman L (2012). 'News coverage of child sexual abuse and prevention, 2007–2009', *Journal of Child Sexual Abuse* 21(4):470-487.

McGee, H.M, Garavan R, De Barra M, Byrne J and Conroy R (2002) *The SAVI report: sexual abuse and violence in Ireland*, Dublin Rape Crisis Centre, accessed 11th February 2022.

Miccio-Fonseca L.C. (2016) 'Mega -cross-validation findings on sexually abusive females: implications for risk assessment and clinical practice', *Journal of Family Violence,* 31:903–911.

Morgan-Trimmer S and Wood F (2016) 'Ethnographic methods for process evaluations of complex health behaviour interventions', *Trials* **17** (232):1-11

Murphy A (2020) *Newgrange and Inbreeding: Three ancient myths about the monuments of Brú na Bóinne refer to occurrences of incest*, [Mythical Ireland Blog], https://mythicalireland.com/MI/blog/myths-and-legends/newgrange-and-inbreeding-three-ancient-myths-about-the-monuments-of-bru-na-boinne-refer-to-occurrences-of-incest/, accessed 08th March 2022.

Murphy Report Department of Justice (2009) *Report by Commission of Investigation into Catholic Archdiocese of Dublin,* The Irish Government.

New MJC, Stevenson J and Skuse D (1999) 'Characteristics of mothers of boys who sexually abuse', *Child Maltreatment*, 4(1):21-31.

NOTA (2022) *Who we are*, https://www.nota.co.uk/, accessed 10 May 2022.

O' Halloran M, Carr A, O'Reilly G and Sheerin D (2002) 'Psychological profiles of sexually abusive adolescents in Ireland', *Child Abuse and Neglect*, 26(4):349-370.

O'Keefe C (03 August 2019) 'Rise in reports of child sexual acts, harmful sexual behaviour in children significant and disturbing', *Irish Examiner,* accessed 07 May 2022.

O' Reilly G and Carr A (2004) 'A review of theoretical models of sexual offending', in O Reilly G, Marshall W.L, Carr A and Beckett R.C (eds) *The Handbook of Clinical Intervention with Young People who Sexually Abuse*. Routledge, New York.

O' Reilly G & Carr A (1998) 'Understanding and assessing juvenile and adult sex offenders' *The Irish Journal of Psychology,* 19(1):1-10

Palmer T (1995) 'Young people who sexually abuse', in Calder M, Hanks H, Epps K, Henniker J, Print B and Morrison T (eds) 1st edn, *Juveniles and Children who Sexually Abuse.* Russell House Publishing, Dorset.

Patton P (2010) *Deleuzian concepts: philosophy, colonisation, politics*, Stanford Press California.

Parker I (1992) Discourse dynamics: critical analysis for social and individual psychology Routledge, UK.

Parker I (1999) 'Introduction: varieties of discourse and analysis', in Parker I (eds) *Critical text work: an introduction to varieties of discourse and analysis.* Sage Publications, London.

Pierce S (2011) 'The lived experience of parents of adolescents who have sexually offended: I am a survivor', *Journal of Forensic Nursing*, 7(4):173-181.

Pomerantz A (2008) *Clinical Psychology: science, practice, and culture.* Sage, California.

Potter J and Wetherell M (1987) Discourse and social psychology: beyond attitudes and behaviour, Sage Publications, London.

Pulman, B (2012) 'Contribution to the history of the debate between sociology and psychoanalysis: the responses of Westermarck, Durkheim and Freud to "the Horror of Incest"', *Revue Française de Sociologie*, 4(53):414-438.

Ralston C.A, Epperson D.L and Edwards S.R (2016) 'Cross-validation of the JSORRAT-II in Iowa', *Sex Abuse,* 28(6):534-554.

Rasmussen L.A (1999) 'The trauma outcome process: an integrated model for guiding clinical practice with children with sexually abusive behaviour problems', *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 8*(4):3–33.

Ryan Report Department of Health and Children (2009) *The Report of the Commission to Inquire into Child Abuse*. The Irish Government.

Ryan G (1997) 'Incidence and prevalence of sexual offenses committed by juveniles', in Ryan G and Lane S (eds). *Juvenile Sexual Offending Causes Consequences and Correction*, Wiley, San Francisco.

Ryan G, Miyoshi T.J, Metzner J.L, Krugman R.D and Fryer G.E (1996) 'Trends in a national sample of sexually abusive youths', *Journal of American Academy of Child and Adolescent Psychiatry,* 35(1):17-25.

RTE (Radio Teilifis Eireann) (21 July 2011) 'Taoiseach Enda Kenny: Cloyne Report'[http://www.youtube.com/watch?v=mo5MXrqbDeA&t=123s], RTE (Ireland), YouTube, Available at: accessed 10 May 2022.

Sable M.R, Danis F, Mauzy D.L and Gallagher S.K (2006) 'Barriers to reporting sexual assault for women and men: perspectives of college students', *Journal of American College Health*, 55(3):157-162.

Saunders E, Awad G.A and Levene J.A (1984) 'Clinical study of male adolescent sexual offenders', *International Journal of Offender Therapy and Comparative Criminology,* 28(2):105-11

Sahlstrom K.J and Jeglic E.L (2008) 'Factors affecting attitudes toward juvenile sex offenders', *Journal of Child Sexual Abuse,* 17(2):180-196.

Segal L (2001) The dream of reality: Heinz Von Foerster's social constructivism, *2nd edn*, Springer, New York.

Silovsky J.F and Niec L (2002) 'Characteristics of young children with sexual behaviour problems: a pilot study', *Child Maltreatment, 7*(3):187–197.

Simon G (2018) 'Eight criteria for quality in systemic practitioner research', *Murmurations: Journal of Transformative Systemic Practice*, 1(2):41-56.

Smith B and Trepper T.S (1992) 'Parents' experience when their sons sexually offend: a qualitative analysis', *Journal of Sex Education and Therapy*, 18(2):93-103.

Sturgiss E and Clark A (2020) 'Using critical realism in primary care research: an overview of methods', *Family Practice,* 37(1):143-145.

Swedberg R (2018) How to use Weber's ideal type in sociological analysis', *Journal of Classical Sociology*, 18(3):183-196.

Tarren-Sweeney M (2008) 'The mental health of children in out-of-home care', *Current Opinion in Psychiatry, 21(*4):345–349.

Taussig M (1999) 'The disorganisation of the 'organisation in mimesis': the subcommadante unmasked', in Taussig M, *Defacement*: *public secrecy and the labour of the negative*. Stanford university Press, California.

Taylor S (2001) 'Locating and conducting analytic research', in Wetherell M, Taylor S and Yates S.J (eds) *Discourse theory and practice: a reader*, Sage Publications, London.

Taylor J.F (2003) 'Children and young people accused of child sexual abuse: a study within a community', *Journal of Sexual Aggression,* 9(1):57-70.

Thomas J (2010) 'Family therapy: a critical component in treatment of sexually abusive youth', in Ryan G, Leversee T.F and Lane S (eds), 3rd edn, *Juvenile sexual offending: causes, consequences, and corrections,* Wiley, USA.

Thomas T (2005) *Sex crime: sex offending and society,* 2nd edn, Willian, UK.

Turnbull C (2015) *The forest people*, Random House, London.

Weatherred J.L (2017) 'Framing child sexual abuse: a longitudinal content analysis of newspaper and television coverage, 2002–2012', *Journal of Child Sexual Abuse,* 26(1):3-22.

Weekes J.R, Pelletier G and Beaudette D (1995) 'Correctional officers: how do they perceive sex offenders?*, International Journal of Offender Therapy and Comparative Criminology,* 39(1):55-61.

Westermarck E (1891) *The History of Human Marriage*, Mac Millian and Co, New York.

Wightman A (2021) *The scale and nature of child sexual abuse: update*, NOTA website, https://www.nota.co.uk/author/andi/, accessed 10 May 2022.

White V (05 July 2012) 'Protestant abuse history has been swept under the carpet, we put on our hats on a Sunday morning and march off to church with faith in our hearts and smiles on our faces, *Irish Examiner* accessed 5th June 2022.

Willis G, Levenson J and Ward T (2010) 'Desistance and attitudes towards sex offenders: facilitation or hindrance?*, Journal of Family Violence,* 25(6):545-556

Willig C (2013) 'Discourses and discourse analysis', in Flick E (eds) *The Sage Handbook of Qualitative Data Analysis*, Sage Publications, London.

Willig C (2015) 'Discourse analysis'; in Smith J, *Qualitative psychology: a practical guide to research methods*, 3rd edn, Sage Publications, London.

Wnuk D, Chapman J.E and Jeglic E.L (2006) 'Development and refinement of a measure of attitudes toward sex offender treatment', *Journal of Offender Rehabilitation,* 43(3):35-47.

Wolitzky-Taylor K.B, Resnick H.S, Amstadter A.B, McCauley J.L, Ruggiero K.J and Kilpatrick D.G (2011) 'Reporting rape in a national sample of college women', *Journal of American College Health,* 59(7):582-587.

Worling J.R and Curwen T (2000) 'Adolescent sexual offender recidivism: success of specialized treatment and implications for risk prediction', *Child Abuse & Neglect, 24*(7):965–982.

Worling J, Littlejohn A and Bookalam D (2010) '20 year prospective follow up study of specialised treatment for adolescents who offended sexually', *Behavioural Sciences and the Law*; 28(1):46-57.

Appendices

Appendix A - Sample from full description of ethnographic observation

Second Observation, 26th February 2020 – Parents Group NIAPP, Southside Location.

1   I was feeling a bit scattered today coming up to the observation. Work was busy and did not leave
2   enough time to prepare. Also feeling stressed with work. Thinking about what I am brining by way of
3   stress and being scattered to the observation. There was a technical glitch for a moment with the
4   sound equipment. Resolved just before group begins. The Observation suite feels darker today. This
5   week there is just one other person in the small observation room. The other person is a student
6   social worker observing the boy's group. Group starts at 5 o clock. This week there is a different
7   facilitator. A young female with light brown hair of very slight build. For these notes I will refer to her
8   as facilitator 3. Facilitator 2 is not in the room today. Facilitator 1 is there and is preparing something
9   on the TV in the group room. Reference from my scratch notes says "trying to ground myself". The
10   parents arrive into the room. Those that were present in the first observation take the same seats as
11   in the first ob. Part 1 is present and sits nearest the door. The others sit in a circle formation to her
12   left. Next is Part 2 who is present. Facilitator 3 is next. Part 4 again sits with her back to the camera. I
13   wonder is this consciously of the camera being there and me observing or is this a habit of taking the
14   same seats every week in the group. I cannot see her face and am thinking again of what I may be
15   missing. Facilitator 1 is next and she is partly out of sight in the seat that she chooses. Part 3 is next
16   and present. The group is bright with carpet on the floor. There are two triangular shaped small
17   microphones in the middle of the floor extended by long wires. They almost look like two small
18   snakes on the floor. There are some sheets of paper stuck around the walls although I cannot see
19   what is written on them. There is a TV which I can see the back off. Facing me at the far side of the
20   room is a small book shelves with a nice vase on it for decoration. This is situated between Part 1
21   and Part 2 and is placed in a slightly backed alcove in the wall. There seems to be a jovial
22   atmosphere in the room as everyone settles in. the Facilitators welcome everyone and invite parents
23   to give what they call "check-in". I am again drawn to the use of laughter as what seems a means of
24   connection between the parents. Relaxed atmosphere were all seem to be comfortable with each
25   other. My understanding is that they will have all started group at different stages but all will stay for
26   a two-year programme which is run in conjunction with the boy's treatment. I am wondering about

Appendix B- Sample of how notes were taken electronically using the right-hand column

54	Following the video the room comes alive again, but slowly, Part 1 speaks in a strong English accent,	
55	she commands the room like no other parents, everyone seems interested when she is speaking. It's	**Niall Reynolds** Wonder about risk anxiety and HSB
56	now 17:54, discussion among the group about "risk anxiety" in modern society and how that did not	
57	seem to be a factor when they were younger, some gave examples of there seeming to be less	
58	threat when playing outside. The idea that there are different constructions of "childhood" and how	**Niall Reynolds** I am thinking here how does somebody that is street smart reconcile having a child who engaged in HSB
59	harmful sexual behaviour may be treated differently at different times,, part 5 describes "we were	
60	allowed go to the shops unsupervised and allowed out" Part 5 goes on to describe himself as having	
61	being "street smart" when he was younger..	
62	I wondered about that concept of risk anxiety and does that play a part in the social outlook in an	**Niall Reynolds** Irish social outlook on HSB and risk anxiety...
63	Irish context re harmful sexual behaviour.	
64	Part 4 describes her childhood as "pretty boring shites" when describing her and friends.	**Niall Reynolds** Parents describing themselves – I wonder how they may now describe their child differently
65	Part 3 begins to talk about child development and makes reference to herself being a	
66	Psychotherapist in training..	
67	Part 1 links some of the descriptions of childhood to her son in expressing "he's such a good child	**Niall Reynolds** Concept = can good children engage in HSB
68	I'm baffled how he could do something like this" I'm wondering about ideas of being a good child	
69	and being capable of sexually harming,, can the two things sit alongside each other.. She also refers	
70	to her husband calling this son "princess Ryan" at home,, wondered about this what's is dad	**Niall Reynolds** Gender, paretnal perspectives on sexuality/ sexual development
71	referring to or his ideas about masculinity maybe (toxic masculinity and its links to harmful sexual	
72	behaviour?	

Appendix C- Willig's six step approach. (Steps that are shaded are the ones I used)

Appendix C – Analytic Approach by Willig (2013)

(Steps used are shaded)

Willig (2013)
Stage 1: Discursive constructions: Identify how the discursive object is constructed by participants.
Stage 2: Discourses: Locate discursive constructions within wider discourses.
Stage 3: Action orientation: what is gained from constructing the object in this particular way?
Stage 4: Positionings: Consider how the discourse constructs subjects as well as objects and how it makes certain positions available.
Stage 5: Practice: A systematic exploration of the ways in which discursive constructions and the subject positions contained within them open up or close down opportunities for action.
Stage 6: Subjectivity: Tracing the consequences of taking up various subject positions for the participants' subjective experience.

Appendix D- Parker's twenty step approach. (Steps that are shaded are the ones I used)

Analytic Approach by Parker (1992)

(Shading indicates that elements of this stage featured in my analysis.)

Parker (1992)
Stage 1: Treating objects of study as texts which are described, put into words.
Stage 2: Exploring connotations through some sort of free association which is best done with other people
Stage 3: Asking which objects are referred to, and describing them.
Stage 4: Talking about the talk as if it were an object, a discourse.
Stage 5: Specifying what types of person are talked about in this discourse, some of which may already have been identified as objects.
Stage 6: Speculating about what the people can say in the discourse, what you could say if you identified with them.
Stage 7: Mapping a picture of the world this discourse presents.
Stage 8: Working out how a text using this discourse would deal with objections to the terminology.
Stage 9: Setting contrasting ways of speaking, discourses, against each other and looking at the different objects they constitute.
Stage 10: Identifying points where they overlap, where they constitute what look like the 'same' objects in different ways.
Stage 11: Referring to other texts to elaborate the discourse as it occurs, perhaps implicitly, and addresses different audiences.
Stage 12: Reflecting on the term used to describe the discourse, a matter which involves moral / political choices on the part of the analyst.
Stage 13: Looking at how and where the discourses emerged
Stage 14: Describing how they have changed, and told a story, usually about how they refer to things which were always there to be discovered.
Stage 15: Identifying institutions which are reinforced when this or that discourse is used.
Stage 16: Identifying institutions that are attacked or subverted which this or that discourse is used.
Stage 17: Looking at which categories of person gain and lose from the employment of the discourse.
Stage 18: Looking at who would want to promote and who would want to dissolve the discourse.
Stage 19: Showing how a discourse connects with other discourses which sanction oppression.
Stage 20: Showing how the discourses allow dominant groups to tell their narratives about the past in order to justify the present, and prevent those who use subjugated discourses from making history.

Appendix E- FDA Willig stage 1 – identifying the discursive object

Line	Text	Comment
5	speak to X about it so I went back to M and told her look there is something and we need to see what	
6	we are going to do from here and I suppose at the end of the day it was at her mercy as regards what	
7	avenue it went down"	**Niall Reynolds** As something that creates ▼
8	"because we are all family and the mother and that is still alive and we would be close and X is my god	
9	child so that I suppose - that I suppose - the legal thing was nearly – once I knew that there was activity	
10	in all that the legal thing then was my huge worry em and not that I didn't want legal involved or	**Niall Reynolds** As something that is associated▼
11	anything like that but mostly I didn't want – I wanted X to get the best chance he could from talking to	
12	Z she said look we discussed it and look we don't want this going legal – the likes of this she felt therapy	
13	would be the best answer and getting young lads sentences or labels was not going to help which I	
14	suppose at the end of the day I will always be grateful to her for em	**Niall Reynolds** Seeking an alternative less harsh
15	instead of worrying about a few hundred lads on a site you sitting at home and just looking at your	
16	three kids and one in particular and wondering what's going to happen now and eh so me self and	
17	Margaret actually decided that she would ring Tusla on a Tuesday and id ring them on a Friday and	
18	you know nearly bully them into – but don't tell them that	**Niall Reynolds** Victims parent assisting in trying
19	now if you asked me now did I think something was going to happen between them now I would say	
20	definitely not – a hundred percent because Ben is wiser and James em I suppose understands what his	
21	actions have dome which may not sound or may sound that I'm thinking too much on the good side	
22	but at the end of the day I know my young lad –and we have had little discussions about this you know	
23	–	
24	"the way we have this now is that it's staying in the family that's it em – a friend of mine a few years	**Niall Reynolds** As something to be kept secret
25	ago his young lad was abused by a guy he had working on a farm with him now all that went to court	**Niall Reynolds** June 11, 2021
26	and your man done time and all that but I remember I suppose the vitriol I don't know if vitriol is the	As something that elicits harsh public responses and is linked to criminality
27	work toward the guy who had done the abusing"	
		🗨 Reply 🗸 Resolve
28	"totally different circumstances to where we are as X himself was 14 this lad was in his 20's when he	
29	done it to a 10 year old and everyone knew about that after it came out in the papers but I just	**Niall Reynolds** As something that the public ▼
30	remember the talk and said fuck it I'm not going to talk to anyone about it because it will get out and	
31	X is still only 14 or 16 and he has his whole life ahead of him and there is a pride thing there as well do	
32	you know what I mean	**Niall Reynolds** As something that can ruin ▼
33	"Do I think we have this family name and that type of thing no – I think by no means anything like that	
34	I don't think we are pillars of society I don't – but I don't want – I just don't want it I can't suppose put	**Niall Reynolds** As something that impacts ▼
35	into words because it's really none of anyone's business because it affects nobody out side of our	
36	family	
37	"yes, there is an ignorance in society in terms of this in my opinion its very black and white and that	**Niall Reynolds** As something that society is ▼
38	were I was going with I would be more like there is obviously a reason time will tell whether it was a	**Niall Reynolds** As something that needs more▼
39	vindictiveness, maliciousness or a caring that went wrong that type of thing that would be the way I	**Niall Reynolds**
40	would look at most situations	
41	"it hurts more to talk about it because it is so personal I take more notice if I see stuff or I hear stuff	**Niall Reynolds** As something that causes hurt▼

Appendix (F) – Clustering the discursive object from stage 1

Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6
As something that creates uncertainty of the outcome or next steps.	As something were families experience having both victims and sexual harmers as members	As something that creates uncertainty and reluctance to contact state services	As something that happens more often than people know	As something that if made public would cause detriment to the child sexual harmer	As something that comes unexpected
As something that is associated with criminality	As something difficult to comprehend having a child who has caused sexual harm to another	As something that some parents may ignore	As something linked to criminality	As something that impacts local relationships	As something that shocks and paralyses
As something to be kept secret	As something that was unthinkable within "our	As something that is kept secret	As something connected to parents looking back on blaming themselves	As something that could incite violence toward the perpetrator	As something that is criminal

Appendix (G) – Identifying clusters through colour coding of discursive object

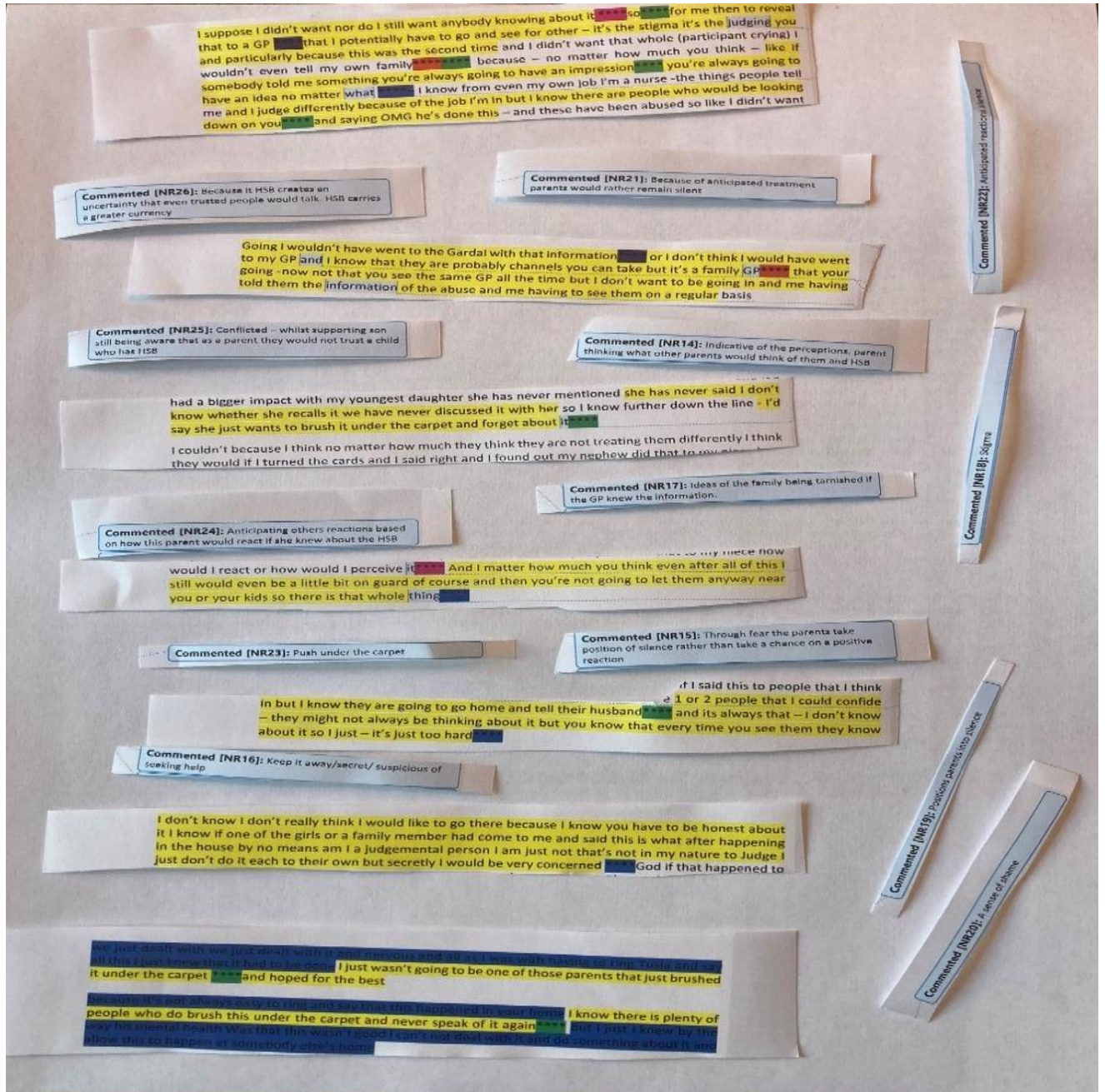|					
Iₓ	Paragraph	Iₓ		Styles	
	members				
As something that is associated with criminality	As something difficult to comprehend having a child who has caused sexual harm to another	As something that some parents may ignore	As something linked to criminality	As something that impacts local relationships	As something that shocks and paralyses
As something to be kept secret	As something that was unthinkable within "our family"	As something that is kept secret	As something connected to parents looking back on blaming themselves	As something that could incite violence toward the perpetrator "marked as indirect but connected to criminality"	As something that is criminal
As something that elicits harsh public responses and is linked to criminality	As something that even when seeking help cannot be spoken about	As something that causes parents embarrassment even when telling trusted family	As something that creates a reluctance to share information even with professionals	As something that isolates the perpetrator away from peers	As something that is difficult to find support services for
As something that the public doesn't differentiate between adults and children	As something that is shameful	As something that is kept secret	As something an issue that prevented the parent from sharing with the GP	As a form of harm that has an elevated position is terms of the negative reactions from	As something that is criminal

Appendix (H) – Process of locating discursive constructions within broader constructions

Font	Paragraph	Styles

that way of course I would I would be very afraid in their home**** so I don't really like to go there on how they would see the situation I will be very nervous****

Niall Reynolds — Through fear the parents take

Going I wouldn't have went to the Gardai with that information**** or I don't think I would have went to my GP and I know that they are probably channels you can take but it's a family GP**** that your going -now not that you see the same GP all the time but I don't want to be going in and me having told them the information of the abuse and me having to see them on a regular basis

Niall Reynolds — Keep it away/secret/ suspicious

Niall Reynolds — Ideas of the family being

Niall Reynolds — Stigma

I suppose I didn't want nor do I still want anybody knowing about it****so****for me then to reveal that to a GP ****that I potentially have to go and see for other – it's the stigma it's the judging you and particularly because this was the second time and I didn't want that whole (participant crying) I wouldn't even tell my own family******** because – no matter how much you think – like if somebody told me something you're always going to have an impression**** you're always going to have an idea no matter what ****. I know from even my own job I'm a nurse -the things people tell me and I judge differently because of the job I'm in but I know there are people who would be looking down on you**** and saying OMG he's done this – and these have been abused so like I didn't want that – people treating my children any differently to how they would normally treat them**** – so that is the whole thing that I didn't want to be saying to the GP****

Niall Reynolds — Positions parents into silence

Niall Reynolds — A sense of shame

Niall Reynolds — Because of anticipated

Niall Reynolds — Anticipated reactions silence

I feel I could have prevented something from happening – and obviously the second time round it's had a bigger impact with my youngest daughter she has never mentioned she has never said I don't know whether she recalls it we have never discussed it with her so I know further down the line - I'd say she just wants to brush it under the carpet and forget about it****

Niall Reynolds — Push under the carpet

I couldn't because I think no matter how much they think they are not treating them differently I think they would if I turned the cards and I said right and I found out my nephew did that to my niece how would I react or how would I perceive it**** And I matter how much you think even after all of this I still would even be a little bit on guard of course and then you're not going to let them anyway near you or your kids so there is that whole thing****

Niall Reynolds — Anticipating others reactions

Niall Reynolds — Conflicted – whilst supporting

I know with things that go in work or things that a said between colleagues and they would be like "omg did hear what this person done etc. " and it's that and I know if I said this to people that I think would even keep it to themselves**** and I know there would be 1 or 2 people that I could confide in but I know they are going to go home and tell their husband**** and its always that – I don't know – they might not always be thinking about it but you know that every time you see them they know

Niall Reynolds — Because it HSB creates an

lish (United States)

Appendix (I) – Stage 2: This was a reflexive and iterative process. Following the identification of text were hsb was being described within broader discourses – the highlighted text and researcher notes were then printed to begin a process of clustering the themes.

I suppose I didn't want nor do I still want anybody knowing about it ■■■■ so ■■■■ for me then to reveal that to a GP ■■■ that I potentially have to go and see for other – it's the stigma it's the judging you and particularly because this was the second time and I didn't want that whole (participant crying) I wouldn't even tell my own family ■■■■■ because – no matter how much you think – like if somebody told me something you're always going to have an impression ■■■ you're always going to have an idea no matter what ■■■■ I know from even my own job I'm a nurse -the things people tell me and I judge differently because of the job I'm in but I know there are people who would be looking down on you ■■■■ and saying OMG he's done this – and these have been abused so like I didn't want

Commented [NR26]: Because it HSB creates an uncertainty that even trusted people would talk. HSB carries a greater currency

Commented [NR21]: Because of anticipated treatment parents would rather remain silent

Commented [NR22]: Anticipated reaction/silence

Going I wouldn't have went to the Gardaí with that information ■■■ or I don't think I would have went to my GP and I know that they are probably channels you can take but it's a family GP ■■■■ that your going -now not that you see the same GP all the time but I don't want to be going in and me having told them the information of the abuse and me having to see them on a regular basis

Commented [NR25]: Conflicted – whilst supporting son still being aware that as a parent they would not trust a child who has HSB

Commented [NR14]: Indicative of the perceptions, parent thinking what other parents would think of them and HSB

had a bigger impact with my youngest daughter she has never mentioned she has never said I don't know whether she recalls it we have never discussed it with her so I know further down the line - I'd say she just wants to brush it under the carpet and forget about it ■■■■

I couldn't because I think no matter how much they think they are not treating them differently I think they would if I turned the cards and I said right and I found out my nephew did that to ■■■ ■■■■■

Commented [NR17]: Ideas of the family being tarnished if the GP knew the information.

Commented [NR18]: Stigma

Commented [NR24]: Anticipating others reactions based on how this parent would react if she knew about the HSB

■■■■ my niece now

would I react or how would I perceive it ■■■■ And I matter how much you think even after all of this I still would even be a little bit on guard of course and then you're not going to let them anyway near you or your kids so there is that whole thing ■■■

Commented [NR23]: Push under the carpet

Commented [NR15]: Through fear the parents take position of silence rather than take a chance on a positive reaction

if I said this to people that I think ■■ 1 or 2 people that I could confide in but I know they are going to go home and tell their husband ■■■ and its always that – I don't know – they might not always be thinking about it but you know that every time you see them they know about it so I just – it's just too hard ■■■

Commented [NR16]: Keep it away/secret/ suspicious of seeking help

Commented [NR19]: Positions parents into silence

I don't know I don't really think I would like to go there because I know you have to be honest about it I know if one of the girls or a family member had come to me and said this is what after happening in the house by no means am I a judgemental person I am just not that's not in my nature to Judge I just don't do it each to their own but secretly I would be very concerned ■■■ God if that happened to

Commented [NR20]: A sense of shame

we just dealt with we just dealt with it and nervous and all as I was with having to ring Tusla and say all this I just knew that it had to be done I just wasn't going to be one of those parents that just brushed it under the carpet ■■■■ and hoped for the best

because it's not that easy to ring and say that this happened to come home I know there is plenty of people who do brush this under the carpet and never speak of it again ■■■ But I just knew by his mental health Was that this wasn't I go I can I not deal with it and do something about it and allow this to happen at somebody else's home

Appendix (J) – organising the data into tables

Bad Parent — Hasn't done a good Job.

Morality	because it's my son (crying) and that's the hardest thing because you think you have reared them to do good and I find that hard because it's my son and he's done something to my other child that I think is the hardest part
Stigma	I suppose I didn't want nor do I still want anybody knowing about it **** so **** for me then to reveal that to a GP ████ that I potentially have to go and see for other – it's the stigma it's the judging you and particularly because this was the second time
Shame	Societies view is you go out and punch the head off each other and its broken up and they go home – you're not going to say oh there's that fella that was fighting **** – what it is with this it feels like the worst violation of trust and I think its harmful because it's a secret **** It's not done in public its secret and silent and hidden **** **** and you don't know it's there until you find out whereas with a bully or a thief it's out there
Self Hood	
Taboo	but I remember I suppose the vitriol I don't know if vitriol is the work toward the guy who had done the abusing
Secrecy	done I just wasn't going to be one of those parents that just brushed it under the carpet **** and hoped for the best
There and Hidden all in one.	because it's not always easy to ring and say that this happened in your home I know there is plenty of people who do brush this under the carpet and never speak of it again ****
Criminality	because she had spoken to the Gardai – our friend is a Gardai so she had spoken to get some insight as to what could be done to not let it go to court *************** *************** specifically because X because we are *************
	we couldn't find anything even trying to find a solicitor to begin with that would even talk to you-so we eventually found a solicitor ████ an went to see her And we were working out about what happened because I kind of was not told, the family did not tell me everything that happened the whole family situation disintegrated very quickly so it came out and bits and pieces and then the guards are involved ********************* and you know so then we got a little bit more information but then again not a hell of a lot *************** We were meant to have a family support liaison officer but that really never came through

Occon to lenoier

First Point of call for Familie

Appendix (K) – stage 4 identifying subject actions and positions. Data and researchers' electronic notes

Identity	
Data	**Subjects & Positions** *Stage 4*
and you know what he would have been very understanding of it-it's more me and the shame and they're just I felt like a bad parent-you know that he had done this and we hadn't educated him enough on it	Assuming responsibility – challenging the idea that they are a good parent as linked to missing the HSB??
I'm thinking I should have stopped this I could have prevented this-if I had have pushed and I kind of feel there isn't enough information out there either to know where do you go to and then I was kind of going I wouldn't have went to the Gardai with that information or I don't think I would have went to my GP	Regret or an assumption that they have done something wrong – locates the issue in the parents….
because it's my son (crying) and that's the hardest thing because you think you have reared them to do good and I find that hard because it's my son and he's done something to my other child that I think is the hardest part	Its hard because her son is part of her and will always be connected – does this mean that the HSB is also part of her and will always be connected?
Your role as a parent becomes confusing because it's like one step beyond that you become something else as well as the parent you have to go to Niapp you have to expose yourself you have to listen to other people exposing themselves exposing their lives it's the one thing I mean You can go to support groups for lots of different things But to go to a support group for when your child has sexually abused another child in your family it took me a long time to go there I wouldn't go I said no no and I wouldn't go	Changing identity after discourse of HSB – not only a parent but a parent of a child who has engaged in HSB – What does this mean, what does this do….
The anger that was in X head he had a view that he was supposed to protect his family and he didn't protect his grandson-I brought this trouble to my door you know that is the language that he was using and I would be saying look we did not think that was going to happen we didn't expect we were going to be in a situation	Failed as parent Failed to protect What does this do to identity

Appendix (L) – Sample - identifying subject actions and positioning using Harre's positioning theory stages 1-3 described in the right-hand column.

Identity	
Data	Subjects & Positions *Stage 4* *Informed by Harre's positioning theory*
and you know what he would have been very understanding of it-it's more me and the shame and they're just I felt like a bad parent-you know that he had done this and we hadn't educated him enough on it I'm thinking I should have stopped this I could have prevented this- if I had have pushed and I kind of feel there isn't enough information out there either to know where do you go to and then I was kind of going I wouldn't have went to the Gardai with that information or I don't think I would have went to my GP because it's my son (crying) and that's the hardest thing because you think you have reared them to do good and I find that hard because it's my son and he's done something to my other child that I think is the hardest part Your role as a parent becomes confusing because it's like one step beyond that you become something else as well as the parent you have to go to Niapp you have to expose yourself you have to listen to other people exposing themselves exposing their lives it's the one thing I mean You can go to support groups for lots of different things But to go to a support group for when your child has sexually abused another child in your family it took me a long time to go there I wouldn't go I said no no and I wouldn't go The anger that was in X head he had a view that he was supposed to protect his family and he didn't protect his grandson-I brought this trouble to my door you know that is the language that he was using and I would be saying look we did not think that was going to happen we didn't expect we were going to be in a situation	**Stage 1- Social significance / conditions of meaningfulness:** Parents question their parenting/ family identity. In the context of hsb the role of the parent changes significantly. Parents have a role in the protection of children – identity as a parent challenged through self-perceptions of failure. **Stage 2- Rights and duties:** Parents have responsibilities to their children But in these circumstances their child's behaviour is outside of their control **Stage 3 - Story line:** Parents feel guilty and angry about their sons hsb because their identity is inseparable from their sons through relationship

Appendix (M) – Sample – of applying Parkers 4 stages 15-18.

Appendix M = Sample of using Parkers stages 15 – 18 of analysis.

Jesus I can't remember – but in the meantime from talking to her she said look – that Gardaí are going to find out about this so* I never spoke to * fully about it but I do think she knew something was going on for a couple of days beforehand

P – because she had spoken to the Gardaí – our friend is a Gardaí so she had spoken to her some might

suppose – the legal thing was nearly – once I knew that there was activity in all that the legal thing then was my huge worry em and not that I didn't want legal involved or anything like that but mostly I didn't want – I wanted # to get the best chance he could – from talking to M she said look we discussed it and look we don't want this going legal

half I actually went to a friend of mine who is also a Guard and I said look here is the situation and he told me exactly what the avenues were because he deals this type of thing so

well there was a comment there about gas lighting now X has said that he never threatened P but Tusla had said that Z had said there was possible gas lighting – were as she said it Tusla thought it had to go into the

Does your mother know about the harm?

P – Oh yes we told them – we told them – we decided we had to tell them because there was a potential for either Tusla or the Gardaí to tell because we didn't know at the time what way the whole Gardaí thing was going to go or the whole Tusla thing was going to go em – I'd imagine if myself and X were any way argumentative or obstructing Tusla investigation that we may have Tusla possibility would have spoken to my

young lad was abused by a guy he had working on a farm with him now all that went to court and your man done

remember I suppose the vitriol I don't know if vitriol is the word toward the guy who had done the abusing em – totally different

– we have seen plenty of porn on X phone on his tablet and it got to a point this time last year actually – the end of November last year eh – he had the switch the younger lads Nintendo switch and he looked at Lesbian something

– between 2-3 years ago were the three physical encounters – em – and the worst part is thinking back of recalling stuff but not at the time not being able to connect

– we all get short taken – but I said the toilet is only in there – sorry I didn't say that to Ben I said it to James – look the toilet is only in there – you shouldn't be going doing that in the mothers shed – I suppose that's probably the worst part – that was I think the last incident – that was the third incident between them and I suppose not doing something about then but then we didn't know and that's it just piecing back everything – wondering what we missed as parents – wondering how we didn't protect them

Ye but you would never think from X and X relationship that there was every anything they got on very well looking back did they get on too well – we agonized over this

well I can't really turn around now and see it on the television now and think that's a dirty bastard after doing that and have me 16-year-old sitting beside me that at 14 he had done that – I call that

lad on the television one name just say – that equally by having that opinion about him I have that opinion of my son –

well I can't really turn around now and see it on the television now and think that's a dirty bastard after doing that and have me 16-year-old sitting beside me that at 14 he had done that – I call that lad on the television one name just say – that equally by having that opinion about him I have that opinion of my son –

on a personal level myself there is probably a I probably I am assessing myself as a parent a lot of the time – I still would think I am good parent but were I might have myself at 95% before last June I probably have myself – I would do a lot of thinking about that – am I being a good parent ?

the likes of this she felt therapy would be the best answer and getting young lads sentences or labels was not going to help which I suppose at the end of the day I will always be grateful to her for em

get some insight as to what could be done to not let it go to court specifically because # because we are all family and the mother and that just all alive

(Parker Stage 15) identifying institutions which are reinforced when this or that discourse is used:

Legal institutions, courts, criminal institutions are reinforced as having primacy when responding to the issue of HSB and children.

(Parker Stage 16) identifying institutions that are attacked or subverted when this or that discourse is used

Parenting/Parenthood – Unrealistic expectations of parents by themselves, and or others

(Parker Stage 17) Looking at which categories of people gain and lose from the employment of the discourse

Children who engage in HSB (LOSE) People minded to vilifying HSB / for example Vigilante or extreme religious groups (GAIN)

(Parker Stage 18) Looking at who would want to promote and who would want to dissolve the discourse

(Promote) – State services who may be trying to prosecute perpetrators of HSB
- (Promote) Professionals who have experience in the filed/parents of children who have sexually harmed
- (Dissolve) Professionals and parents who are responding to HSB
- (Dissolve) State services who maybe trying to prosecute perpetrators of HSB

Comment bubbles (Niall Reynolds):

- That this type of behaviour is criminal / That Law enforcement agents need to be aware
- Criminal domain as where to seek knowledge
- This behaviour is within the domain of criminality
- Seeking out law enforcement professionals
- Fear of state services exposing the information
- Idea that porn is perverse / or has a connection to HSB. No room for ideas that most YP watch porn but do no not then go onto engage in HSB
- Parents having unrealistic expectations on themselves to know everything that is going on in their children's lives
- Parental blame / Didn't protect them
- Criminal domain as where to seek knowledge
- Family seeking to resolve the matter to prevent courts getting involved ?

Appendix (N) Sample of the process of Willig's sixth stage. Data colour coded in Blue and associated notes on the side highlight the segments of the data relating to subjectivity and the possible positions

Analysis across six interviews – discursive theme – **Taboo is everywhere and under the carpet too**

Niall Reynolds — Stage 2: Locate discursive

the way we have this now is that it's staying in the family**** that's it em**** – a friend of mine a few years ago his young lad was abused by a guy he had working on a farm with him now all that went to court and your man done time and all that but I remember I suppose the vitriol I don't know if vitriol is the work toward the guy who had done the abusing. Totally different circumstances to where we are as X himself was 14 this lad was in his 20's when he done it to a 10-year-old**** and everyone knew about that after it came out in the papers**** but I just remember the talk and said fuck it I'm not going to talk to anyone about it ******because it will get out**** and X is still only 14 or 16 and he has his whole life ahead of him*********

Niall Reynolds — Media coverage does not allow

Niall Reynolds — Knowing that the behaviour was

it hurts more to talk about it because it is so personal ****I take more notice if I see stuff or I hear stuff because it's like someone going out and doing something then – robbing a shop or something and then and thinking that was me - or I would take more notice if I hear it were as before I would have not listened – the answer I feel at the moment if I heard something I don't have an opinion or I feel I can't give an opinion because of where I am*********

Niall Reynolds — Takes away something in the

I suppose the area we live in it's a rural area if it happens in a housing estate a couple of houses both sides will find out about it – if it happens in a rural area – now people in the city might not understand this but it would be fucking miles away – you could have a radius of maybe ten miles and everybody would know it**** because I have often – it wouldn't be taken well****– I be honest with you now – it wouldn't be taken well*************

Niall Reynolds

Niall Reynolds — Would impact the entire family if

X Well he has not spoken about it and I'm just thinking if it was me – you the fear of anyone finding out what he had done**** and how he would be treated and just to find people who are accepting of him and loving of him because when will be dead and gone he will still be there and he will need people to be there for him

Niall Reynolds

Niall Reynolds — Not condoning what he did but

My fear was that if anybody heard what X had done that they would hate him**** because I was so angry with him and I am his mother-that how would others view him I could be really-they might be so cross for me for thinking that they would not be accepting -but I would just be afraid that they would not be -And I think the less people that know about it it's for the better***********

well I think if people knew they would be wondering could I ever have my child with him on their own at any stage-that's what I will be thinking-you know he goes to school in this place to me I feel like if it got out in the community**** I would want to Move****-I would not want to be there anymore because you know what I mean it would Stick-I just feel like he will never escape it****

Appendix (O) – Screen shot displaying filter options for media sources on data base

Appendix (P) - Content list generated through the media database following different search terms

Table of Contents

Appendix (Q) - Printed articles read and re-read using post it's to identify discursive constructions.

Appendix (R) - Clustering the discursive objects – Media articles

Article 1	Article 2	Article 3	Article 4	Article 5	Article 6
Article Title: Rise in reports of child sexual acts – Harmful sexualised behaviour in children 'significant and disturbing' Irish Examiner August 8th 2019	**Article Title:** Teenage boy who sexually abused his half-sister said he was copying porn Irish independent January 2019	**Article Title:** Child referrals for sexual behaviour have "sky rocketed" – Expert Irish times May 02nd 2019	**Article Title:** What drove two teenagers to murder a 14-year-old girl	**Article Title:** Girl (5) beaten with sticks before she fought off her attackers and fled house Irish independent July 2019	**Article Title:** Hours of Garda interviews that revealed Boy B's devious lies RTE News 5th November 2019
Described as significant and disturbing (2)	As something connected to criminality (2)	As a problem that is on the rise/growing (1)	As something connected to violent pornography and media	As something that is manipulative and deceptive (1)	As something that parents are naive too (1)
Something that is less severe than sexual assault and rape	As something inappropriate	As something that the extent of the problem is unknown (2)	As something connected to violence	As something connected to violence (2)	As something that is connected to deceitful children (2)
As …	As …	As …	As …	As something that …	As something that is …

	damage beyond repair	naive too (4)	learned from the internet		demeanour in a child (4)
As something that can be confused with naïve play in children	As something that elicits shock and horror	As something that damage children for the rest of their lives (5)	As something that parents seek the advice of solicitor in the first instance	As something that requires specialist responses (5)	That children who sexually harm are disconnected/cold/unresponsive to surroundings that "would bring most people to their knees" (5)
As something that could involves coercion or domination	As something that causes complex grief "I am grieving on two fronts; for my daughter and for my lost son	As connected to extreme Porn (6)	As something that parents are naive about	As something connected to violence (6)	As connected to children who are deeply deceptive (6)
As something that is connected to criminality	As something that causes trauma	As connected to violence (7)	As something that criminalises young people	As something that is "extremely sensitive" (7)	As something interwoven with violence
As something that can be perpetrated	As something that can be influenced	As something that is connected	As something that needs	As something that is defined differently in law to other offences	

Appendix (S) - 6 step FDA adapted using Willig's stage one and 2 and Parker stages 15-18

Separately, gardai in Wexford are investigating an allegation of serious sexual assault on a juvenile girl, and possible attacks on other girls, also aged in their mid-teens, by a group of young males last **** weekend

A teenager boy who sexually abused his half-sister said he was copying what he saw on a pornographic website, a court has heard. The teenager (16), who cannot be named to protect his identity and the identity of the injured party, arrived at the Central Criminal Court **** on signed pleas of guilty to five counts of oral rape and 44 counts of sexual assault occurring A local garda told Heslin Kelly BL, prosecuting, that on January 30, 2017 the teenager's mother walked into her living room to discover her son inappropriately touching her daughter's genitals. The local garda agreed with Thomas Creed SC, defending, that the teenager had lived with his father since the abuse was discovered and that he is currently performing well in school. The teenager has no previous convictions **** and has not come to the attention of Gardai since his arrest. Mr Justice Michael White ordered that reports be made available to the court and adjourned the matter to February 19 next.

Dublin solicitor Gareth Noble is seeing parents of children as young as 11 come to him for advice **** because they are worried their child might have committed a sexual offence. "These are incidents of sexually inappropriate behaviour which might occur in school, which might have been brought to their attention by other parents in the community, or by sports coaches," he says. According to Noble, who specialises in child law, access to extreme pornography is at least partly driving this trend as it is giving children "a completely warped view of relationships". The numbers support him. The best metric available for monitoring youth offending is data from the Garda youth diversion programme. In 2017, it dealt with 20 per cent more child sex offenders than it did in 2016, an increase from 334 to 400. This includes a 37 per cent increase in sexual assault incidents. Existing legislation criminalises young people. A better approach, he says, would be to teach teens where the boundaries are: "That means seeing children as potential victims rather than potential perpetrators."

"This could have been a whole lot worse if she had not fought back. "This is a very, very upsetting case and all involved in it come from very decent families. "Of course, it is absolutely devastating for the close community they live in," the source said. The incident is being investigated by a team of gardaí from a local specialist unit, the Divisional Protective Services Unit

---

Margin comments (left page):

Niall Reynolds — This exaggerates the possibility
Niall Reynolds — This focuses in on males as the
Niall Reynolds — Another male
Niall Reynolds — This is done to protect both the
Niall Reynolds — As something that is managed
Niall Reynolds — The central criminal court in an
Niall Reynolds —
Niall Reynolds — Male as the aggressor
Niall Reynolds — What was the content of not
Niall Reynolds — His first brush with law lands him
Niall Reynolds — Offers a positive description of
Niall Reynolds — Parents are seeking the advice of
Niall Reynolds — I take form this description that
Niall Reynolds — Should the parents not be
Niall Reynolds — We count the numbers through
Niall Reynolds — Or children who engage in HSB
Niall Reynolds —
Niall Reynolds — Reports that children who
Niall Reynolds — Not only is HSB managed to an

Detectives are waiting to conduct **** detailed interviews with all four children involved. Gardaí have received an account that the five-year-old girl went with the three boys - whom she knew from the small town they live in - to a shed beside a derelict house and was beaten with sticks by the boys. The Children's Act defines that no child under the age of 12 can be charged with a criminal offence. However, exceptions to this exist in cases of suspected rape **** or murder and in such instances, children aged 10 and 11 can be charged. This does not apply to the case in the north-east and prosecutions are unlikely. "This is a highly unusual case that will require the work of specialist Garda investigators," a source said last night.

Stage 1: Discursive constructions:
Identify how the discursive object is constructed by participants.
As something that criminalises children and as a social issue that is responded to through the state's legal systems.
Stage 2: Discourses: Locate discursive constructions within wider discourses. (Willig Stage 2)
Gender – Legal.
Stage 3: Identifying institutions which are reinforced when this or that discourse is used: (Parker Stage 15)
State – Legislative
Stage 4: Identifying institutions that are attacked or subverted when this or that discourse is used (Parker Stage 16)
Childhood
Stage 5: Looking at which categories of people gain and lose from the employment of the discourse (Parker Stage 17)
Male Children/ parents of children who sexually harm
Stage 6: Looking at who would want to promote and who would want to dissolve the discourse (parker Stage 18)
(Promote) – State actors who gain by trying to prosecute actors at risk (dissolve)Professionals who have experience in the filed/parents of children who have sexually harmed

---

Margin comments (right page):

Niall Reynolds — As compared to what other interviews?
Niall Reynolds — Girls was the victim, multiple boys as perpetrator
Niall Reynolds — Connections of violence to males
Niall Reynolds — The legislation is clear in that one of only two distinctions were a child can be charged is for a s offence. Again, even within the legislation sexual harm has a status on par with murder.
Niall Reynolds — Special status of this requires the best of police f to investigate and respond!!

Appendix (T) – Parental consent form (Group Observations).

The Tavistock and Portman NHS
NHS Foundation Trust

Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

https://tavistockandportman.nhs.uk/

Consent form for Group Observation

PLEASE READ CARFULLY BEFORE YOU CONSIDER WHETHER OR NOT TO SIGN THIS DOCUMENT

☐ I am aware the goal of this project is to understand the experiences of parents who are currently involved with NIAPP. I understand it is hoped this study will lead to a better understanding of the perspectives of the parents involved and how their lives have changed since it became known of their child's harmful sexual behaviour. I understand that the knowledge and insight gained will be used to develop the NIAPP for parents into the future.

☐ I understand this study involves the researcher observing the parent's group over five separate sessions. I also understand that the information gathered by the researcher is confidential.

☐ I understand that data collected through interview will be allotted a unique participant number known only to the researcher. I also understand that no publication from this study will identify me as a participant, but may include direct quotations. I give my permission to use direct quotes which are anonymised.

☐ I acknowledge that taking part in this study is voluntary and I am free to withdraw at any time and I can withdraw my data up to one month following the completion of my interview or participant observations. The nature of this study has been fully explained to me by the researcher.
I understand that my agreeing or deciding not to take part in this study will have no effect on the service offered to my child/adolescent or myself from NIAPP.

☐ I understand that the confidentiality of the information I provide is subject to disclosure if it Reflects a danger to others or myself. If this happens I understand this information will be passed over to Ms.Rhonda Turner, Principal Clinical Psychologist, NIAPP; along with my Tusla Social Worker, and NIAPP Case Manager where indicated.

If you have any questions please contact Niall Reynolds on the telephone number or e-mail provided below.

Name (Please Print) _____
Signed _____
Contact Telephone Number_____
Date _____
Signed (Researcher) _____

Researcher: Niall Reynolds. Email: nrsystemictherapy@gmail.com
Phone: 0872825124

Academic Supervisor: Dr Hilary Palmer Email: Hpalmer@tavi-port.nhs.uk

Appendix (U) – Parental consent form (Interviews)

The Tavistock and Portman **NHS**
NHS Foundation Trust

Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

https://tavistockandportman.nhs.uk/

Consent form for Interview

PLEASE READ CARFULLY BEFORE YOU CONSIDER WHETHER OR NOT TO SIGN THIS DOCUMENT

☐ I am aware the goal of this project is to understand the experiences of parents who are currently involved with NIAPP. I understand it is hoped this study will lead to a better understanding of the perspectives of the parents involved and how their lives have changed since it became known of their child's harmful sexual behaviour. I understand that the knowledge and insight gained will be used to develop NIAPP for parents into the future.

☐ I understand this study involves completing an interview. I also understand that the information gathered by the researcher is confidential.

☐ I understand that data collected through interview will be allotted a unique participant number known only to the researcher. I also understand that no publication from this study will identify me as a participant, but may include direct quotations. I give my permission to use direct quotes which are anonymised.

☐ I acknowledge that taking part in this study is voluntary and I am free to withdraw at any time and I can withdraw my data up to one month following the completion of my interview. The nature of this study has been fully explained to me by the researcher.
I understand that my agreeing or deciding not to take part in this study will have no effect on the service offered to my child/adolescent or myself from NIAPP.

☐ I understand that confidentiality will only be broken if I disclose specific information which reflects a danger to others or myself. If this happens I understand this information will be passed over to Ms. Rhonda Turner, Principal Clinical Psychologist, NIAPP; along with my Tusla Social Worker, and NIAPP Case Manager where indicated.

Please indicate your preference on how communication should commence between the participant and the researcher

☐ I will contact the researcher

☐ I consent to the researcher contacting me

If you have any questions please contact Niall Reynolds on the telephone number or e-mail
Provided below.

Name (Please Print) _____
Signed _____
Contact Telephone Number_____
Date _____
Signed (Researcher) _____

Researcher: Niall Reynolds. Email: nrsystemictherapy@gmail.com
Phone: 0872825124

Academic Supervisor: Britt Krause PhD. Email: Bkrause@tavi-port.nhs.uk

Appendix (V) – Gatekeeper letter of information and consent form

The Tavistock and Portman **NHS**
NHS Foundation Trust

Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

https://tavistockandportman.nhs.uk/

Gatekeeper Letter of information and consent form

Suffering in Silence: A Foucauldian Discourse Analysis on the experiences of Parents who have a Child who has sexually harmed another in an Irish context.

Purpose of the study:

The aim of the research is to learn more about the experiences of parents who have a child who has sexually harmed another child in an Irish context. Specifically, I would like to hear parents' perspectives of their experiences since it has become known that their child has sexually harmed another. The purpose of this is to help develop services and inform treatment policy for parents into the future that find themselves in a similar situation.

Who is carrying out the study?

Niall Reynolds is a Systemic Family Psychotherapist working with Tusla. Niall will be carrying out the research as part of his professional doctoral degree at the Tavistock and Portman Clinic, London, United Kingdom. The field supervisor is Rhonda Turner, Principal Clinical Psychologist and National director of the NIAPP services. Dr, Hilary Palmer, research supervisor, is a consultant Systemic Psychotherapist overseeing the research from the Tavistock and Portman.

Gate Keeper Role and Responsibilities:

Rhonda Turner and Judy McCarthy National director of the NIAPP service will oversee the role of the NIAPP gatekeepers at different locations. Prior to receiving this document you will have been contacted by Rhonda or Judy making you aware that the research was happening and inviting you to take on the role of gatekeeper.

This will include you making parents aware at your location that is attending the NIAPP service about the research. Your role will include giving all parents at the service an information sheet which details the research and which invites anyone interested to take part in the research. Those that wish to take part will be chosen on a first come first served basis as to mitigate bias of the gatekeeper in selecting participants. The gate keeper will also act as the identified support person for any participants who may be affected adversely from their participation. Please see accompanying distress protocol and participant information sheets.

In order to participate as a gatekeeper within this study, you will need to sign and return the consent form provided to Niall Reynolds. Following this Niall will make contact.

If you have any questions, please do not hesitate to contact the researcher, Niall Reynolds.

Field Supervisor: Rhonda Turner e-mail: Rhonda.turner@tusla.ie

Researcher: Niall Reynolds e-mail niall.reynolds2@tusla.ie

The Tavistock and Portman **NHS**
NHS Foundation Trust

Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

https://tavistockandportman.nhs.uk/

Gate Keeper Consent form

PLEASE READ CARFULLY BEFORE YOU CONSIDER WHETHER OR NOT TO SIGN
THIS DOCUMENT

☐ I am aware the goal of this project is to understand the experiences of parents who are currently involved with NIAPP. I understand my role and responsibilities as a gatekeeper within the research and give full consent for my participation.

☐ I give my consent for the researcher to contact me on the details below.

☐ I will make contact with the researcher

If you have any questions please contact Niall Reynolds on the telephone number or e-mail provided below.

Name (Please Print) _____
Signed _____
Contact Telephone Number_____
Date _____

Signed (Researcher) _____

Researcher: Niall Reynolds. Email : nrsystemictherapy@gmail.com
Phone: 0872825124

Appendix (W) – Participant information sheet

The Tavistock and Portman **NHS**

NHS Foundation Trust

Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

https://tavistockandportman.nhs.uk/

Individual participant information sheet

Suffering in silence: A Foucauldian Discourse Analysis of Parents experiences of having a child who has sexually harmed another in an Irish context.

Purpose of the study:

The aim of the research is to learn more about the experiences of parents who have a child who has sexually harmed another child in an Irish context. Specifically, I would like to hear parents' perspectives of their experiences since it has become known that their child has sexually harmed another. The purpose of this is to help develop services and inform treatment policy for parents into the future that find themselves in a similar situation.

Who is carrying out the study:

Niall Reynolds is a Systemic Family Psychotherapist working with Tusla. Niall will be carrying out the research as part of his professional doctoral degree at the Tavistock and Portman Clinic, London, United Kingdom. The field supervisor is Rhonda Turner, Principal Clinical Psychologist and National director of the NIAPP services. Dr, Britt Krause, research supervisor, is a consultant Systemic Psychotherapist and director of doctoral training overseeing the research from the Tavistock and Portman.

Procedures and participants role:

Prior to receiving this document, a member of the NIAPP team (who is known to you) will have made contact to invite to take part in the research. Please read this document and accompanying consent form carefully before deciding whether to take part.

In order to participate within this study, you will need to sign and return the consent form provided. Following this Niall will make contact and arrange a date for the interview. The interviews will happen at the offices were you normally have your appointments or another suitable similar location and should not last longer than 1.5 hour.

Within the interview you will be asked questions around the following topics

- Your family and social experiences since your child's discourse of sexual harm
- Your perspectives on how people talk about sexual harm in Ireland
- The challenges and opportunities present since your child's discourse of sexual harm
- Your family and social identities since disclosure
- Your hopes and wishes for the future

The interview will be audio recorded for transcription purposes later. All information gathered is held confidentially and details are made anonymous through the transcription process. All identifying information and recordings will be stored in a password protected computer file which will only be accessible to the researcher Niall Reynolds. Each participant will be given a participant number to ensure anonymity and no identifying information will be included in the final write up of the research (direct quotations may be used in the write up).

Anything said will remain confidential between the researcher and participant, except if you disclose any information that indicates you may be at risk to yourself or others or information that a child may be at risk. If this were to happen, you would first be informed before the appropriate agencies. A disclosure protocol outlining this process is attached and available for participants to read.

Confidentiality

Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality i.e the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professionals

Participation in this study is completely voluntary and will not have any effect on the NIAPP services offered to your or your child.

All information you share will remain confidential within the limits described above. At no stage will you be identifiable in any reported findings.

What are the advantages of taking part?

Participation in this research will give you an opportunity to discuss your family and social experiences since finding out your child has sexually harmed. We hope to use the findings of this research to improve the services offered to parents and families who find themselves in similar situations on the future. We hope that you may find contributing to the existing knowledge in this area as a rewarding experience.

What are the potential risks of taking part?

It is possible that discussing your experiences may be emotive. Should you experience any distress during or after the interview I will refer you back to the original NIAPP clinician who approached you to participate in the research. If you continue to experience distress after the interview we would also recommend that you contact you GP. A distress protocol outlining this process is attached and available for participants to read.

As participants are attending the NIAPP service and the nature of that service being to provide treatment for harmful sexual behaviour - Safeguarding processes that the participants are already aware of, and involved with, will be activated and professional partners involved informed, should further disclosure happen during the interview process. A disclosure protocol can be read which outlines the full responsibilities of the researcher in relation to disclosure of abuse.

What happens to the information?

Your individual interview with the researcher will be audio recorded. This audio file will be stored securely and only accessible to the researcher. Results from the study will not identify participants in any way but may be published in peer reviewed journal articles, discussed at research conferences and will form part of the doctoral thesis for the researcher. Anonymised data will be retained for a minimum of 10 years. A brief summary of the final research findings will be available for participants on request.

What happens if I change my mind about taking part in the study?

You have the right to withdraw from the study, without negative consequences, at any time
Up to one month after the date of participating in an interview. If you would like to withdraw
Your data after completing the interview, please contact Niall Reynolds using
the contact information listed below.

Withdrawing your data or deciding not to take part in this study will have NO BEARING on the service you are receiving from NIAPP

What if I have more questions or do not understand something?
If you have any questions, please do not hesitate to contact the researcher, Niall Reynolds.

Field Supervisor: Rhonda Turner e-mail: Rhonda.turner@tusla.ie

Researcher: Niall Reynolds e-mail niall.reynolds2@tusla.ie

Appendix (X) – Interview schedule

Interview Schedule (Draft)

Can you describe to me your experiences following hearing your child had sexually harmed another child?

What was the worst bit?
What was most difficult?
Were you able to talk about it?
If so with whom and how......
If not why/ what were the barriers or challenges

Is the sexual harm known in your family or outside or both?

How has this changed/impacted your family?

Is there a difference in how you think about and talk about sexual harm since finding out your child was involved in sexually harming another?

Where the sexual harm is known about, can you describe what differences you have found in how others think/view/interact with your family

If this harm was known in the local community or public how do you think others would react?

What has your experience been up until now where people have known?
Has anyone shown understanding? Can you tell me about that?

Did anything make it difficult for you to support your child between hearing about the HSB and when you began receiving a service from NIAPP?

If so what was difficult
If there was no difficulty can you tell me about that time between finding out what happened and when you began your programme at NIAPP?
How did you view NIAPP? Had you any expectations?

Has anything changed for you in your family since hearing that your child sexually harmed?

Can you describe this for me?

What is different for you at home since hearing of the HSB?

As a parent?
As a partner?
As a family?

How does your family interact with others outside of the home since hearing of the HSB?
Is this different than before
Can you tell me more about that

What are your family's plans for the future?

What is your hope for your family post treatment?
What would you like for your family?
Does everyone have the same wishes?
For whom has it been most difficult to think about the future?
What would it take for these hopes and wishes to be realised?

What was your knowledge, experience or awareness of HSB as an issue before this happened in your family?

Where did your ideas come from?
Has how you think about HSB changed?
Would you be comfortable sharing your views publicly?
Can you tell me more about that…?
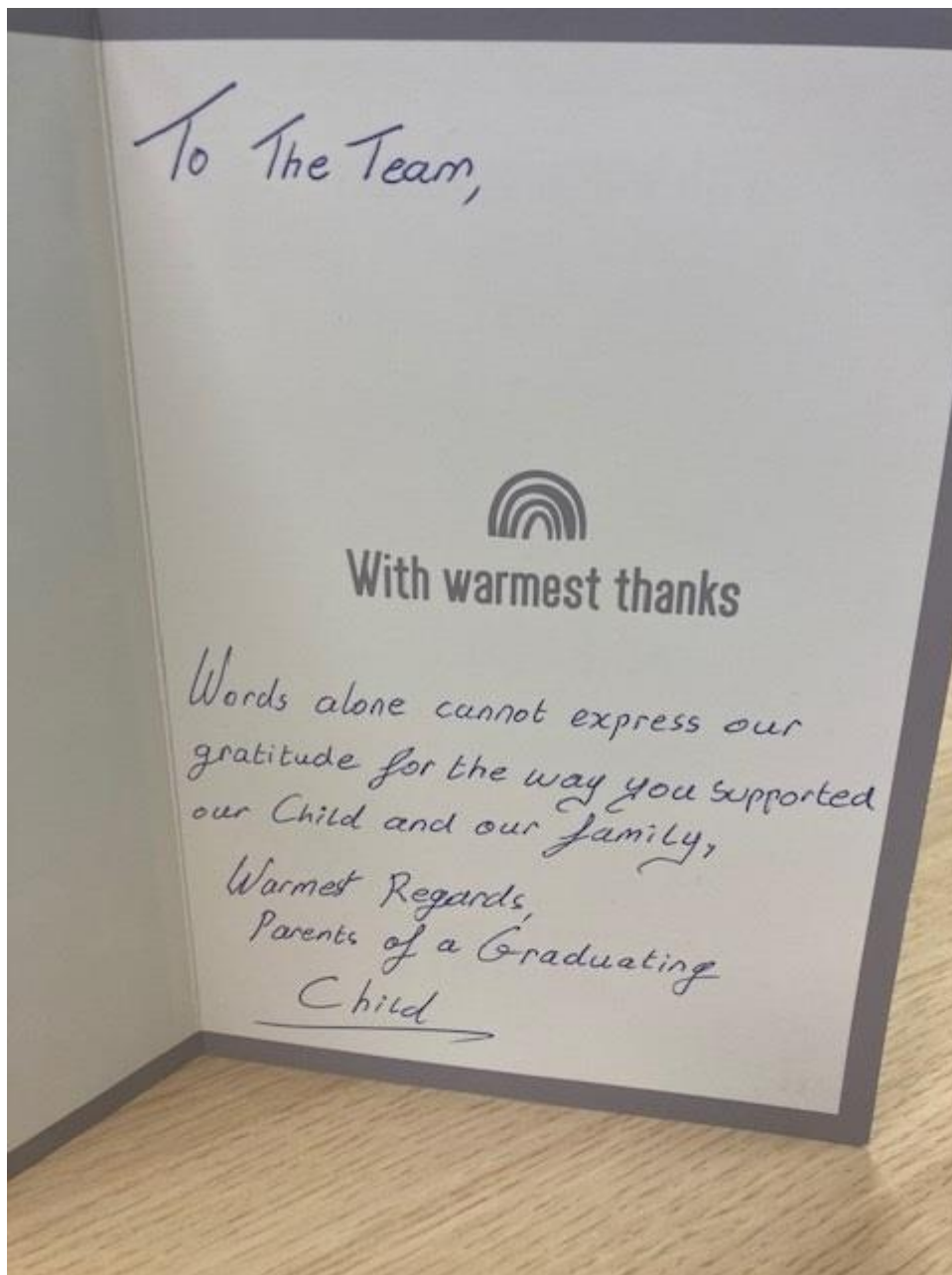
Appendix (Y) – Thank you card to team from parents

Table 2 - A continuum of approaches to discourse analysis taken in part from (Pomerantz, 2008; p.7)

	Approach	Aims
Micro	Conversation Analysis	Investigates language above the sentence. Looks for patterns in structure and organisation, that is to say, the order of 'talk-in-interaction'.
	Ethnography of Communication	Seeks to identify what speech events occur in a particular community or culture. Considers the social or cultural significance of speaking in a particular way.
	Discursive Psychology	Attends to the 'Action orientation' of talk. Aims to identify *how* people *use* discursive resources in order to achieve interpersonal objectives in social interaction.
	Critical Discourse Analysis	Shows how phenomena such as race and gender are constructed in and through acts of speaking and writing.
Macro	Foucauldian Discourse Analysis	Recognises that people's identities, subject positions and objects of which they speak are being *continuously* restructured and redefined through speech.

Table 3 - How to construct and use an ideal type in sociology, according to Max Weber

1. Focus on the element of social action in the object of study, that is, on the behaviour as well as the meaning with which this is invested. Comment: No analysis of social action can be carried out without first establishing *the meaning* with which the actor invests his or her behaviour.
2. Check that there is adequacy on the level of meaning, that is, that the meaning of the typical actor and his/her action fit each other. Comment: This is a procedure that can be carried out quickly and without difficulty. When a discrepancy appears, it needs to be explained.
3. Make the following four key assumptions about the typical actor: *The typical actor acts in a rational manner.* Comment: It is often convenient to begin the analysis by assuming that social action represents a form of rational action – and then study why this may or may not be the case. *The typical actor has full knowledge of the situation.* Comment: Most actors lack full knowledge of the situation they are in, making this assumption a useful heuristic. *The typical actor is fully aware of what he/she is doing.* Comment: Since the role of habit, tradition and the like are common in social action, exploring this assumption is often helpful. *The typical actor makes no mistakes.* Comment: Sociologists have not paid much attention to mistakes in social life, but these are often present and take various forms.
4. In using the ideal type, check that causal adequacy is involved, that is, that the action involved (Behaviour plus meaning) will trigger the sought effect. Comment: Unless the social action is powerful enough to make the actor realize his or her intention, the ideal type needs to be changed or another one used.
 # 5. Confront the ideal type with the concrete reality of the phenomenon that is being analysed, and go from there. Comment: Weber says little on how to proceed at this point, so the analyst is basically on his or her own. At this point of the analysis, it is also useful to look for side effects and totally unintended consequences of the social action.

Table 4 - Sample used in developing ideal type (interview 1)

Married white Irish male. Has just finished his assessment stage with the NIAPP programme however he or his son has not yet started the programme. Leinster provincial location. Interview at the NAIPP Dublin offices

Social Action descriptions of data	Quotes/ connections from the data	Ideal Type i	Thoughts/ Surprises
Changing dynamics in family's Power/relationships Hierarchy's of information within families – some know/some don't	*"We were at her mercy"* *(describing his sister and the victim's mother)*	Shifting family dynamics Vulnerability	Secrets creating secrets
Differences in responses to hsb - intra/extra familial? avoidance of "labels – not going legal	*"because we are all family"*		
Recalling memory's post disclosure /doubting own judgement What they missed as parents Looking for reasons that would allow them take a position of guilt	*Thinking back to other observations of son and victim – feelings of guilt because did not make the connections at the time however did know of hsb either at those times.* *Retrospective feeling, they could have intervened earlier – seeing things differently.* *Eg – questioning if they should have known hsb would occur because their son and victim got on so well – "we have agonised over this"*	Retrospective uncertainty on parenting Assuming responsibility	Whilst supporting their sons struggling to forgive themselves. Guilt/ competency as parents brought into question
Only talk within the family permitted – no outside talk other than professionals	"the way we have this now is its staying in the family and that's it"	Investment in keeping information secret	
Anticipated negativity if made public			

Table 5 - The Analytical Approach to FDA for this research (interview data)

Stage	Description	Rationale	Procedure
1. *Identify how the discursive object is constructed by participants*	*Willig (2015) explains that "The first stage of analysis involves the identification of the different ways in which the discursive object is constructed in text. It is important that we do not simply look for key words. Both implicit and explicit references need to be included (p.156)* *One of the challenges at this stage with hsb identified as the object in the data that was of primary focus is that parents rarely directly talk or reference hsb as that. In this way it was important to be mindful of how Willig (2015) describes the things we can learn from "the fact a text does not contain a direct reference to the discursive object can tell us a lot about the way in which the object is constructed" (p156)*	*This stage of analysis draws upon the first stage of Willig's 6 stages of analysis: Asking how the discursive object is described. It was necessary to identify the data most relevant to my chosen discursive object before following through on the other stages. For that reason, this stage was done across the 6 full interviews before applying the remaining steps to the data set identified through the development of the ideal type.*	*This stage was undertaken manually. The descriptions of discursive objects were noted using the comments function on MS Word see example in (Appendix E).* *The information was then collated into a table see example in (Appendix F) and then used as reference points during later stages of the analysis.* *Constructions of hsb were then clustered together using the information in table and coloured coded for reference at the next stage of analysis. See example in (Appendix G)*

2. Constructions were located within wider discourse and action orientation	The discursive constructions of hsb were located within broader discourses, including for example Morality, stigma and taboo. The development of what Willig (2013) describes as interpretive repertoires was processed through this stage. Interpretive repertoires are figures of speech that construct an object in each way (Potter & Wetherell (1987) and Willig (2013). Within each data set interpretive repertoires relating to the discursive objects were identified and coded. This resulted in five groups of repertoires: 1.Parents talking about the impact of hsb 2. Parents talking about their understanding of hsb 3. Parents talking about hsb and Irish society 4. Parents talking about the future	Stage two followed Willig's second and third stage of analysis.	Using the colour coded system that identified the constructions of hsb the data was analysed to situate the constructions within broader discourses. For example, see (Appendix H) in which the yellow represents the parts of the text in which the researcher identifies data in which hsb is being described within broader discourses. The notes made on the side were then clustered together manually. This part of the analysis is like what Parker (1992) describes in his third stage of analysis or what Willig (2013) describes in developing interpretive repertoires. See appendix (I) for an example of this process and (J) for when I began to organise the data into tables.

	5. Parents talking about identity and hsb		
3. Identifying subject positions and the actions available to them within these "networks of meaning"	The positions and actions available to subjects within a discourse was identified and explored using Harre's positioning theory (2008). This process analysed the most dominant discursive constructions. This decision was taken to focus on the most prevalent constructions as in my view it would not be possible to offer and analysis on "all" discourses on this topic	Stage Three draws upon Willig's fourth and fifth stages of analysis. The framework for analysis offered by Willig (2015) has expanded to include aspects of positioning theory as proposed by Harré (2008). This includes looking at (a)the social significance of what is being said, (b) the distribution of rights and duties of the subjects within the construction and (c) what story is being supported by this construction Harré (2008).	Stages 3-4 were completed manually using the development of tables that included elements of Harre's position theory and the researchers notes as related to the data.

Appendix (K) which is sample which includes the initial part of the process which includes the researchers notes. These notes were later integrated as the analysis was further progressed and refined. See appendix (L) for a sample of which includes the later part of this stage and which Harre's theory is used. |
| 4. Consider the power relations within the discourse and the ideological effects of the discourse | This stage involves considering who stands to lose and gain from the employment of the discourse: which views of the world is reinforced, and | This stage of the analysis focused on Parker's (1992) stages 15-18 | See appendix (M) for an example of how this stage was conducted. Data was colour coded as it related to each of the stages. Researcher notes |

	which are supressed		were taken, and table developed to organise the data.
5. *This stage in the analysis traces the consequences of taking up various subject positions for the participants subjective experiences*	*Willig (2015) explores the relationship between discourse and subjectivity – Discourses make available certain ways of seeing the world and certain ways of being in the world (p. 160)*	*This stage of the analysis uses Willig's sixth stage of analysis*	*Data relating to subjectivity and available positions were coloured in blue, analysed and notes taken. For example, see in appendix (N)- the first note is "Not condoning what he did but understanding that son will need people in his life who accept him". Notes were then clustered in developing potential subject positions for consideration.*

Table 6 – The Analytical Approach to FDA for this research (Media)

Stage	Description	Rationale	Procedure
1. *Identify how the discursive object is constructed by participants and locate within wider discourses*	*Willig (2015) explains that "The first stage of analysis involves the identification of the different ways in which the discursive object is constructed in text. It is important that we do not simply look for key words. Both implicit and explicit references need to be included (p.156)*	*This stage of analysis draws upon the first and second stage of Willig's 6 stages of analysis: Asking how the discursive object is described*	*Six articles were printed, read and re-read initially using post its taking notes to look for discursive constructions – see appendix (Q).* *More detailed notes were then taken electronically using MS word and a process of color coding and clustering discursive constructions. See appendix (R) for example.*
2. *Consider the power relations within the discourse and the ideological effects of the discourse*	*This stage involves considering who stands to lose and gain from the employment of the discourse: which views of the world is reinforced and which are supressed*	*This stage of the analysis focused on Parkes (1992) stages 15-18*	*All six articles were analysed using the adapted six step model of FDA. Appendix (S) demonstrates a sample of how each step was used to analyse using a color-coded system. Notes were then kept electronically on the side before being clustered and cross referenced.*

Photograph (6) – sample of how I used flip charts following analysis from table (3)
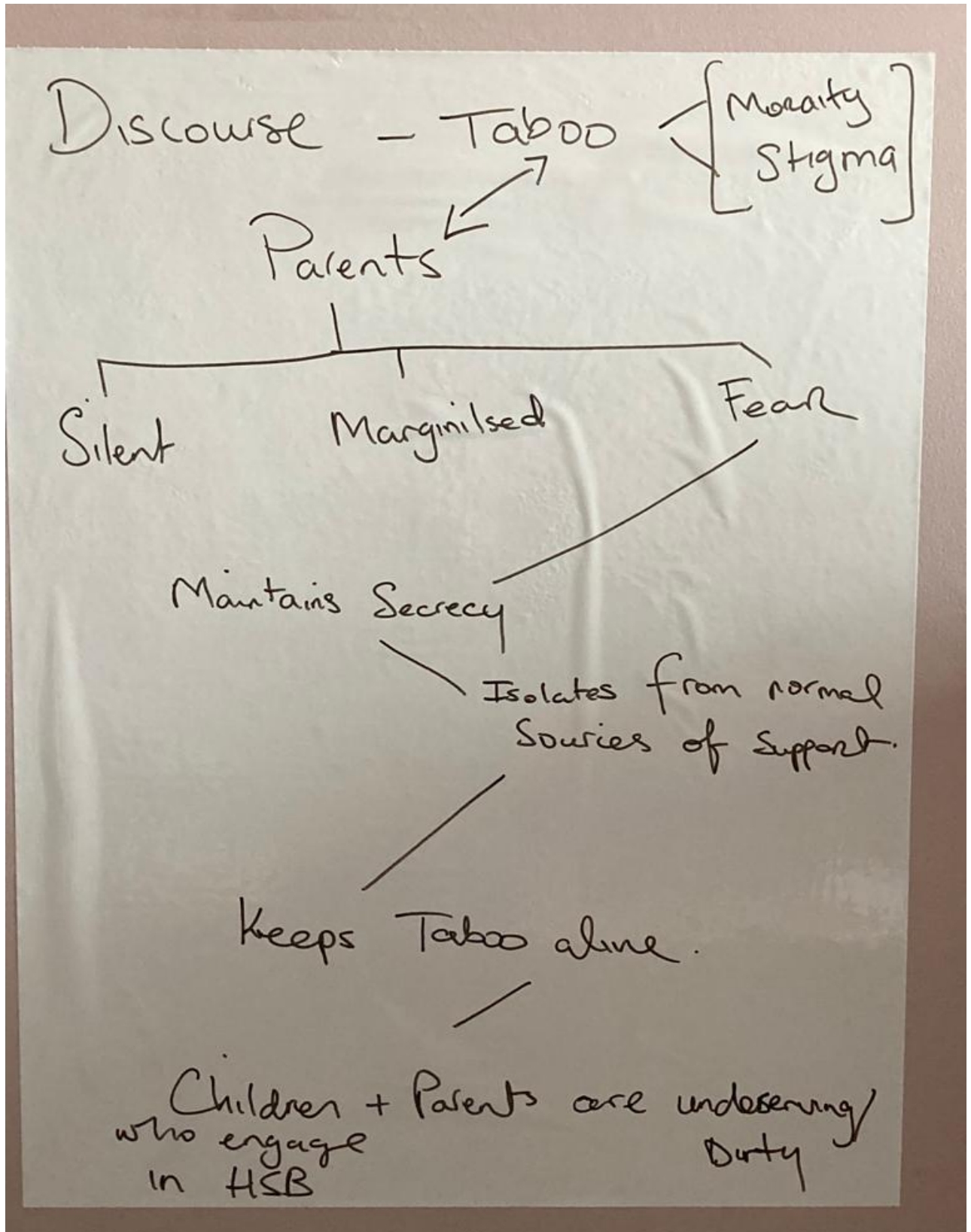
Photograph (7) – Sample of data selected following the use of the ideal type

"Secrecy magnifies reality"

Interview 5	*"oh, it would have been dreadful it would have been to his determent if it got out he was going to secondary school that year so I knew I had to let the school know"*
	"the principal is from my locality and her sons would have went to the same school as X"
	"People would kill him the people in the locality would there are always people looking for an excuse to hate and not only is he black but he has sexually abused a boy"
	"if it leaked out the parents in the locality would say – well he's not coming into my home and he's not going to be friends with my son"
	"Societies view is you go out an punch the head off each other and its broken up and they go home – you're not going to say oh there's that fella that was fighting – what it is with this it feels like the worst violation of trust and I think its harmful because it's a secret it's not done in public its secret and silent and hidden and you don't know it's there until you find out whereas with a bully or a thief it's out there"
	"And the deceitfulness I suppose you know because of the secrecy like you know what you're going to do will cause harm"
	"We discovered he was watching pornography"
	"it was a lot of porn all this history came up"