

**Child Sexual Violence: Contrasting Irish with
International Child Advocacy Approaches**

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Abstract

A qualitative analysis investigated child sexual abuse (CSA) and contrasting findings of Irish and International child advocacy approaches. It attempted to identify some diverse complexities that accompany CSA, such as trauma, secondary victims, attitudes and more. Semi-structured one to one interviews were conducted with 6 child care professionals, who specialise in working in diverse child care agencies of CSA, ranging from forensic doctors to detectives to therapists. Two participants worked internationally. Interviews were transcribed verbatim; thematic analysis with an inductive approach was conducted. Results generated 6 main themes within CSA: Child Advocacy Approaches, Psychological Trauma, Developing Existing Child Care Practices, Attitudes and Lack of Funding. These themes were found to be contributing constructs in contributing to a positive or negative experience for a child victim of sexual abuse and their family. This current study captured contrasting approaches between Irish and International agencies, yet more similarities were reported than differences.

Chapter 1: Introduction

1.1 Introduction

Child Sexual Abuse (CSA) was reported by the World Health Organization [WHO], 2004 as ‘‘a silent health emergency’’ of international importance (p. 1). The United Nations International Children’s Emergency Fund [UNICEF], 2006 reported on sexual violence perpetrated on young women/children in developing countries and found approximately one in ten girls under the age of twenty have been subjected to forced sexual intercourse or sexual acts. The study further concluded that young boys were also at risk; the area of male child sexual violence had been largely neglected. The United Nations Convention on the Rights of Children (UNCRC) reported concerns for children all over the world living in extremely difficult conditions at risk of severe abuse, including CSA and the need to address and approach these issues with special consideration (UNCRC, 1989). This is a useful starting point to demonstrate the need for global awareness of children living in dangerous environments and for child advocacy supports and interventions requiring further research in this field.

This study attempts to inform and explore the scope and nature of CSA and contrast Irish with International Child Advocacy Approaches. This section will provide an overview of literature applicable to this study, which will be critically discussed in the context of relevant topics regarding CSA: the history of CSA, definitions, and effects of CSA on the child and on secondary victims. Furthermore, it will explore attitudes towards CSA, give a brief summary of International and Irish CSA child advocacy approaches, and conclude with a rationale for this chosen research topic.

1.2 History of Child Sexual Abuse

Earliest international recordings of CSA go as far back as 1497, when Girolamo Savonarola, leader of Florence in 1400s, recorded that girls of six and nine years of age had been impregnated. Later, statistical recordings in Germany, from 1897 and 1904, indicated an increase in sexual offences against children from 3,085 to 4,378 (Breckenridge, 1992). Additionally, in France more than 130 years ago, findings of cases of CSA, more commonly interfamilial, were reported (Masson, 1992). Overall, extensive historical recordings strongly suggest sexual offences against children were a common occurrence (Breckenridge, 1992).

When looking closer to home, the first written evidence of CSA in Ireland can be found in the penitentials, confessional manuals used by the clergy, which contained written accounts of forbidden behaviours, with recommendations of penance for offenders. These originated in Ireland in the 6th century and extended to England and throughout Western Europe, remaining in use until the 12th century (Payer, 1984).

This study has its origins in Irish reports from the late 1990s, when the extensive problem of CSA came to the attention of the Irish people. Reports of high-profile CSA cases, such as the 'x case' in 1992, made CSA a topical public issue within Ireland. The case centred around a fourteen-year-old girl who was a survivor of rape by an adult male who was a close family friend (Holden, 1994). Another case, the Kilkenny incest case, disclosed a father's horrific historical rape of his daughter over sixteen years, which elicited new law reforms to overcome a legal loophole. Where a victim of incest is over fifteen years old, the court could only enforce a maximum custodial sentence of seven years. Shortly after, the government

imposed a national paedophile register database (McGuinness, 1993). Further high-profile cases centred on Brenden Smyth, a catholic priest was imprisoned for seventeen counts of CSA over a period of thirty years. Organisations in Ireland, such as Children at Risk Ireland (CARI), One in Four and Rape Crisis Centre (RCC), attempted to bring public attention to the extent of the problem. This led to the publication of Sexual Abuse and Violence in Ireland Report [SAVI] (2002), the first national survey of sexual abuse and violence, highlighting the prevalence of CSA. Before the publication of the SAVI report, the only statistics available were based on people who sought counselling or reports of sexual violence to the Gardaí, recognised as unreliable data, since different agencies adapt disparate definitions for 'sexual crime'. The SAVI report found that four in ten Irish women and over a quarter of Irish men had experienced sexual assault in their lifetime. It indicated that not only was CSA a common occurrence, but that many of the perpetrators were known to the children; such violence occurred very close to home and in turn had a deeper psychological impact on the individual (McGee, Garavan, Barra, Byrne & Conroy, 2002).

In conclusion, universally CSA is a delicate subject because of its intrinsic dynamics. Fontes and Plummer (2010) reported on international cultural norms woven with CSA leading to the difficulty of disclosure, due to complexities of people's repulsive reaction to CSA. They further reported that CSA is most commonly orchestrated by a person or people who should be protecting a child; such contradictory behaviour is difficult for people to process. This present study attempts to identify and explore these extensive complexities, which constitute an area that is a relatively a 'new' topic of research. DeMause (1998) reported that CSA is a relatively short historical phenomenon, even though it has been recorded throughout history. An additional dynamic in the controversy of CSA, is the disagreement across the board in how it is defined, which will be explored in the following summary.

1.3 Definitions

Defining CSA is extremely controversial. If the definition is too broad, we take the risk of losing focus of what is important. In contrast, if the definition is too narrow, the numbers of incidents become deflated and the whole understanding of the problem of CSA is diminished (McCann, 2017). CSA affects all social, cultural, economic and religious sectors. Therefore, national and international agencies have developed many definitions to attempt to capture the true and whole meaning of child sexual violence (Milner, 1998). Manly (2005) further agreed there are difficulties in agreeing a collaborative definition of CSA and child maltreatment.

The American Psychological Association [APA], (2014) identified no universal definition of CSA, however it is relevant to note that despite the many variations of definitions of CSA, it is universally agreed, children do not have the developmental ability to consent, and as a result, sexual interactions have harmful consequences to the child. In addition to conflicting definitions, there are other controversial subjects, one being is psychological trauma.

1.4 Psychological Trauma

Psychological trauma is defined as “the unique individual experience of an event or enduring conditions, “in which the individual’s ability to integrate his/her emotional experience or overwhelmed, or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity” (Pearlman & Saakvitne, 1995. p. 60). Research over the past ten years suggests a casual relationship between individuals who experience CSA and psychological and interpersonal problems. Furthermore, consistent findings in literature

would agree CSA poses a major risk factor for a variety of problems (Briere & Elliott, 2003). An examination of previous studies suggests the most common short-term effect of CSA is post-traumatic stress disorder (PTSD) and externalizing and internalizing problems (Kendler et al., 2000). Maniglio (2009) reported CSA is associated with many conflicting effects long term for the victim. He provided a comprehensive meta-analytic report on CSA and categorised negative outcomes such as Psychological health outcomes, suggesting victims of CSA may experience many medical problems. Sharp & Faye (2006) reported on non-epileptic seizures, which resemble epilepsy, but have an association with mitigating external elements, one of which includes CSA. Maniglio's (2009) second category of negative outcomes was psychological, behavioural and sexual outcomes, where CSA has been linked to many mental health disorders, like depression, post-traumatic stress disorder, eating disorders and borderline personality disorders (Jumper 1995; Fossati, Madeddu, & Maffei, 1999; Neuman, Houskamp, Pollock, & Briere, 1996; Smolak & Murren, 2002). Further negative outcomes included impairment of self-esteem, anger and hostility, suicidal ideation and self-injurious behaviour, alcohol problems, inadequacy believes, and social maladjustment (Klonsky & Moyer, 2008; Neumann et al., 1996; Rind & Tromovitch, 1997).

Additional identified traumas include maternal psychopathology and distress (DiLillo & Damasheck, 2003). A study by Wright, Fopma-loy and Oberle (2012) used a grounded theory approach while interviewing mothers who were survivors of CSA. The study reported these mothers held feelings of incompetence and inadequacy. They placed a high value on being a good mother and inflicted guilty thoughts on themselves when they did not meet their own self-expectations. Further issues included overly or under protecting their children, while self-blaming for their children's mistakes and experiencing difficulties implementing boundaries and discipline. From previous research mentioned, it's recognised that psychological effects

of CSA carry through to adulthood and have consequences if not addressed. Thus, this present study attempts to further understand psychological effects of CSA and explore best practice for the survivors.

Successful parenting is difficult under any circumstances, but further challenges are presented to parents/guardians when attempting to support child/ren affected by CSA; this is explored in the following section.

1.5 Secondary Victims

A secondary victim is a person supporting the trauma victim. This includes family members, parents, friends or professionals. The term 'secondary traumatisation' refers to the ripple effect of sexual assault where the secondary victim experiences trauma symptoms similar to the victim themselves (Daane, 2005). Figley (1995) defines a 'secondary traumatic stressor' as "the knowledge of a traumatizing event experienced by a significant other" (p. 78). Remer and Ferguson (1995) reported a model of "trauma processing" used to illustrate the effects of sexual violence on both primary and secondary victims; these are trauma awareness, crisis and disorientation, outward adjustment, re-organisation and integration and resolution. It is suggested these are not linear processes and individuals can move in and out of the various stages.

McCourt, Peel and O'Carroll (1998) conducted a qualitative study on these 'forgotten victims'. The study reported on the effects of CSA on the children and non-abusing parents, where the offender was a family member or a trusted adult, known to the child and family. The participants highlighted feelings of great loss and victimization and had counselling needs.

In addition, secondary victims are not only family members of the child but can extend to professionals involved in addressing CSA. Figley (2002) identified therapists suffering from ‘vicarious traumatization’, also known as compassion fatigue. Schauben and Frazier (1995) reported female counsellors working with sexual violence survivors had developed an inability to see goodness in people, and further reports of post-traumatic stress disorder; these symptoms were unrelated to counsellors’ own histories or traumas. Remer & Elliott (1988) noted social support networks are imperative and extensive, thus the effects of the trauma extends far beyond the primary survivor of sexual abuse. In addition, another recognised dynamic relates to attitudes towards CSA, explored in the following summary.

1.6 Attitudes

Eagly and Chaiken (1993, p.1) define an attitude as, “a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour”.

Attitudes are developed from learning and experience, through affective, behavioural and cognitive processes. Through these learning processes, cognitive schemas are developed; which help to organise our knowledge and make sense of our world, guide behaviours and predict happenings. Schema theory suggests we interpret our environment and experiences through social and textual schemas, which can affect how memory is coded. This early established cognitive schema is activated when exposed to certain phenomena, objects or issues in life, then identified through the schema. Thus, social norms are the holder of attitudes (Bartlett, 1932).

Studies regarding attitudes towards CSA show many different variables. Many studies regarding CSA and rape carry similar underlying themes, suggesting a correlation between

abusive behaviour and attitudes towards abuse (Abeid et al., 2015). They further reported a dearth of knowledge and increased tendency of acceptance towards sexual violence in rural areas. Furthermore, it was recorded that educated participants with greater knowledge had less accepting attitudes towards sexual violence. It also reported gender, marital status and age were influencing factors towards attitudes. Younger participants were more likely to support rape myths or find some blame towards the victim. In addition, Sarason, Sarason & Gurung (2001), reported positive attitudes towards social supports and networking, which in turn are associated with better mental and physical health for the victims. The following section will explore Irish and international social supports deemed important for the child's mental and physical recovery.

1.7 International Child Advocacy Agencies for CSA

The first National Children's Advocacy Centre (NCAC), established in 1985 in Huntsville, Alabama in the United States, revolutionised the response to child advocacy agencies regarding child sexual violence. It attempted to develop more humane conditions for children with disclosure of CSA during their prolonged multiple interviews and forensic examinations (NCAC, 2008). It further documented that the initial development of these centres was inspired by Robert Cramer, a district attorney, with the support of other key individuals, who brought together law enforcers, doctors and social workers to work together as one coordinated team. Prior to development of the NCAC, criminal justice systems and social services had not adapted a collaborative working relationship and this segmented system had a direct negative impact on a child's experience, creating more distress and frequently frightening experiences for a child victim. Inspired by the American child advocacy centres (CAC), the Barnahus model was established in Iceland, with a similar child

centred response to CSA. Sweden followed suit in 2005, Norway, Denmark, Finland, Greenland, in 2010 (Guðbrandsson, 2010) and finally the establishment in 2013 of the Rowan centre, Northern Ireland. Ireland has not adapted to these CAC international models. The following summary will give a brief account of Irish agencies' approaches regarding CSA reports.

1.8 Irish Child Advocacy Agencies

When a concern or disclosure of CSA is presented, the care of the victim relies on the expertise of a number of diverse and separate agencies established across Ireland. These agencies involve General Practitioner or Emergency Department responses, and it is reported that cases of CSA are presented to staff who have limited experience in the management of acute CSA cases (O'Shea, 2000). An additional agency involved is the Child and Adolescent Sexual Assault Treatment Unit (CASATS) in Galway, who aim to provide a medical or forensic examination (MFE) for any child, 14 years and under. It is presently the only twenty-four-hour service in Ireland with trained physicians to conduct a forensic examination with young children (Children at Risk Ireland Annual Report, 2015). The Child and Family Agency (CFA), Tulsa, is tasked with the role of protection of children from 0-18 years, against any form of abuse (Children First Guidelines, 2017). An additional service involved, An Garda Síochána, has the primary aim of investigating any complaints of CSA. If a parent/carer chooses not to make a complaint, it does not mean the Gardaí will not pursue an investigation (Garda Inspectorate, 2005). For psychological support, the primary aim of Children at Risk Ireland (CARI) is to provide professional child centred therapy for children, up to the ages of eighteen years and their families who have been affected by CSA. There are currently two centres established in Ireland, Dublin and Limerick (CARI Annual Report,

2015). This current study recognises contrasting approaches of international and Irish child advocacy agencies of CSA, its relevant for this current study due to its attempt to report on the diverse approaches of all agencies and on best practice for the child and family. Overall, it has been noted that the topics discussed in this chapter has been deemed relevant to this current research and in the following summary will give an overall conclusion of this chapter and rationale of this research topic.

1.9 Conclusion & Rationale

In conclusion, the author included these specific topics to identify the rationale for this current research. It informs the reader of the historical existence and prevalence of CSA, the need to address such issues and reinforce the concept and understanding of CSA. It further explores the impact on the survivor and secondary victims, to highlight attitudes of CSA and education of this subject, which in turn can assist in a more child friendly approach to aid in the recovery and healing process.

The current author did not recover specific mirrored studies and attempts to fill a gap in the literature of CSA. However, much research was found in individual areas applied to this study, discussed and referenced in this literature review. This current research study uses a qualitative thematic analysis approach, involving an inductive method, which accompanied 12 semi-structured, open ended interview questions. The questions explored participants' and professionals' understanding of the challenges for the child and family affected by CSA who attend their services. Other questions attempted to explore the participants' thoughts on social attitudes regarding the topic of CSA and explored participants' thoughts on the contrasting child advocacy approaches, national and international.

Chapter 2: Methodology

2.1 Introduction

The aim of this chapter is to provide an overview and discussion of the research methods that guide this study. This chapter shall explain and define which instruments and tools have been employed by the author to attain maximum knowledge on this theme, given the limitations of time, space, location and scope of this thesis.

2.2 Participants

The qualitative study yielded a total of six participants purposively chosen. The participants in this study are members of a variety of multidisciplinary child care teams in both the Republic of Ireland and internationally. The participants were sourced through a formal request; 10 participants were initially contacted by email and permission sought. Each participant received an information sheet (Appendix A), which informed them of the research, and a consent form (Appendix B). Once 6 participants agreed, some agencies' gatekeepers required a formal application of approval. The gatekeepers were contacted by email, and a series of statutory forms, such as confidentiality agreements and original research proposal documents, information sheets and research questions were forwarded to them. Once approval was granted, an email was sent to the participants, informing them of their department's approval and a date, time and location for interview was arranged.

There were 3 males and 3 females, not intentional for the research, but due to availability of staff. Participants met with the following inclusion criteria for this study: participants should be employed as child care professionals within the area of sexual abuse;

employed within the Republic of Ireland or internationally; be willing to participate in the study; be 18 years of age and over; and have a minimum of 3 years' experience working in child care practice with experience in CSA. In addition, participants' exclusion criteria were: participants under the age of 18 years; child care professionals with less than 3 years' experience; and professionals with no child care experience. It is anticipated that this research will benefit the participants, who have a personal interest in the research topic, and that the findings of this study may offer advanced knowledge in this area.

2.3 Design

A qualitative semi structured interview study was designed. There were no hypotheses to be tested, therefore the current study was designed to research participants' professional expert experiences, opinions and personal thoughts (Patton, 2002). A qualitative approach captured the nature of reality from cultural and 'emic' perspectives and elucidated the true meaning and understanding of those being researched within their real worlds. This was achieved through the process of rich description from the study participants, data synthesis and abstraction (Morse & Field, 2002). Qualitative inquiry is a process of collating information, description, recognition of patterns and concepts, discovering the relationship between concepts and creating theoretical explanations that describe reality (Streubert-Speziale & Carpenter, 2007).

Streubert-Speziale & Carpenter (2007) suggest qualitative researchers accept that all research is carried out with subjective bias and researcher participation in the inquiry has the ability to add to the richness of data collection and analysis. The researcher acknowledges the subjectivity of qualitative research in data collection, in choosing participants and finally

analysing data, since it is possible that other researchers may have analysed data differently and obtained different results. In the context of this study, the researcher acknowledges her own personal interest in caring for children who have experienced sexual abuse and their families.

The researcher developed a semi-structured in-depth interview guide, to collect data (Appendix C). This guide was used to allow the collection of rich and complex data. Semi-structured interviews are focused interviews regularly used in qualitative research (Holloway & Wheeler 2002), here gain the participants' perspectives, while allowing the researcher some control over the interview, so the purpose of the study could be achieved. The participants were presented with the same questions, while allowing space for the possibility of probing other deeper content that may arise. Interviews lasted between twenty-five and sixty minutes, digitally recorded with a second 'Audacity' programme downloaded and used for a backup recording from a laptop. A thematic processing was conducted (Braun & Clarke, 2006). The transcription of the recorded interviews was completed (Appendix E), and this highlighted essential themes that emerged within the interview transcripts. Interviews took place in a safe, secure environment, thus providing complete privacy with no outside distractions as recommended by Polit, Beck and Hungler (2001). The interviews were held in a suitable location designated by each participant at a time convenient for them.

Some of the main research questions examined an overview of the families using their services, any advantages or challenges for child and family using the current services, the participant's opinion on external services and thoughts on social attitudes towards CSA:

- Can you give a brief overview of families using your services?

- What if any, are the advantages for the child and family experiencing the current services?
- What if any, are the challenges for the child and family experiencing the current services?
- What is your thought on Irish services compared to international services?
- As an expert in your field, what are your thoughts on social attitudes towards this topic of child sexual violence?

2.4 Materials

Before interviews proceeded, participants were given two copies of the consent form to sign, agreeing they understood the nature of the research and granting permission for their interview to commence and be recorded. One copy was for the researcher, to file securely and separately from all other research data, and a second for the participant. An information sheet was also given to the participant to clarify the purpose of the research and whether the participant had any additional questions. The document also informed how the interview would be conducted and gave reassurance of anonymity.

The list of the materials used was: a quiet room to limit interference, consent form, debrief sheet (Appendix D), list of 12 semi structured, open ended interview questions, Philips digital voice recorder, Audacity software downloaded on a securely coded laptop, to back-up audio recordings, security layered ASUS FX503VD laptop, to store transcribed data, pen and paper, to note data from participants after the dictaphone was turned off, NVivo 11 for windows software downloaded to conduct analysis, and a securely locked filing cabinet to store hard copies of data.

2.5 Procedure / Analysis

2.5.1 Main Interview

Ethical approval was firstly sought and granted by Dublin Business School (DBS) ethics board. This qualitative approach aimed to retrieve a greater understanding of the participants' experiences, while also taking consideration of the novice approach of the researcher conducting qualitative research. A thematic analysis approach was used due to its "preferred introduction to qualitative data analysis" (Howitt and Cramer, 2008, p. 347). The process of analysis in this study included identifying themes to capture rich data linked to the research question; using datasets to a theme or group of themes and deciding between an inductive (bottom-up) or deductive (top-down) approach. This study took an inductive approach, which links themes to the data itself and produces a more well-defined classification based on data rather than preconceptions (Braun & Clarke, 2006). Another decision was between a semantic or latent approach, referring to the level of coding and interpretation. This study took a latent approach, which offers an interpretative level, identifying underlying assumptions. For its epistemology, or how data is collected, there are two approaches, essentialist and constructionist reporting. This study gave essentialist reporting, which reports on participants' reality, experiences and meanings. Finally, the questions were formulated; these drive the research and questions guide the coding and part of the analysis during the 6 step Braun and Clarke (2006) thematic analysis method.

The form of the thematic analysis varied based on the six decisions of Braun and Clarke (2006). The result of these decisions was made before and reviewed throughout the process of the thematic analysis method. The six steps were: familiarisation with data, coding, searching for themes, reviewing themes, defining and naming themes and finally the writing up.

Before commencing with the interviews, an information sheet was given and an opportunity for further queries regarding the research was explored. As consent forms were signed the researcher reassured participants they had a right to withdraw at any time during the interview and were not obligated to answer questions which made them feel uncomfortable. The interviews ranged from 25 to 60 minutes and were held at the participants' convenience. Locations of interviews were participants' workplaces, many in their private offices; one interview took place in a private room at the researcher's work place, another in a pre-booked education centre.

Recording devices were tested and the interview began, with recording of the interview transcribed into print and copied over to a hard drive on a secured layered and anti-virus laptop, where a computer software, NVivo 11, was downloaded. When the interviews were transcribed verbatim, onto the secured NSNV laptop, any identifying information, such as personal information of participants was removed to ensure anonymity. The non-identifying transcripts were then saved onto the NVivo 11 database. Once the researcher became familiarised with the data, codes were developed from the rich material and saved onto the data analysis computer software, NVivo 11. The software is an efficient way to sort large amounts of data into manageable layers (Welsh, 2002). Repetitive themes were recognised, and significant quotes were highlighted while recurring themes unfolded and were gathered together. A continuous merging of new themes occurred, while some of the smaller codes merged together to form sub themes, which were then grouped together and refined to develop main themes, which had a broader focus (Braun and Clarke, 2006).

On completion of the interview, a debrief form was given to the participant. The debrief form provided support numbers to the participant in case of any upset during or after the interview.

2.5.2 Pilot Interview

A pilot study is a small-scale version or trial run undertaken in preparation for the main study (Polit, Beck & Hungler, 2001). The researcher interviewed one child care professional who met the inclusion criteria, who was informed of the interview being audio recorded for the sole purpose of testing the digital devices to ascertain which was more suitable for recording, with all recordings being deleted and no analysis taking place. The pilot interview proved beneficial, as the Audacity software, a free open source digital audio editor and recording computer software, was not of great sound quality; the laptop needed to be positioned close to the participant. A loan of a Dictaphone was then sought from Dublin Business School for the recordings, and the Audacity software used as a backup. The exercise was also beneficial for the interview structure; some of the research questions were rewritten to allow clarity, another removed as it was considered repetitive and one new question included. Any further adjustment was discussed with the supervisor, resulting in the final interview plan used for the main study.

2.6 Ethics

Ethical issues were explored and considered prior to the research, with no known risk of harm or distress to the participants. The Code of Professional Ethics, Psychological Society of Ireland (PSI) (2010), highlights four principles of ethical conduct: respect for rights and dignity of the person, competence, responsibility and integrity. The researcher took

cognisance of best practice in order to minimise any adverse events occurring as a result of participants' involvement in this research study.

Application for ethical approval to undertake the study was submitted to Dublin Business School ethics committee and approved. Autonomy is an ethical principle extensively acknowledged (Tuckett, 2004). The participants were informed of the aim, method, benefits and any potential risk of the study. Anonymity was assured to all participants who were made aware that their identity would only be shared with the researcher and DBS supervisor. Anonymity was reached by agreeing not to use any identifying names during the interviews and the use of labels, such as Participant 1, was applied during transcription and when using direct quotes, locations and addresses were not used. Some of the professionals had exclusive identifying national roles and this information was not exposed during the interview transcriptions. Furthermore, consent forms were secured in a locked cabinet, separate from other related material, stored on a password layered, ant-virus laptop, according to data protection guidelines. All data were accessible only to the researcher, after one year following the research submission data, all data will be deleted from the laptop and recycle bin, with all hard copies shredded. Participants were informed of these procedures via information sheet.

The information sheet informed participants of the right to withdraw before or during the interview. Post interview, participants had the right to withdraw their data once the researcher was informed within two weeks of the initial interview date. Participants were given the list of research questions and points of interest prior to the interview, with the rationale to allow time for participants to prepare for any potentially sensitive issues that may arise and further allow the right to withdraw or inform the researcher of potential issues with the research questions.

No deception or manipulation was used by the researcher in the process of the research. All participants took part in the research with no reported or notable ethical issues and provided with a debrief sheet, which thanked them for their participation and gave them contact details for counselling services in case of personal upset due to the sensitive research topic. The researcher's and supervisor's email addresses were also given.

Chapter 3: Results

3.1 Introduction

This chapter presents the findings of this study, six main themes and distinctive examples from the data, representing each individual theme. Each theme was generated from across the data set and received equal consideration during the analyses process; order of presentation is not indicative of importance.

Firstly, audio recordings of the interviews were transcribed verbatim to produce a data set. The researcher immersed in the presented data by reading over transcriptions and then following the step by step guidelines from Braun and Clarke (2006). Their 6-step process was used to perform a thematic analysis across the data. Initially, systematic open-ended coding took place with an inductive approach, which allowed generation of over 491 codes. These initial codes were analysed for obvious patterns, then refined into 22 themes relevant and meaningful to the research (Howitt and Grammar, 2008). Thematic analysis was then merged with inductive grounded theory, which resulted in 22 themes being organised and filtered down into 6 overall main themes: ‘Child Sexual Abuse’, ‘Child Advocacy Approaches’, ‘Psychological Trauma’, ‘Developing Existing Child Care Practices’, ‘Attitudes’, and ‘Lack of Resources’. These themes, including subthemes are displayed in Figure 1, following a summary of each.

Theme 1: Child Sexual Abuse

Figure 1 displays the mind map for ‘Child Sexual Abuse’ which generated 6 main themes. CSA is defined by the Department of Children & Youth Affairs (2017, p. 10) as,

“When a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.”

Theme 2: Child Advocacy Approaches

Child Advocacy, is defined by the Provincial Advocate for Children and Youth [PACY], 2008, p. 8), “As accommodating children and young people in finding their own strengths and powers from within themselves and teaching them to use it in a positive way”. The data reported advantages within child agency approaches, one drawn from the data being availability to access other vital CSA services. Participant 3 stated, “*Children access the criminal justice process, in so far as evidence can be gathered should the family/child choose to pursue prosecution, or should the Gardaí choose to pursue an investigation in the case. Other advantages very, very important that of accessing psychological support, or at the very least emotional support*”. Participant 5 stated, “*So the aim is really, not just to helping the child but helping around the larger circle of the family and the environment, you know when linking with schools, linking with other family members*”.

These positive approaches leaned towards the ethos of a child friendly approach with Participant 1 stating, “*We work very hard to be child friendly, we have specialist interviews, particularly for the interview stage to make that as child friendly as possible*”. Therapeutic child services reported similar approaches, attempting to keep the child at the centre of all decisions. Participant 5 reported, “*I would say in our service, absolutely, that’s our ethos, that’s our ethos here, that it’s child friendly, you know. We always keep the child at the centre of any decisions that we make here, as best we can*”. It became evident in the transcripts that

these common approaches were mirrored within the international agencies of CSA. However, a contrasting factor materialised from the data was international services allowing a more immediate and readily available multi-disciplinary teamed approach. Participant 4 stated, *“The Rowen centre at the moment, which it’s, it’s a perfect example of all the agencies working together, for the victim. Whether it’s a child or an adult. So, the Rowen centre works particularly well”*. It was further recognised that the international police sector offered specialised trained investigators to work with children and abuse, in comparison to the Irish system. Participant 4 stated, *“So the important part of the service we provided in the North was they were all detectives, they were all trained, they were all highly trained with regarding to dealing with vulnerable victims, especially children”*.

Subtheme A: Healing

Due to the sensitive nature of CSA, services can appear to include some difficult and intrusive processes, Thus, the theme, ‘healing’ may at first be difficult to associate with CSA agencies. The transcripts suggest that attending these services can have a healing element. Participant 1 stated, *“So for the child and the family I think that’s the big thing, that it helps them gain some element of closure, even though it’s never going to go away from them, but it helps them deal with it”*.

Theme 3: Psychological Trauma

Psychological Trauma, is defined by Giller (1999, p. 1) as, “extreme stress that overwhelms a person’s ability to cope”. The recognition of psychological impacts on the child and family was reported across all participants. Participant 2 stated, *“Any family or child that comes into the services is by definition traumatised”*. Participant 5 stated, *“The big challenge,*

then, on the other side, is actually facing and addressing what, what has happened and being ready, being in a space to go there". Further trauma generated from the data was due to lack of availability of services. Participant 3 stated, *"All I can say is there are not 24/7, 365 days per year forensic, medical units and every child should have access to 24/7, 365-day treatment, passed on international best practice"*. It was noted from the data that Irish CSA services did not mirror adult sexual assault treatment services, presently accessible within a two-hour radius, everywhere in Ireland. For a child it's a very different experience.

Participant 3 stated, *"I think Ireland has a health service response for adult victims of sexual violence that benchmarks reasonably well internationally now. I think that services for children are not equitable"*. It was similar for international services. Participant 6 stated, *"Some have to come a long way, which some of them do and they have to go back for care in the burrow that they live, and the services aren't there and that's obviously really bad"*.

Subtheme A: Secondary Victims

Secondary trauma, also recognised as 'Secondary Traumatization Stress', is defined by Klaric, Kvesic, Mandic, Perrov & Franciskovic (2013, p. 31) as, "natural consequence of behaviour and emotions that result from knowing about a traumatizing event experienced by a significant other, or the stress resulting from helping or wanting to help a traumatized or suffering person". It can occur to anyone supporting a trauma victim, most commonly family members or professionals. The data nationally and internationally generated a concern for professionals becoming secondary victims. Participant 4 stated, *"So in my own opinion it's somewhere between 5 and 7 years and then after that you should be looking, you should be doing a different type, different type of work for your own, for your own health"*.

Subtheme B: Legal Challenges

The subtheme of legal challenges, meaning law enforcement and the judicial process, was generated from the data. Participant 1 stated, *“I suppose a big challenge for the child and family would be, being kept updated and progress of the investigations as well”*. Also generated from the data was recognition of time for prosecution, and long waiting lists for therapeutic services. Participant 5 stated, *“The waiting time, the waiting time, the waiting time. In my view the victim is, is bottom of the pile with that and that’s just compounding everything that’s happened to them already”*. International challenges regarding legal issues were similar. Participant 4 stated, *“The criminal justice system is a very difficult system for people to work through. It’s ok if you are a police officer in the North because that what you are us to, it is very difficult for a victim, no matter what type of victim you are but if you are a victim of sexual crime or you’re a vulnerable victim or a child its extremely difficult”*. The challenges regarding waiting times were not generated from international interviews.

Theme 4: Developing Existing Child Care Practices

Many suggestions were put forward by participants from their experiences, concerning best practice developments for child care services of CSA. These suggestions included from Participant 4, *“We hope to soon have a new piece of equipment, which will be much smaller, more portable and as such, should contribute to the patient’s experience positively because it will be less formidable in appearance”*. Another vision of future best practice was illuminated by participant 5, *“I think other services, other services need to link, there needs to be more multi-disciplinary”*. Internationally, future aims were represented by Participant 6, *“We now got the money to open the child house which is based on the, external model...It will be*

implemented later in the summer". This indicates the reshaping of the current practices in the interest of ongoing best practice.

Subtheme A: New Phenomena

One area of practice development that emerged from the data was the need to address new behavioural phenomena, such as an increase in sexualised behaviour among children. Participant 5 stated, *"I suppose the sexualised behaviour is the big one at the moment. So, linking in with another service that works with older children"*. It was further noted that children are becoming more sexualised at a younger age, with Participant 6 stating, *"Children's behaviour which has changed immensely, and I think that children have become more sexualised. So, there is sexualised bullying as well as sexualisation in society"*. In addition, in 2007, Ireland first came across the distribution of nude self-imagery, 'sexting', which by law is child pornography. Participant 1 stated, *"Self-taken images, or taking images of themselves engaged in sexual activity. Technically, under the law they have produced child pornography doing that and then they have distributed it by sharing it on social network site and we don't want to criminalise them"*.

Theme 5: Attitudes

The data generated the theme of attitudes, defined as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour" (Eagly & Chaiken, 1993, p. 1). Attitudes have a monumental effect on the approach and schemas of CSA. The data reported a lack of knowledge in society, possibly derived from people's difficulty in thinking or talking about CSA. Participant 2 stated, *"I think that most people respond with absolute reprehension, to the thought of CSA, but at the same time because it is such an unpleasant and highly deviant thing, it's very hard for people to wrap their heads*

around it and they don't really like to talk about it much". Participant 5 stated, *"We don't talk about sexual violence and then when you throw children into the mix, that's just too much to bear. I think people don't want to believe that this happens"*. The taboo aspect of CSA is further compounded by society's refusal to address this abuse. Participant 5 stated, *"I think it is still a taboo subject. That people, families, everyone, it's still a hard, difficult topic to, to talk about, you know even outside"*. This taboo additionally interlinks with societal attitudes regarding types of families affected by CSA. Data consistently generated from across all transcripts, indicates CSA affects children and families from a diverse range of backgrounds. Participant 5 stated, *"If you looked at classes, they come from all classes. The employment status could be totally different, it could include journalists, police officers, unemployed people, whatever, you couldn't really pick a type of family that we deal with"*. In addition, contrasting data reported some improved societal attitudes. Participant 3 stated, *"Things have changed a lot recently and the last five years you can see a dramatic shift, but certainly in the last ten, fifteen years, people talk about it more now and they're more open about it and I think that's hugely important because we know it is extremely common"*.

Subtheme A: Education

Education was recognised in the data as an important aspect for progress, and ultimately an attempt to educate society regarding attitudes towards CSA. Participant 5 stated, *"Education professional members as much as educating the public and having clear and well-defined policies but how we are going to deal with them"*. This includes educating children, as young as preschool. Participant 6 stated, *"I think there should be, like in Holland, very early attention to teaching children about keeping safe, keeping their body safe and what's right from wrong"*.

Additionally, it emerged that continued future research of this topic is a vital area. Research leads to insights into gaps in the systems, to improve and attempt to implement change and best practice for child and family. Participant 1 stated, *“I think a very interesting research would be the outcomes for survivors of child abuse. For those who see that the Garda investigation was good, what outcomes they had compared to those who didn’t make a complaint or who felt the Garda investigation wasn’t good for them.”* Participant 5 said, *“We need another SAVI report to establish something like that”*.

Theme 6: Lack of Resources

This theme is extremely important, as it weaves into all other themes and has a direct impact on each area of discussion. Resources, meaning a source of supply or support and when discussing the topic of CSA, can range from medical assessments, to legal services, therapeutic services or Social Workers. The lack or unavailability of resources greatly affects the client’s experience and can delay the healing process. Furthermore, it can impact on professionals working in CSA agencies. Participant 5 stated, *“It’s probably the same you’ll hear from everybody who’s working in the area, certainly in the state, is more resources to deal with it. Like the obvious answer is for every child to be dealt with properly but the answer to it is, is more resources”*. Participant 3 stated, *“The one thing I would like to see change would be the recognition, the development of dedicated services for these children, health care, forensic, joint health care forensic services, similar to the adult services. Appropriately resourced in terms of infrastructure, human resources and that’s it, that’s the key thing”*. Participant 5 stated again, *“Our service is, is quite small and we don’t have a lot of resources so, and when an appointment becomes available the, the parents really need to make that work”*.

Subtheme A: Lack of Funding

Further data indicated resources are affected by lack of funding. This in turn affects future developments across many sectors, such as police recruitment and training to keep staff upskilled. Furthermore, Participant 1 stated, *“It’s very expensive to pay for the Guards and the S.W.’s even to be there for four weeks as opposed to doing their own jobs and we can only do one course at a time really”*. Participant 4 stated, *“You have to get new people in and retrain them and so that goes back to resources and money and we are all finding it quite tight, so in an ideal world, you would have more resources and money in order you can have a turnaround”*. Thus, more funding would facilitate additional resources, aiding the healing process, resulting in less psychological trauma for the child and secondary victims. Keeping professionals upskilled, reducing waiting lists, and developing and expanding existing child care practices and education for not only professionals but children, parents and society would provide a more overall positive experience for all involved.

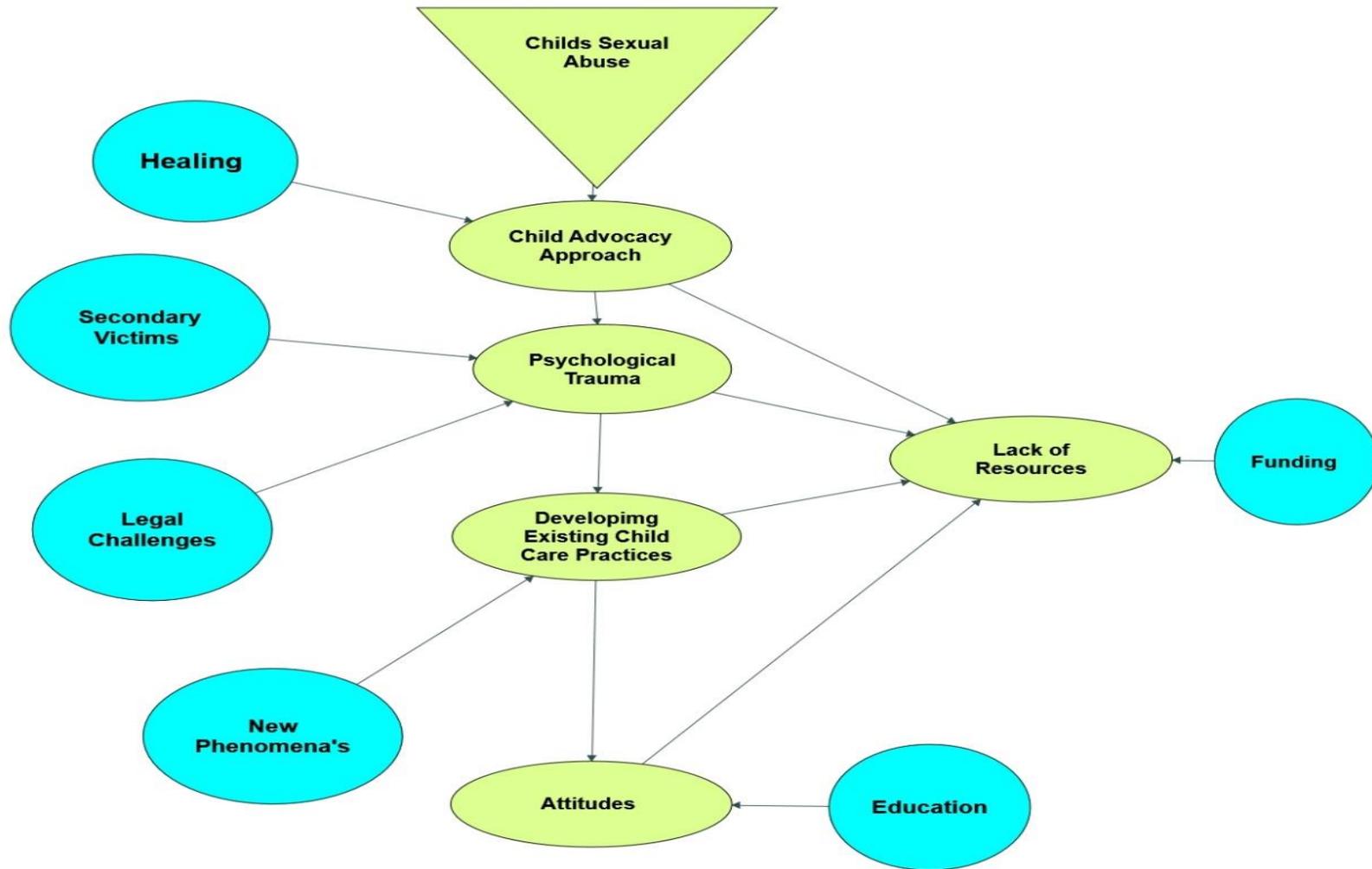


Figure 1: Map of Themes and Subthemes- Child Sexual Abuse

Chapter 4: Discussion

4.1 Introduction

The research question that guided this study is child sexual violence: contrasting Irish and international child advocacy approaches. The primary aim of the research was to explore effects of CSA and different child advocacy models between Irish and international agencies. The findings of this study will be discussed using a summary of the six main themes. In this chapter the researcher will highlight each theme, naming the findings and referencing previous research within each theme. This will be followed by strengths and limitations, recommendations and a concluding summary.

4.2 Child Sexual Abuse

CSA was the first main theme emerging from the data analysis. Literature supports that CSA has been recorded in Ireland as far back as the 6th century (Payer, 1984); this current research also supports this theory, with Participant 4 stating, “*It happened for hundreds of years*”. Yet, provisions for grooming have only taken effect in Irish criminal law as recently as March 2017 (Criminal Law Sexual Offences Act, 2017).

4.3 Child Advocacy Approaches

Findings reported from both Irish and international CSA agencies showed advantages for the child and family attending these services, such as referrals to other relevant child agencies, like law enforcement, or therapeutic intervention. These agencies leaned towards the ethos of child friendly approaches. A subtheme, healing, revealed the involvement of different CSA agencies can begin the recovery process for all involved, due to the

professional being able to hear, believe and support the child. Contrasting findings reported international services allowing children more immediate access to multi-disciplinary services, with specially trained staff to deal with child victims, thus aiding in the healing process.

DeMont, White and McGregor (2009) reported on the impact of Medical Forensic Examination (MFE), the study involving face to face interviews with women who experienced sexual assault and had MFE. Some participants had experiences of stress, but a higher number reported a feeling of empowerment of 'doing something'. In addition, these findings point to the benefits of medico/legal evidence within a supportive, caring and professional environment. However, there is a lack of comparative evidence concerning younger victims. This current study however has addressed this gap in the literature and reported psychological and healing benefits for the child.

4.4 Psychological Trauma

Findings reported both nationally and internationally, that trauma of CSA is generally present before the child and family attends any agency. However, this trauma can be further compounded by limited availability of services. A subtheme generated was secondary victims with a focus on professionals. An additional subtheme was legal challenges, reporting that the judicial system can be daunting for a child, further compounding factors is long waiting times, for court dates and for therapeutic intervention.

Previous reports note it is common for a child to be subjected to repeated interviews and appointments in many different locations (Guðbrandsson, 2010). According to Berliner and

Conte (1995), such an ordeal allows the child to be subjected to revictimization, potentially as traumatic as the original abuse. Regarding secondary victims, Remer and Ferguson (1995) recognised that individuals involved with trauma victims of CSA are equally disrupted by the chaos and havoc as victims themselves. This current study reports similar findings.

4.5 Developing Existing Child Care Practices

This current study reported findings across national and international data that all agencies are continuously striving for new and more child friendly developments; this is being achieved by working towards a multi-disciplinary approach and greater communication. England appears to be more advanced in their developments, with a ‘Children House’ being established this summer. A further subtheme drawn from the data was new phenomena. Agencies are aiming to develop best practice to deal with relatively new behaviours, such a sexualised behaviour, or self-taking imagery.

Jones et al.’s (2007) study detailed a remarkable number of children from a child centred agency i.e. ‘Children’s House’ reporting they were “not at all” or “not very” scared during the entire investigations, in contrast to children from other sites with a less child centred model. This suggests the multi-disciplinary approach of the ‘Children House’ model is more child friendly and less traumatic. Barnahus, Children’s House’s Icelandic model, has been a role model for establishment of child friendly centres investigating CSA, recognised as good practice within European standards (Gudbrandsson, 2010).

4.6 Attitudes

This current study reported contrasting findings. Irish attitudes were reported to be ‘uninformed’ when understanding CSA, possibly since CSA is a difficult topic to think about and comfortableness to ignore its existence. However, by contrast, some of the data noted a positive change in attitudes, with more disclosures being made. This was not reported within international data. A subtheme of education was generated, reporting that education is an important link to changing people’s perceptions and attitudes towards CSA, which involves parents, children and professionals. It was apparent from the study that child care professionals possessed a variety of skills, but also identified a need to develop and provide specific ongoing education and training for newly trained forensic nurses, doctors, specially trained Social Workers, Guards, and other members of the multidisciplinary team. In addition, a commitment to sharing knowledge and promoting a learning culture within organisations is an individual and organisational responsibility. The study reported the foundation for future research in this area, such as a new SAVI report. This current study didn’t set out to find relationships between child care practices and education. However, relationships between these aspects were implied in the findings.

Previous research, such as the SAVI report (McGee et al., 2002), reported on Irish public attitudes of sexual abuse, with some supportive views, such as date rape recognised as being as traumatic as being raped by a stranger. Contrasting findings imply limited understanding of sexual abuse, with belief that accusations of rape are often untrue. One of SAVI report’s recommendations was the development of a range of educational material on sexual violence in Irish society for relevant professionals. Xeons and Smith (2001) agree education plays a key factor in shaping attitudes towards sexual abuse. This current study had

similar contrasting findings regarding attitudes and furthermore reported education as a leading factor in influencing of changing attitudes.

4.7 Lack of Resources

Findings regarding lack of resources interlinked with all other themes. Across the board, Irish and international data reported a lack of resources, resulting in a dilemma affecting all agencies'; ability to further develop existing best practices for the child and family. This led into the subtheme, funding, which reported that these resources are expensive, and any future child centred developments or maintaining pre-existing practices is reliant on such funding.

Doctor Maeve Eogan, the medical director of the SATU in Dublin services revealed a concerning lack of services available in Ireland for children under the age of 14 years in an interview to the Irish Examiner (O'Keefe, 2017), and reported that adults affected by sexual violence can access services very quickly, regardless of their location. If a child presents with an acute case of sexual abuse, the parent or Guard may have to make several phone calls and conduct an extensive search for services. This current research found comparable findings.

4.8 Strengths and Limitations

A methodological strength of this study is the interpretive approach to data collection, which captured both the experience and nature of child friendly approaches in the context of CSA from an 'emic' perspective. This study, however, carries limitations, such as the scope purposely and narrowly circumscribed due to the time available to design, implement and report on this study. As this project was undertaken in only one area of child advocacy

agencies, with a purposive sample, no claims are made regarding generalisation of the results to other child care support settings nationally or internationally. Furthermore, the research collected data from a limited number of participants, two forensic doctor specialists, (one working internationally) and two detectives (one having worked internationally) and two therapists who both work in Ireland, meaning international therapeutic limitations were noted. In addition, participants may have been selective with their responses; the socially desirable response may have influenced findings. However, due to the nature of qualitative research, all provided data was rich in content, further enhanced by participants' expertise in their fields, having many years' experience and in-depth knowledge.

4.9 Recommendations

Despite the above-mentioned limitations, it is suggested this study provides timely recommendations, which may positively influence and shape further practice of child care agency approaches. One recommendation is further research into effective approaches for the children's needs and recovery process, and research on outcomes for survivors of child abuse, contrasting positive and negative experiences and reasons for this. It is recognised from this current study that there is a gap within the literature regarding secondary victims, so continued extensive research is needed, not only investigating the effects on family members, but professionals. Following the proposed establishment of the 'Children's House' in England, future research is indicated to examine effectiveness of this child sexual abuse service. Another recommendation is for a second SAVI report, which would provide a revised account of social attitudes and prevalence of sexual abuse in Ireland today. Further recommendations suggested standardization of existing services, addressing gaps within the legal system, networking, and the expansion of SATU for children, further research could

compare adults sexual abuse services to child services within Ireland. The researcher's findings emerged from a limited group of child care professionals; further comparative studies using a larger interdisciplinary sample from a variety of organisations is recommended. Furthermore, research is needed to examine interrelationships between various aspects of child care practices as well as those between CSA education and the effects on child care practice.

4.10 Conclusion

This current research reported on child sexual violence and contrasting findings on Irish and international child advocacy approaches. There are many conclusions to draw from this study. One being children benefit from working with CSA agencies which advocate a child centred approach in aiding the healing process for the child. However, CSA holds trauma, which can be further impacted by the limited services for a child who experiences sexual abuse, compared to adult services which are widely available. Many findings from this current study are supported by previous research, such as psychological impacts on professionals and societal attitudes towards CSA.

In conclusion, Ireland would benefit from an additional SAVI report; Ireland as a nation still has a lot to understand regarding CSA, but there has been a shift in attitudes, an increase in disclosures with education as a major influence in the development of attitudes and perceptions of CSA. This study further concludes that professionals require continued support to develop a service of best practice for the child and family. Furthermore, there is a need for extensive communication between agencies, as a multi-disciplinary approach is more affective for all involved. The study further highlighted new behavioural phenomena and an

increase in cases of sexualised behaviour. Additionally, a lack of resources, funding constraints, long therapeutic waiting lists, and limited upskilling of professionals restricts future developments. In addition, internationally, child advocacy services for CSA are reported to have developed further compared with Ireland; this research recommends Ireland developing children's houses in the future, which would allow for a more child friendly, multidisciplinary approach. Overall, this research can close on a positive final conclusion, that each professional working in child care agencies of CSA comes from one common platform, the ethos of a child centred approach, and the passion to work towards future developments regardless of the limitations.

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Appendix A

Information Sheet for this study is exploring
**Child Sexual Violence: Contrasting Irish with International Child Advocacy
Approaches**

My name is *Grace Jordan* and I am a student in Dublin Business School. I am conducting a research project for my final year in an honours bachelor's degree, in Psychology. This research will be submitted for examination.

You are invited to participate in this research study. Please read the following information before deciding whether to participate. Please note that participation is completely voluntary and so you are not obliged to take part.

What are the objectives of the study?

The aim of this present study will explore Child Sexual Violence: Contrasting Irish with International Child Advocacy Approaches.

Why have I been asked to participate?

The interviewees are purposively selected, due to the participants' professional extensive, close work with children and collaborating with other professionals involved in children and sexual violence, which is the predominant area of this present study.

What does participation involve?

Participation involves taking part in a one to one interview. When participants sign a

consent form agreeing to take part, a time and date will be arranged for the interview.

A total of 6 participants will be involved, who are professionals working in other child agency services who are directly involved in the process with child sexual violence e.g. Social Worker, Forensic doctors, clinical nurses, Guards.

The study will collect data by conducting comparison interviews. The interview will involve participants answering a list of 12 open ended questions, which will be directly related to the above topic. Interviews are recorded on a digital device and transcribed onto a computer. In addition, due to the sensitivity of the topic there will be support/helpline phone numbers given at the end of the interview.

Right to withdraw?

Participants have the right to withdraw from the research, up until Monday 22nd January 2018. The purpose of this cut-off point is to allow adequate time for completion of the thesis. Participants can also request to end the interview and are not required to give a reason for doing so.

Are there any benefits from my participation?

There will be no direct benefit to the interviewees in this study. It is likely that the interviewees will have a personal interest in the research topic and the findings of this study may should offer advance knowledge in this area. This study is for the purpose of my DBS thesis project. Furthermore, individuals will not be offered any monetary or other rewards for their participation.

Are there any risks involved in participation?

Though all participants in this study may be seen as minimal risk, due to their extensive experience in this area, it cannot be disregarded that the subject of child sexual violence can be difficult to discuss. Thus, due care is considered and a debrief sheet with relevant helpline numbers will be given.

It has also been noted that some of the questions may have a negative or unfavourable response and so no individual participant will not be identified, full anonymity will be guaranteed. Due to the possibility of direct quotes used within the research, pseudonyms will be used.

Confidentiality of all individuals' information and interview recordings collected as part of the study, will be solely used for the purpose of the project. All information will be stored safely and securely and will only be displayed to my supervisor and myself. Any transcripts will only be removed from its secure storage when engaging in the study. All tape recordings will be destroyed after completion of project. Hard copy material will be destroyed after 1 year of project and soft copies of notes will be deleted.

Contact Details

If you have any further questions about the research, you can contact:

Researcher: Grace Jordan [REDACTED]

Supervisor: Dr. Lucie Corcoran – [REDACTED]

Thank you for your time!

Appendix B

Consent Form

Child Sexual Violence: Contrasting Irish with International Child Advocacy Approaches

I have read and understood the attached Information Leaflet regarding this study. I have had the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to all my questions.

I understand that participation is voluntary, and I am free to withdraw from the study at any time.

I understand that after the interview the participant has a right to withdraw from the research, once the research has been informed within two weeks, from the interview date.

I understand that any direct quotes may be used within this study.

I agree to take part in the study.

Participant's Signature: _____ Date: _____

Participant's Name in print: _____

Appendix C

Qualitative Research Questions

1. Tell me a brief account of your role?
2. Can you give me a brief overview of the families using your services?
3. What if any, are the advantages for the child and family experiencing the current services?
4. What if any, are the challenges for the child and family experiencing the current services?
5. In your opinion, is the current approach child-friendly within child sexual assault services?
6. Has there been any recent developments of a child friendly approach?
7. Has these development s been affective?
8. What is your thoughts on Irish services comparing to international services?
9. To your knowledge, are there any long-term aftercare support services for families after going through this process?
10. As an expert in your field, what are your thoughts on the social attitudes towards this topic of child sexual violence?
11. In a perfect world, what is the one thing you would like to see change?
12. Are there any other aspects regarding the services for child survivors of sexual abuse? Would you like to highlight or feel I have missed?

Appendix D

Debrief Sheet

Thank you for your time and for taking part in my research. Should you have any questions regarding my research, please feel free to contact me at any time:

Phone: [REDACTED]

Email: [REDACTED]

This research was aimed at child sexual violence and contacting Irish with international child advocacy approaches. No harm was intended to participants, however if you feel negative consequences or have been impacted after participating in the interview, please contact the relevant help support services.

- **Samaritans Helpline** – Offers confidential & emotional support

Hours: 24 hours

Phone 01 87 277 00

- **CARI Helpline** – Offers advice and emotional support on child sexual abuse

Hours: Monday – Friday - 9.30 – 5.30

Phone 1890 924 567

Appendix E: Qualitative Research Interviews Transcriptions

Participant 1: Interview

1. Interviewer: Tell me a brief account of your role?

Participant 1: *‘‘Ummh, I’m a Detective Inspector in the XXXXX XXXXX XXXXXX services Bureau. Ummh, my role is to XXXXXX units that are responsible for investigating sexual crime and we have a national child protection unit. Ummh, So, a lot of it would be managing investigations, liaising with Gardaí around the country where issues arise, where any difficulties arise with investigations or child protection procedures.’’*

2. Interviewer: Can you give me a brief overview of the families using your services?

Participant 1: *‘‘Well, it would be a wide range of back grounds. Ummh, pause! Obviously, there are some poorer families and that’s where neglect, usually unintentional neglect comes about, but when it comes to child abuse, weather its physical abuse, sexual abuse, emotional abuse, there isn’t any really, there isn’t any particular family, its, they can come from all walks of life. Ummh, if you looked at classes, they come from all classes. The employment status could be totally different, ummhh, it could include journalists, police officers, unemployed people, whatever you couldn’t really pick a type of family that we deal with’’.*

3. Interviewer: What if any, are the advantages for the child and family experiencing the current services?

Participant 1: *‘‘Yes, I suppose the big one is, my experience for people who report crime to us, sexual crime in particular to use, or any type of child abuse is, pause! it’s, like it’s never going to go away in their minds, but it goes some way to help them deal with the issues that come from it. Ummhh, even if we don’t get a positive result, like obviously a positive result for us is a conviction, but the fact that people have got to tell someone what happened to them and give them their account of what happened, is very often enough for them to help them get better. Like we don’t reply*

on that, we want to convict people. Ummhh, so for the child and the family I think that's the big thing, that it helps them gain some element of closure, even though it's never going to go away from them, but it helps them deal with it''.

4. Interviewer: What if any, are the challenges for the child and family experiencing the current services?

Participant 1: *'I think a huge problem is that what's happened to a person, let's take sexual abuse for example, what's happened to them is so negative to the human experience, that whatever happens to them as a result of that is very often going to be negative for them. So there going to see anything that happens with the Guards or with Tusla, is going to be negative because of what it's about in the first place and it's very difficult, I think it's very difficult to manage that from a professional point of view, ummhh, particularly where they could just deal with any, they could go into a Garda station and make a report and the Garda has never dealt with that before. Ummhh, so we're trying to set up specialists units at the moment to try and improve that experience for people, cause that's, I think that's a big think for people, it's that they get a Guard (pause!) who doesn't know what to do and a lot of times there are people from all walks of life who just don't want to know about child abuse, (pause!) don't want to deal with it, don't like dealing with it. That's one of the challenges for us''.*

Interviewer: Further question - Q. 4 - *'Any more or is that the main one''?*

Participant 1: *'Think that's the main one, well I suppose a big challenge for the child and family would be, been kept updated and progress of the investigations as well, we find that, and you see it from reports from various NGO's, that do research into this, that that's a big challenge is getting updates. Ummh, some Guards take longer than usual, some victims expect a daily update and that's not really practical either. You know, so and its more to do with Guards not, not giving earlier updates and we are trying to change that, particularly now with the Victims' Rights Act''.*

5. Interviewer: In your opinion, is the current approach child-friendly within child sexual assault services?

Participant 1: *‘Ummhh, it is, and it isn’t. We work very hard to be child friendly, we have specialist interviewers, particularly for the interview stage to make that as child friendly as possible. Ummhh, it won’t always go perfectly but we’ve done a lot of work with that, Ummhh, we’ve child friendly interview sweat for the children, they don’t have to go to a Garda station for their interview. Ummhh, now that’s only up to the age of 14, (pause!) now the law is ready there in the new 2017 act, to bring that up to 18 years of age and it includes, it includes for witnesses who are under 18 as well as the victims to get specialist interviewers in the interview sweats and that will put, I suppose that can go back to the challenges for child and families, that’s going to put a big strain on our services to conduct the interviews and even now we have backlogs because we have problems with transcribing the interviews and that, that takes a long time, some interviews are nearly taking longer to transcribe interviews than they are actually doing interviews, which is terrible. So that could, but its brilliant is very welcome, we have to train more interviewers’.*

‘Another part of the child friendly approach is that we, our training includes Tusla personal as specialist interviewers and at the moment there’s 50/50 training, so on a course of 12 there would be 6 Guards and 6 Tusla., usually Social Workers. Ummhh, it used to be 8 Guards and 4 Social Workers, but previously the S.W.’s could never be made available for the interview process because of work load, they just couldn’t be made available’.

‘There is a lot of planning and preparing goes into each interview, it’s not just a matter of turning up on a day and doing the interview and going away, there is a lot of planning’s and meetings have to take place and they (S.W.) couldn’t be released for it, so lot of those skills have gone by the wayside for those interviewers, but now Tusla are trying to bring in joint interviewing, so its 50/50 at the moment to bring the numbers back up for Tusla. Ummhh, now that puts a bit of strain on us cause its 6 places we don’t have for Guards and it’s a 4 weeks course, (pause!) very intensive, very expensive, because in fact I think we bring someone from CARI in to talk about the child development side. Ummhh, so it’s very expensive to pay for the Guards and the S.W.’s even to be there for 4 weeks as opposed to doing their own jobs and we can only do one course at a time really so it’s, that’s, that’s a challenge for the children

and the families because of the possible delays of getting interviews done. Ummhh, so there is a child friendly approach but ummhh, there are times when it doesn't work''.

6. Interviewer: Has there been any recent developments of a child friendly approach?

Participant 1: *'In addition to that I suppose for us, we get a major new phenomenon over the last, quite long number of years, we first came across it in 2007, is self-taking imagery on the internet with children, sharing images, sexual activity of themselves. Ummhh, so we would get a lot of reports from the various social media sites through an NGO in America because most of them are based in America, social media companies, ummhh, I won't name any of them. They will tell us if they detect anything on their networks that suggests sexual exploitation of a child or the distribution of child pornography or possession of it and a lot of that would be where children have (pause!) self-taken images or taken images of themselves engaged in sexual activity. Technically, under the lay they have produced child pornography doing that and then they have distributed it by sharing it on social network site and we don't want to criminalise them, so we, what we adopt is this joint approach, we send a file out to a local Garda station and they will link up with a S.W. and both Guard and S.W. will approach the family to let them know what's happening, cause we don't want the Guard just to go and tell them this is happening and head off because there is a huge sensitivity, a huge suicide risk as well. Well, we would be concerned that there be a huge suicide risk because it's usually young teenage children and, and you would here from different reports that in itself is a factor for suicide rates, is teenagers so, ummhh, so to address that for the family, ummhh, we try to make sure that Tusla is involved with us from the outset, because really all we are doing is informing that this has happened, but were not going to, we don't want to follow it up from a criminal approach. Ummhh''...(pause!)*

7. Interviewer: Have these developments been affective?

Participant 1: *'Well, last approach mentioned has been effective, but I think an important thing that's child friendly as well is, we say teenagers engaging in sex and*

one of them gets, well, female gets pregnant, we get reports of underage pregnancies all the time, it's a crime, it's called defilement of a child even if the boy happens to be younger than the girl, it's the boy who gets investigated because the law says a girl under 17 cannot be prosecuted for that. We are obliged to investigate every crime that comes to us, but (pause!) in that kind of investigation we will interview both of them, ummhh, might interview the parents and a very brief file goes to the director of the diversion programme, who as long as we're are happy there is no intimidation or predatory behaviour and it was consensual we'll, that could be marked as no further action then is a welfare issue rather than''(pause!)

''So, technically every sexual offence has to go to the DPP to file when we know who did it. Ummhh, but when it's a child who is the suspect, it goes to the director of the diversion programme and legally if the director of the diversion programme says no prosecution than that's it, it doesn't go to the DPP. Ummhh, here is criteria, he has to admit it that it happened. (pause!) So, I think that's effective in keeping kids out of the criminal justice system for what's technically a crime''.

8. Interviewer: What is your thoughts on Irish services comparing to international services?

Participant 1: *''Ummhh, I think we do well, there's a lot more that we could do well. Ummhh, I've got a broad, I've been lucky to go abroad a lot of the time to different police forces, ummhh, for example I was in Greece recently and they couldn't believe that we have such a system of special interviewers, (pause!) they just don't do it, but then in the UK the specialist interview system would be more advanced, it started earlier than us anyway, so it's more advanced and we have a bit to learn from them and from other countries as well we have something to learn, I say were somewhere in the middle''.*

''Ummhh, we went to Spain to take a statement off someone recently, she is now an adult, but she was sexually abused as a child when she was a student here. The Spanish police had to take the statement because it was in Spain and we were over there. There was terrible language barriers, we didn't know what they were taking in

the statement, interpreter tell us what was said, I think it was kind of summarised and the way they take a statement is totally different to ours, so that's a problem for us. Ummhh, but certainly the amount of detail that goes into a statement in Spain is a lot less to what's expected in Ireland. It's not a fault of the Spanish that's their criminal justice system, it's not required, where there is a lot more required from us. For example, she mentioned, she mentioned going to a gym to keep away from the person abusing her, and they never asked her where the gym was, we'd have to, we'd have to go to the gym and make sure that she did go on certain days and it would help corroborate that her going to the gym happened after the abuse. We would us all that for extra evidence to corroborate, were as the Spanish don't seem to have to do that, (pause!) it's not as stringent I suppose but even a statement taken in Spain is given into court and its read out in court, victims doesn't have to go to court, which is brilliant but they don't have specialist interviewers who do it on DVD, which we have, which is much more powerful than reading a statement, because you see the child giving their evidence shortly after it happened, the trial is two years later and they've possibly become a stropky teenager giving evidence in the witness box, totally different. There's up and downs, Spain can give in the statement, child doesn't have to go to court but the DVD we have is much more powerful in court. Yep!''

9. Interviewer: To your knowledge, are there any long-term aftercare support services for families after going through this process?

Participant 1: *'Ummhh, there are, I know there limited. Ummhh, very often provided by NGO's. I know in one county where we had an investigation and I don't think it has changed much in fairness since then, this investigation was in 2009, we had a brilliant Tusla or then HSE social worker who was brilliant with the family but there was no service in that county where the child could go for an assessment. (pause!) There was an assessment availability close enough county, I suppose an hour's drive but then once the assessment was conducted if the, if the family wanted to avail of any treatment services they had to go privately and that's terrible, like a psychological assessment. Now the S.W. would help the family, ummhh, to access the treatment but it had to be done privately at that stage because the resources just weren't available*

in that county. Ummhh, and I know NGO's like CARI, struggle to provide services like that but it's down to funding. Ummhh, Yep!''

10. Interviewer: As an expert in your field, what are your thoughts on the social attitudes towards this topic of child sexual Violence?

Participant 1: *''Ummhh, I think there improving. I think people are becoming more of it. Ummhh, I think that makes it easier to report it, we are getting a lot more reports now than we did previously, I don't know whether that's more sexual abuse, I think people or more likely to report it. We need another SAVI report to establish something like that. I know the Rape Crisis Network are pushing for it and different ministers have promised that they will look at it. Ummhh, but even, what's terrible about the original SAVI report, I think it was 2002, ummhh, it was NGO's that commissioned it really. They may have got funding from government (pause!) to do, but it but it really should be the state commissioning that report, Ummhh, just paying for it upfront cause NGO's do great work but the reason they exist is because the state was doing that job in the first place''.*

''I think that might even be a thing to do as 'social attitudes towards Child Sexual Violence. As the state, historically didn't take it on, NGO's were formed to take on that problem and to try and deal with it and then the state would see the NGO's lecturing to them (pause!) and would resist because it didn't come from the state in the first place. I think that what kind of impacts on the attitudes towards it (laugh). I think even the idea of what child sexual violence is, differs among some people, like some people don't know what the age of consent is, Ummhh, they probably don't see a problem with teenagers having sex and they would have a particular age where they think it's wrong and then after that maybe its alrighty. Ummhh, rather than just looking at the law and that's what it is, you know, ummhh, and that impacts obviously on what governments do in relation to sexual violence because of attitudes of people. Yep! That's it...yep!''

11. Interviewer: In a perfect world, what is the one thing you would like to see change?

Participant 1: *‘‘Ummhh, it’s probably the same you’ll hear from everybody who’s working in the area, certainly in the state is more resources to deal with it. Ummhh, like the obvious answer is for every child to be dealt with properly but the answer to it is, is more resources.*

We after getting a lot more new resources over the last year but I think (pause!) it’s not really a problem with this area, but an outcome of more resources is more work because you become more successful of what you’re doing and you find more abuse, particularly in on line you’re going to find more and more people who are abusing children even with (pause!) the downloading, the sharing, the possession of child pornography and suppose that goes back actually to the attitudes as well, of what child pornography is. People think that’s kids in swimsuits, its children been raped and then there’s this view, well maybe child pornography is alright because it’s not actually a child being abused, its stopping this guy from abusing children cause his looking at the images instead, that’s a myth. Like very often child pornography can be the fantasy stage that leads to contact abuse later on and even if that doesn’t happen, the child in the image had to be abused for him to have the image in the first place and it is child abuse and it may, it may not have happened in this county, but some child somewhere was abused. The collection of the images creates a market for them and a demand for new images, so more children have to be abused (pause) and I think people just don’t get that’’.

Interviewer: Don’t get it? — *‘‘Could you elaborate more on that piece.... they just don’t get it’’?*

Participant 1: *‘‘I say part is refusing and not wanting to know and part might be to do with awareness raising or a lack of awareness raising as well’’.*

12. Interviewer: Are there any other aspects regarding the services provided for child survivors you would like to highlight or feel I have missed?

Participant 1: *‘‘Ummhh, (pause!) I think a very interesting research would be the outcomes for survivors of child abuse. Ummhh, for those who see that the Garda investigation was good, what outcomes they had compared to those who didn’t make a complaint or who felt the Garda investigation wasn’t good for them. There is going to be, there’s going to be people like that and quite a lot for all sorts of reasons cause wrong Garda investigating, they didn’t get updates or maybe even because there wasn’t a conviction. Ummhh, and I found, I suppose that goes back again to challenges for the child and family experiences of the services, in the sexual crime side we would get an awful lot of evaluations to do of sexual crimes were maybe there was no prosecution and then the victim makes a complaint about the Garda investigation and when we get the file in to do an evaluation, the Garda actually did a good investigation but the evidence just wasn’t there to support case. It’s not saying the abuse didn’t happen, there just wasn’t enough evidence to support it. Very often it will be the word of the victim versus the word of the suspect and if the suspect (pause!) does a good job of answering the questions of been interviewed, then when their denying it, then its less likely their gong to be prosecuted. Because it happens in private there’s very little, there’s very little witnesses to any type of child sexual abuse because of the nature of it. That’s a huge challenge for the child and family, is that private nature of child sexual abuse and the fact it is very difficult to prove then, if one person says it happened and other person says it didn’t, how do you prove beyond a reasonable doubt that it happened’’ (pause!).*

Interviewer: *‘‘Cognitive memory of a child, is that a factor’’?*

Participant 1: *‘‘Actually, that’s interesting, that’s another challenge then, yes, is for children with poor cognitive ability, trying to interview children. Ummhh, we are starting to work with ICJDN (Irish Criminal Justice Disability Network) Just met with them recently to try and address that somehow, with our special interviewers’’.*

‘‘And some other recent developments then, we have recently set up a victim identification unit (pause!). We’ve always done it, but it was kind of ad hoc, where we examine images where children have been abused and try and identify the children. If

we think their Irish children we will try and identify them, if we think there, if we think their German children we will refer them to the German unit that does that. That's quite successful its part of our plan next year is to have a certain number identified every quarter, because we do well. I know in 2016 we had 17 children identified and its gone up, I know I'm after getting the figures in the email. Ummhh, yes so that's a thing we do, is try and identify the children. We try and identify the children and then out of the we identify the suspect then for the criminal investigation but to try and stop the abuse for the children. Ok, yes so...!''

Participant 2: Interview

1. Interviewer: Tell me a brief account of your role?

Participant 2: *'Ok, well ummhh, my role is a psychotherapist. I xxxx and xxxxxxxx xxxxxxxx which supports children and their families within child sexual abuse. sexual assault treatment service ummhh, families are attending to have their children forensically assessed for child sexual assault''.*

2. Interviewer: Can you give me a brief overview of the families using your services?

Participant 2: *'Ummhh, the families using the services would be any families that have been referred either by, by police or a doctor or a Social Worker, for an examination of a child in a forensic manner. Ummhh, that varies there are families whose child has been assaulted, there are families whose child has been experiencing ongoing sexual abuse. So, the families would really be ummhh, a mix between biological families of a child being assaulted or perhaps children who are in foster care ummhh and they come from all sorts of backgrounds, and all sorts of social strata''.*

3. Interviewer: What if any, are the advantages for the child and family experiencing the current services?

Participant 2: *'Ummhh, well the service with which the volunteers are involved, the advantages is that the child is accessed forensically by professionals in ummhh, an environment that is designed for that. They are ummhh, examined carefully and their supported through their examination, so that is advantageous, if there is any forensic evidence of the, of the abuse that will be determined'' (pause!).*

4. Interviewer: What if any, are the challenges for the child and family experiencing the current services?

Participant 2: *‘‘Well first of all, ummhh, any families or child that comes into the service is by definition traumatised because they have either discovered or Ummhh, uncovered ummhh, that a child in the family has been sexually assaulted. It’s an extremely challenging and difficult situation. First of all, for the family to reconcile themselves to what has happened the child but also for the child to undergo this intensive intimate forensic examination and to answer questions. Ummhh, its highly challenging and a lot of people come into the service in heightened levels of arousal, and anxiety, fear and anger’’ (pause!).*

5. Interviewer: In your opinion, is the current approach child-friendly within child sexual assault services?

Participant 2: *‘‘Ummhh, to a large extent and this is a limited area that I would work in, which is among children who would have call for that private examination, the approach does tend to be child friendly as much as possible. Ummhh, in the broader services I couldn’t really comment, but historically my involvement with them, I would say that they are less than child friendly’’ (pause!).*

6. Interviewer: Has there been any recent developments of a child friendly approach?

Participant 2: *‘‘Oh well, I think the setting up of the ummhh, child specific ummhh, sexual assault treatment unit is ummhh, a recent development of a child friendly approach. Ummhh, I also think that you know in the broader context the development of children’s first ummhh, policy, those have been an attempt really to take the whole matter of child sexual assault more seriously and to respond better to it but also to protect. So, it’s just kind of encouraging that way’’.*

7. Interviewer: Have these developments been affective?

Participant 2: *‘‘Well, it depends on what you mean by effective. Ummhh, I think that when the thinking behind the introduction of ummhh, Children’s First was good, but overall, I don’t think that it’s been effective, in protecting children from child sexual*

assault. A lot of the focus, I think goes on first hand disclosures and procedures that take place after the abuse. I don't think they are particularly effective here, ummhh, from protecting children. In the setting up of the child centred sexual assault treatment unit, I think that that is very effective because it means the children at least, within that context, ummhh, the children who have disclosed or whose abuse has been discovered, I think that at least they have somewhere to go, that its designed from them and in the aftermath of sexual assault that at least there are efforts that have been made to work ummhh, with the child''.

8. Interviewer: What is your thoughts on Irish services comparing to international services?

Participant 2: *'I'm not, I'm not familiar with international services abroad, but I am familiar ummhh, with one country and it seems to be ummhh, much of a muchness to be honest with you. There is a, it has been very difficult for authorities in general to come to terms with inappropriate response to the whole issue of child sexual assault. So, I think that the services are very often modelled on the criminal ummhh criminal justice model and ummhh, on a system that has been effectively designed for adults. Ummhh, so I don't, I couldn't really offer a proper comparison in that way''.*

9. Interviewer: To your knowledge, are there any long-term aftercare support services for families after going through this process?

Participant 2: *'Well the one that I am more familiar with is the one that is offered by CARI, which ummhh, does ummhh, look after both the child and the family, badly underfunded. Ummhh, within the HSE, if you like, there are I know inhouse attempts to provide aftercare, highly stressed, ummhh, highly stretched rather, inadequate and not long term''.*

10. Interviewer: As an expert in your field, what are your thoughts on the social attitudes towards this topic of child sexual Violence?

Participant 2: *'Its and interesting question, I think that most people respond with absolute reprehension ummhh, to the thought of child sexual violence but at the same time because it is such an unpleasant and highly deviant thing, it's very hard for people to wrap their heads around it and they don't really like to talk about it much, so ummhh, we tend unfortunately to have a taboo around talking about child sexual violence, people find it too upsetting and don't want to hear about it. So, the taboo unfortunately asides to talking about it, not to doing it because it is very wide spread''.*

11. Interviewer: In a perfect world, what is the one thing you wold like to see change?

Participant 2: *'I think, (laughs) obviously I'd like it to stop. I think that, I think what we need to see, is that, ummhh, there needs to be a huge social adjustment to the idea of sex and the entitlement to sex, which is really I think the, the, the thing that reduces children and to certain extent women of object of gratification and it's when ummhh, children are objectified in that way and seen as ummhh, something that serves the sexual purpose of the perpetrator. That social attitude needs to change, I would love to see that really change''.*

12. Interviewer: Are there any other aspects regarding the services provided for child survivors you would like to highlight or feel I have missed?

Participant 2: *'Ok this is my take on it now and I have to say and I'm not an expert and I haven't done any research on it but experientially what I think is, that we, the services in this country are very, very stretched, they are not thought through, they are not joined up, they are not integrated and I think that children do not get what they need and families do not get what they need and I think that overall we need to be thinking as a country, we need to be thinking in a very, very critical way of the services that are offered and how they can be improved. I think that any child, any child who has experience child sexual abuse is by definition traumatised, we don't have trauma response teams, we don't have services within the HSE to really look at the multi-disciplinary response to it and I just think that we are failing children''.*

Participant 3: Interview

1. Interviewer: Tell me a brief account of your role?

Participant 3: ‘*Ummhh, so I’m a forensic physician. I would be ummhh be part of the on-call service to respond to patients, child /adolescent patients who disclose sexual violence or suspect of sexual violence*’.

2. Interviewer: Can you give me a brief overview of the families using your services?

Participant 3: ‘*The families? The families, yes! so ummhh, I suppose the families, the patients that attend our service, I suppose would come from a diverse range of social backgrounds, ummhh, so am would have different types of family circumstances. Ummhh, I suppose some patients that we would see would come from your typical sort of family circumstance where ummhh, they live with their parents and siblings or their children ummhh, might come from foster families, so ummhh, children who are in the care of Tusla and who are then referred to us, and who are not suppose ummhh, living with their biological families ummhh, and we, I suppose we also see from single ummhh, single parent families and I suppose (pause) on occasion, the, the (pause) alleged perpetrator can be one of those, one of the child’s parents and sometimes that’s the reason for ummhh, the brake up, or the, or the, one of the contributing factors to the, to the child being in a single parent family Ummhh, yea*’!

3. Interviewer: What if any, are the advantages for the child and family experiencing the current services?

Participant 3: ‘*Ummhh, well, I suppose through our service the children, first and for most the children as patients, ummhh, access appropriate medical care that’s necessary, that is absolutely medically necessary ummhh, to respond to their experience of sexual violence. Ummhh, so that would include ummhh, on the medical care, that would involve everything from pregnancy to provision of ummhh, very sophisticated anti-retroviral medication to prevent HIV infection and everything in between. Ummhh, very often, just before I leave the medical point, very often the*

patient who attend our service comes from circumstances where they haven't had maybe the same access to medical care that ummhh, that some children would have, they may not of seen a doctor in quiet some time and often they may have unmet health needs, so for example they may have poorly controlled asthma, they're not taking their inhalers and they haven't had a prescription for their inhalers in quiet some time. Or they could have eczema, that's skin rashes that hasn't been appropriately treated and are very symptomatic, or and there is a very diverse range of unmet health needs and that would be a major advantage ummhh, to families that attend to our services''.

''But then, in addition to that, children access the criminal justice process, in so far as evidence can be gathered should the family slash child choose to pursue ummhh, prosecution or should the Gardaí choose to ummhh, ummhh, pursue an investigation in the case. Am, other advantages, ummhh, very, very important that of ummhh, psychological support ummhh, or at the very least emotional support. We don't offer ummhh, former ummhh, psychological care, we don't have CBT or anything like that, but we offer emotional support. Families meet with professionals who are well using to meeting families in this circumstance, so this kind of unique circumstance, or relatively uncommon circumstances of child sexual abuse. Ummhh, obviously very traumatic for an individual family and to meet with the professionals who have a familiarity with that ummhh,, with that area is very important rather than, for you know, for example, the opposite situation where they attend an emergency apartment and meet with skilled doctors and nurses but not professionals who have a deep familiarity with child sexual abuse and I think it is very important and very advantageous to families to attend a dedicated services because it's therapeutic in itself to ummhh, be listened to and ummhh, to be respected and to be I suppose, part of a patient centred holistic multidisciplinary ummhh, experience''.

''Ohh yes, there would also be, there be very wide literature on that, if you look at the published literature, there be ummhh, a few studies that have looked at unmet health needs in children who present to sexual assault services ummhh, so there would be studies that show that, oh yea, I mean it would be very common, a lot of the children

we see, I suppose ummhh, sexual abuse doesn't occur in isolation other forms of abuse occur alongside it, but have often been neglected. So, they can have all sorts of health needs, just hasn't been appropriately addressed and very serious health needs ummhh, that you know, ahhh, if not met really put the child at risk''.

4. Interviewer: What if any, are the challenges for the child and family experiencing the current services?

Participant 3: *''Ummhh, challenges (pause!) there certainly is, don't know where to start, or difficult to know how to narrow that down. Some of the first things that comes to mind is I suppose every single family, well every single child and family that comes to us, their different and their challenges are very unique but, I suppose a common tread would be that of, ummhh it just being an inherently traumatic situation and an inherently stressful situation for parents and children to find themselves in. So, coming to our services, ummhh, I think the process of coming to it is stressful, ummhh we would generally find families and patients leave our service in a better state then when they arrived. But I think the challenge involved in actually coming and I think its daunting to attend what's labelled, a child sexual assault service''.*

''Ummhh, what other challenges? So ummhh, there's a lot for parents to understand when they come they have to take in a lot of information when we bring them through the consent process for what can happen at the service, if they so wish. Ummhh, there is a lot for them to take in terms of potential medical needs and ummhh, forensic needs and so forth. Ummhh, (pause!) challenges, the, I suppose the part of the, ummhh, part of the assessment at our service involves intimate examinations and that tends to be an area obviously that patients and families worry about. Ummhh, in the fast majority of cases children actually don't ummhh, find that part of the examination overly distressing and certainly we tend to stop the examination should that situation arise and we never ummhh, we always make great efforts to ummhh, ensure that no child is not retraumatized at our service. Ummhh, so although ummhh, that's a challenge I think it's one that ummhh, parents tend to and children tend to become less worried about after the assessment progresses. Ummhh, perhaps as they gain

some sense of rapport with the examiner and they realise that nothing's going, and they also realise that they have some control over what's happening and that they can stop it at any point should they wish, which is something reiterated to them right from the beginning of the, of the consent process and reiterated throughout the examination''.

''Ummhh, other challenges? Ummhh, I suppose by the time patients and families come to see us often ummhh, this has been, this allegation or this situation has been 'live' for some time and often there, I often get the impression that they are emotionally strained by the time they see us, and they need some support. Ummhh, other challenges? Ummhh, I think that if I was to really, if we were to bash this out I think there would be very many more, but challenging when your put on the spot and if there is anything else you would like me to talk about''?

Interviewer: *''No, no – that's perfect, thank you''.*

5. Interviewer: In your opinion, is the current approach child-friendly within child sexual assault services?

Participant 3: *''Well I can only comment on our own services and I think it is very child friendly, ummhh, generally I would be very confident on that. Generally, when patients arrive at the door ummhh, their greeted by the examiner and the nurse and the focus at that point is on the patient. Ummhh, the children are given time then to settle in, so we never rush into doing an exam when a child arrives, we settle them in to the, to the, to the place, let them play with toys for a while, watch a DVD, give them a drink or sweets, or something to ummhh, to help put them at ease. Ummhh, they meet a CARI representative, ummhh and will provide some support and will play with them as well, ummhh maybe some colouring and that sort of thing. We have a lot of, you know, all of our rooms in the SATU would have child friendly aspects to them, you know, everything from ummhh, toys, ummhh, have a wide range of toys, DVD's, little stickers ummhh of cartoons, popular cartoon characters and so forth on the roof*

of the clinical room and on the walls, ummhh, we have a DVD player in the clinical room itself for when we are examining the child itself it is possible for us to play ummhh a DVD movie for them, if they, if they wish''.

''Ummhh, its clinical activity but taking place, I suppose in a clinical environment but in a clinical environment where people are very mindful of trying to make it as child friendly as possible. So, so, we are continuously looking at, you know, ummhh, bringing in different toys and things but, we also have to strike the balance between that and other important care needs for the child, which would include having an environment that is contamination free and DNA free and so forth. So, there is certain types of things you can't bring in and there is a limit to what can be done. I think there is room to improve with further resourcing, we would improve it hopefully, we will improve it. The ummhh, other thing I'd say just about, 'do I think it is a child friendly experience', the other think I'd say is, the ethos of the people who work in the service is very much patient centred and child friendly and that's the most critical factor. Ummhh, I mean, we want children who come to our service to not be distressed in any way by anything that happens, and our ethos is ummhh, that should any situation like that arise that we try and ummhh back off and ummhh, not allow it to develop further, you know, so ummhh''.

6. Interviewer: Has there been any recent developments of a child friendly approach?

Participant 3: *''Any recent developments, ummhh, well, suppose given that you're from CARI, suppose like the introduction of CARI accompaniment service, ummhh you know, I suppose that's relatively recent in the last few years and ummhh that has been very, I think, helpful to a lot of families, and ummhh I think it's a positive development....''*

''Has there been any other recent changes in terms of child friendly? It sounds simple but it's very important, we have an administrative, our managerial ummhh, staff member who has been, who is very proactive in terms of sorting toys ummhh and because I suppose, ummhh resources within the Health service are always scarce so you need someone who knows how to get things and that's very important, it's a very

simple thing but it makes an enormous difference to the quality of our patients experience. So just having ummhh, things like that there''.

7. Interviewer: Have these developments been affective?

Participant 3: *''Yes, ummhh, yes I think what we need now, what the service needs next is not necessarily something, is not necessarily to be more child friendly, ummhh the service certainly needs more but it needs more resources, in terms of more rooms, more clinical rooms, more space, more staff, more human resources, ummhh more equipment, more up to date equipment. Ummhh, we do hope to have a new piece of important equipment soon and that would be, ummhh you might not necessarily think this as being ummhh relevant to child friendliness at first, but it's actually is very important because, and I'm referring to our culdoscope, at present we use a very large bulky ummhh, bulky sort of piece of equipment, to magnify and to ummhh provide light when we exam patients in their intimate areas but now we hope to soon have a new piece of equipment, which will be much smaller, more portable and as such, should contribute to the patients experience positively because it will be less formidable in appearance ummhh and also, I suppose will give the doctor and nurse ummhh just that little bit more, I suppose, there a bit more ummhh freed up, so that would be a positive development, but there the types of things that are needed now to make it more child friendly''.*

Interviewer: I assume the reason you don't have this equipment at the moment, is they are very expensive?

Participant 3: *''Yes, yes they are very expensive and the other thing we need is, we need another clinical room that would improve the patients experience dramatically, because at present ummhh, we only have access to one room, so that means if two cases arrive on the same day only one can be seen and the other one has to wait and that's a major problem for a child, ummhh you know, asking a child to wait 3 hours is not the same as asking an adult to wait 3 hours, it's an enormous difficulty and children get tired, especially when they have to travel a distance to the unit and*

ummhh, so, but those type of things like getting more rooms and more resources like that are enormously expensive, they are a challenge''.

8. Interviewer: What is your thoughts on Irish services comparing to international services?

Participant 3: *''I think, I think Ireland has a health service response for adult victims of sexual violence that bench marks reasonably well internationally now. I think that services for children are not equitable. I think there are major deficiencies in the national ummhh services available to child patients who experience sexual violence or suspected to have experience sexual violence''.*

Interviewer: *''and the ratio of comparing adult services to child services – you know, are you're saying then that adults can access services is easier than a child can''?*

Participant 3: *''So, the services for the adults and children are separate and the adult services have developed well over the last 10 years or 15 years. There has been increased number of units, an increased number of dedicated personal. There have been national guidelines which has been updated ummhh periodically. So, there has been an increase in the level of kind of expertise but that hasn't ummhh been mirrored for child patients''.*

''We are the only 24/7, 365 day a year unit, but as you know there are other units. There at the level, of ummhh, their ability to provide services is a bit more hampered as a lot of the staff involved have very significant other commitments. So, they are not, all I can say is, all I can say is they are not 24/7, 365 days per year and every child should have access to 24/7, 365-day treatment passed on international best practice''.

9. Interviewer: To your knowledge, are there any long-term aftercare support services for families after going through this process?

Participant 3: *‘‘Ummhh, our service is generally ummhh, like visiting the emergency department in that it’s kind of an immediate, quick, or an immediate response and occasionally if there are medical, occasionally we might, not all the time, very often we won’t see children and families who attend our services, we won’t see them again. Sometimes we will see them for a follow up visit but then, but we certainly wouldn’t be seeing them on an ongoing basis. If they have ummhh, health needs that we have identified we may refer them on, they maybe mental health needs as well as physical health needs. So, services that we might refer them to could include the child and adolescent mental health services or ummhh our paediatric, consultant paediatrician hospitals or their own general practitioners to follow up on medical ummhh issues’’.*

‘‘Are there long-term support services was your question....as far as I’m aware the only ummhh service that children access out of our service would be the CARI foundation’’.

10. Interviewer: As an expert in your field, what are your thoughts on the social attitudes towards this topic, of child sexual Violence?

Participant 3: *‘‘ Do you mind repeating that please. Question repeated!*

Ummhh, yea, no, yea ummhh, the social attitudes towards the topic of child sexual violence, well I suppose that ummhh things have changed a lot recently and the last 5 years you can see a dramatic shift but certainly in the last 10/15 years people talk about it more now and their more open about it and I think that’s hugely important because we know it is extremely common and unfortunately very many patients don’t disclose ever ummhh and certainly don’t disclose to the point that ummhh, that they would tell authorities, a Gardaí or the health service. They might disclose to a close family member and that could be it but am, so it’s good that society is thinking about it more and that’s probably being led by well-known celebrities ummhh coming out and who ummhh would have spoken about their own experiences’’.

‘‘So, the societal attitudes, I do think that is very important and I do think that ummhh there is an absence of knowledge of society about it, particularly in terms, I don’t

think society realises that ummhh Ireland isn't fully geared up to respond adequately to children who experience this and I think that's a shame,(pause!)..... yep...there's something, yes that's it''(Laugh).

11. Interviewer: In a perfect world, what is the one thing you would like to see change?

Participant 3: *''There will always be child sexual abuse, it will never be eradicated. The one thing I would like to see change would be, ummhh, the recognition, the development of dedicated services for these children, ummhh health care, forensic, joint health care forensic services, similar to the adult services. Appropriately resourced in terms of ummhh infrastructure, human resources ummhh and that's it, that's the key thing''.*

12. Interviewer: Are there any other aspects regarding the services provided for child survivors you would like to highlight or feel I have missed?

Participant 3: *''Ummhh, there is the area of education for practitioners in this area as well, nurses and doctors. There is an absence ummhh, I don't think nurses and doctors in Ireland ummhh are adequately trained ummhh on how to respond to patients ummhh who report sexual violence, ummhh, so I think there's room, scope for improvement and leadership in terms of ummhh provision of general education to ummhh nurses and doctors and in particular, there's the need to develop specialist educational ummhh programmes, I suppose for doctors and nurses who want to further develop specialist skills in this area''.*

Participant 4: Interview

1. Interviewer: Tell me a brief account of your role?

Participant 4: *'I was a detective inspector in the Police services in Northern Ireland running a public protection unit, in the North''.*

2. Interviewer: Can you give me a brief overview of the families using your services?

Participants 4: *'I was a detective inspector in the Police services in Northern Ireland running a public protection unit. Ummhh, the public protection unit in the Police Service of Northern Ireland (PSNI) covers child protection, domestic abuse, sex offender management and ummhh vulnerable children, ummhh vulnerable children in care, or who go missing in care. So that's their four, which is slightly smaller remit than my current role. But those units ran in the North was in a division and Ireland is currently going through the process of setting similar units up of those divisions in the Guards.*

3. Interviewer: Looking at the previous role you had mentioned, what if any, are the advantages for the child and family experiencing the current services?

Participant 4: *'Ummhh, well again the PSNI aren't involved as much in the support services but there is a lot of work, like with the Guards with ummhh all the, all the different stake holders and the NGO's and the statutory bodies with regards to we deal with the victim. So, my, my role ummhh in, in Northern Ireland with regards to child protection we dealt with all child abuse matters, weather it was sexual, or physical, or emotional, but there is a threshold with regards to, especially if it is emotional or psychological, where it becomes a crime. The majority of our work was based on sexual abuse and physical abuse''.*

Interviewer: *'Was there advantages, when thinking back to the services was there advantages within that service''?*

Participant 4: *‘‘The biggest advantage was that the investigators was all detectives and that is something Ireland attempts to have as well. So, the important part of the service we provided in the North was, they were all detectives, they were all trained, they were all highly trained with regarding to dealing with vulnerable victims, especially children. So, they had similar training (pause), in the North it’s called ABE training, which is ‘Achieving Best Evidence’ training, from a vulnerable victim, especially a child in, in the republic of Ireland its ‘Specialist Interview’, (pause), there similar but not the same. The, the service delivery in the North, the whole point of it was that everyone in each division was getting the same service, to the same standard and that was to raise confidence ummhh in the victims to come forward. Like the Republic of Ireland we had massive issues regarding clerical abuse, ummhh so it was important that the message we sent out to the victims was that you can have confidence in the police to come forward, that you would be believed, that your case would be dealt with professionally, that it would be dealt with consistently by people who are trained to deal with it and there would be joint, joint work both with police and social services. So, so we work closely together to the point that we had a social worker. Just before I left, we were brining social workers into each unit. So that social worker at that time was specific to child abuse and that worked very well, and it continues to work this day and that is part of the plan for the units in Ireland as well. So are very similar, same problems, it’s the same problem. Now again we were talking about the SATU coming up on the lift, they have the Rowen centre at the moment, which it’s, it’s a perfect example of all the agencies working together, for the victim. Weather it’s a child or an adult. Ummhh, so the Rowen centre works particularly well, and I Know there’s plans for Ireland hopefully to do the same. Northern Ireland is obviously quite small so the Rowen’s centre almost, its quiet centrally placed. There was talk about having a second one maybe down towards Fermanagh direction but that possibly services in that the Republic of Ireland could use, but that’s, that’s been talked about, but I don’t know where that is at the minute. But Rowen centre works very well’’.*

4. Interviewer: What if any, are the challenges for the child and family experiencing the current services?

Participant 4: *'Well part of it is, ummhh, raising, raising confidence because the criminal justice system is a very difficult system for people to work through. Its ok if you are a police officer in the North because that what you are us to, Ummhh, it is very difficult for a victim, no matter what type of victim you are but if you are a victim of sexual crime or you're a vulnerable victim or a child its extremely difficult. Ummhh, so its tying the whole criminal justice family together, is one of the biggest challenges. There is a lot of work been done but there is more, there is more to be done. Those processing through the criminal justice are very difficult for the victim to go through''.*

5. Interviewer: In your opinion, was the approach child-friendly when you we're working in the North at the time, within child sexual assault services?

Participant 4: *'Ummhh, not as, not as child friendly as we wanted it to be, now at that stage we had just started ummhh joint protocol interviewing with social services. We had a social worker and a police officer interviewing with a child and ummhh and the point of that was you didn't want the child to constantly have to repeat the story. So, we set up, in each one of those units we had a room, ummhh an interview room set up really like a living room. So it had, and still have them, you know you have furniture like an ordinary living room, so although you were in a Police station and unfortunately due to the circumstances in Northern Ireland these units had to be in police stations for security reasons, in Republic of Ireland that isn't the case they don't have to be in the Garda station, so you not have to bring a victim to the Garda Station, that was the good thing about the Rowan centre, you weren't bringing them to a police station, you actually bringing them to a building in the grounds of a hospital which was totally private. So the issues we had then was, for security of our own staff we had to have the interview suites in police stations, which was difficult because at that stage we still had fairly fortified police stations, so you were bringing the victim into a heavenly fortified building with armed police and that's, that's difficult and some cases depending on where you were working, I worked in Derry for a long time, you were bringing them in in armoured vehicles and that's all difficult for someone who has never been involved with the police or who has never been in a police station. So you were bringing them into that environment, so it was important*

that we got these rooms, you come into a heavy fortified police station and then suddenly you had an ordinary living room and that was all about getting children just relaxed, so you were building up, building up a good enough, ummhh, relationship with them, so that you were getting the best evidence available. That was all recorded, these rooms were all wired for sound and video''.

Interviewer: *'Is that still the case or are all the children referred to the Rowan centre now''?*

Participant 4: *'Ummhh, a lot of them are referred and again that's where I'm slightly out of date, ummhh but a lot of them are, but they can't all go to the Rowan centre, cause the Rowan centre is based in Antrim and if you had a case in Derry or in Enniskillen, it's not just, its quiet a distance it can be a two hour drive for a kid in the back of a police car and so that can be difficult. Ummhh, now as far as I'm aware the, the joint protocol interview suites in the police station still exists but I could be out of date with that. They will probably try, I don't think they always take them to the Rowan centre, especially if it's is a live case, if it's a historic case, well, but that's something I could be out of date on. When I was doing it we still had the interview suites. But the fact you had the joint, joint interviewing with the social worker, it just meant that the child only had to go through the process once''.*

6. Interviewer: Has there been any recent developments of a child friendly approach? So, when you were in that role, was there any child friendly approaches occurring at that time?

Participant 4: *'There, there was within the police and obviously I go back to the joint protocol but the police officer who was in civilian clothes, a detective ummhh not always formally dressed, like in a suit or whatever and your social worker, that was to make it more friendly but I'm not sure now what the situation is, so probably I can't help you with that one (Laugh). Ummhh, but it was all trying to make it's as natural as possible for the victim and it never is cause of what they are talking about but even if the environment is slightly friendlier it does make it a little bit easier''.*

7. Interviewer: Have these developments been affective?

Participant 4: *''I think they were, yea, I think we learnt a lot to the point that, there is one thing I can remember and again I'm not sure if this is still in place, but we had all of this within the police station, but if it was safe enough we had a mobile one, where we had the video equipment were we could actually go out to a home and set it up and it was all, yea it was quiet expensive but it meant you could actually go to a home and do the interview. It depends, some elements of the community didn't want to come into the police station and still didn't trust the police, but they did want this investigated and they didn't feel comfortable and that was part of it. There was other, there was other people who, weather they were ummhh there was a disability, or they didn't feel they couldn't travel to a police station cause not all police stations has these, it was only the big police stations had these, this equipment. Yea, so we had these things in two suitcases where we could actually go and, you could, it was a bit unnatural because you had a camera on a, they were quite small, so we were able to set it up in people's houses and that, that was something to take it away from the police station. Yea, so we ran those as well. So that was a development then and that was a long-time age. It allowed us to interview the child in their own home and if the, if the abuse or the assault hadn't taken place in the home then that was the best place to do it''.*

''When you go into the Rowen centre your straight into ummhh, you got a police part, you got a medical part, and all the forensics work can be done there but it's a very natural place, even though it's technically a clinic stoke hospital. Even when you go in, even when you go in to the medical side of it, you know there is lots of child friendly stuff on the walls''.

Interviews: *'Is it just children that are seen there or is it used for adults as well''?*

Participant 4: *''Both, both''.*

Interviewer: *'And do they have separate rooms for adults and child''?*

Participant 4: *‘Ummhh, there is a couple of rooms but now I don’t know if they are segregated, one for children’.*

Interviewer: *‘Have you ever visited the Barnabus’?*

Participant 4: *‘No, I haven’t’*

8. Interviewer: What is your thoughts on Irish services comparing to international services?

Participant 4: *‘Yes, we have had issues with regards to some divisions doing better than others, some people are better equipped than others. Ummhh, I know An Garda Síochána has the specialist interviewer piece is consistent, ummhh, you know the training is consistent. The availability isn’t always, some divisions has more training than others, so there’s issues there and that’s why we’re rolling out these division of protective service units we call them, in North there called public protective units. So if you do have a problem, and that’s weather is child abuse or domestic abuse, that if you have an investigator you have that one person to talk to and you don’t have to keep going over the story, like we have victim support officers which are great if ummhh, if you have been burgled or your car has been damaged, you know, or you have something stolen from you or you have been assaulted, physical assault, where they can update you, because they can go off to the system and find out what’s happening, that’s totally different for a sexual crime. They wouldn’t be able to see it on the system, ummhh, and the victim isn’t going want to discuss any of the nature of that investigation with a stranger, they need to talk to the person who they have spoken to whenever they give their initial statement and know that is confidential. In Belfast you were dealing with that same person who was training and there was a lot of investment in training’.*

‘In this line of work, we shouldn’t be asking individuals to do what they are not trained to do. In Belfast, impact on the Police there is a welfare process. It is critical and one of the the problems we encounter in the North was that if you were sending someone for welfare support because you identified an issue, the individual may take it personal and take it that they can’t do their jobs. So anyways, welfare support is

mandatory in Belfast and you have to do it 3 or 4 times a year, weather you want to or not. You can go and turn up and sign the form and say I don't want to talk about anything, I'm quite happy goodbye or go and talk for two hours, none of the bosses are going to know and everybody has to go and that's mediatory from top down. It wasn't always mandatory in the North, so I was one of the advantages too. Ireland is going the same way''.

9. Interviewer: To your knowledge, are there any long-term aftercare support services for families after going through this process?

Participant 4: *''For families, there was victim support in Belfast. Now Ireland has that now as well. We in Belfast, we supported the victim to a certain point but basically only from the police, the police perspective, so ummhh, if it was going to court the detectives was taking the families, now this may have improved but the detectives was taking the child or the adult to court, they would take them to court on a day that there was nothing happening and show them what it was going to be like and take them through the process. Now I know NGO's do that. There is a video link room. Adult on case at moment gave her evidence behind a screen in Belfast''.*

''For children there are special measures, like the judge would come in in just ordinary clothes and the barristers, they wouldn't wear wigs, they wouldn't wear gowns, they would just wear suits. Ummhh, so it took that whole hard approach away''.

''When I first joined the police in the North, the police tried to do everything on their own. Especially in the north, where you were sort of isolated. It was interesting to see the Guards doing the same thing, we were doing it in the North because we were isolated from both communities really, because of the situation in the North ummhh, it was very difficult because we didn't have the same community engagement that the Guards have always had. But it is interesting to see, the Guards in some way had

isolated themselves but now the whole acceptance that NGO's actually know what they are doing and take some of the pain away''.

10. Interviewer: As an expert in your field, in Belfast, what are your thoughts on the social attitudes towards this topic of child sexual Violence?

Participant 4: *''Most people, unless it really affects them, I find you know, they will see a few things in the papers, but they're not switched on to it. Ummhh, then when something dreadful does happen and there is a whole media coverage, I found the management of sex offenders, sort of give yea a good feel for what was going on in the community with regards chid sexual, especially child sexual violence and how people reacted to it, ummhh, and I know this from both North and South from being involved in the management of sex offenders, that (pause) the public, the public has a vacation of sex offenders, they recon their all podophiles, which there not. They recon they are all, there all going to reoffend which they tend not to and they, they focus more on the sex offenders who we know and have convicted and sent to prison and now realised then focused on the children, because they are saying, 'what are we supposed to do', and I have had this in public meeting as well, 'how are we supposed to protect our children, if there is a sex offender living in our community'. Forget about the sex offender living in the community and focus on the child. Who's your child with and who are they talking to and who are they meeting up with and what are they doing on the internet. That is, you need to focus on the parenting bit. You as a parent control that and leave the sex offenders down to ourselves and probation. So that element of it and I think the media plays a certain role in that too, because some of the, some of the papers, especially the tabloids, they tend to stir it''.*

''Society, it's like, like people think, they think that there are people walking about, thank god there isn't very many, it has happened but that they're just going to pull children into a, where, where most sexual abuse is within the family. Its, it's not a stranger, ummhh, I think we may be like to think that the only sexual offenders are strangers because it's easier to accept. You know, where's your child, was sexually, was sexually abused by a stranger walking down the street, but they would be

sexually abused by a relation, or a very close family member, or a very close family friend, or someone in a position of trust''.

''We were educating parents and teachers and children themselves, educating children themselves to protect themselves since 2005 in the North. In 2005, we had the whole sexting piece ummhh, we were going out as public protections and we were going around the schools to educate at that stage, it was fourth years and fifth years. They were basically sending images of each other. We had a particularly bad case in Belfast, where a young boy had shared an indecent image, in Ireland it's called child pornography, ummhh and it refers only to the genital area, in the UK it's called indecent images of children, so it could be anything, so a topless, a topless photograph in the UK is an indecent image of a child, where in Ireland it's not, it's not child pornography''. (Did not include details of this case to protect the anonymity of accused and victim).

''Was going around schools in Belfast to educate the children and educate them that it is an offense. One particular school would not allow the police in, principle said they do not have such problems in his school. Police named that they know they have that problem. We not saying that they are sending them, we are saying, they are probably sending them, and we need to educate them before they send them, and someone gets arrested, like what happened the 18-year-old and the principle wouldn't except it. It was the only school that we didn't get into''.

''The IT, the computers, all the phones are computers now and they can do all sorts with them but we want to prevent is and it's the same with children getting involved in sexual relationships, that legally are not consensual, (Pause) but are consensual because there's no coercion, there's no violence, their of a certain age, there, there doing a bit of experimenting and we tend to find out there's a baby, so what do you do, do you prosecute both of them, for engaging in sexual activity of a child, cause their both children. Ummhh, the problem has always been there, but in the North ummhh, I think we were dealing with those, because, because there was quite a few of them, that the, the policy was not to criminalise children. So now, you couldn't, you

couldn't put a broad blanket direction out for all cases you had to treat each case individually. If they were in a consensual relationship, it doesn't mean that legally the sexual activity was consensual, but it happened. If they're both 15. In in Belfast there was quite a few 15 and 16-year olds having babies. So, it happens, but it's important we don't criminalise, where there wasn't any coercive activity. Happens in Ireland but it's how we deal with it. Needs to be done sensitively, but the net pulls everybody in, so it's again making sure that you have Tusla involved that there is some support there, both for the children and for the parents and ummhh, if there's a child involved, like a baby. But, it's just a different way of thinking, but that's all about education as well, but education professional members as much as educating the public and having clear and well-defined policies but how we are going to deal with them. It's happened for hundreds of years''.

''Every organisation involved have their own role, but everyone doesn't necessarily understand the other partners role. So, there is education within the agencies''.

''You go up to Northern Ireland, which is only 6 counties, you are sitting around fifteen hundred. This is because the process is there, which Ireland is striving to do, the process it there in Belfast, in catching them. So, the system works better when you have your consistent professional public protection unit or DPSU, but you turn into, there is a price to pay, you turn into a sex offender factory''.

''If the victims have more confidence in the system and they start to come forward, then we become better, the victims are disclosing more sex offenders, we're prosecuting and convicting more offenders, so the sex offenders numbers go up because the population in the North is still one and a half million, and they have near enough the same amount of registered sex offenders, as the other 26 counties. So it's not that Northern Ireland is full of sex offenders, there all, it's just the process its, it has raised confidence in victims, so the problem then is you have to manage those sex offenders, cause once they have served their time in jail, then they have to come back into the community and they need to be managed and that's, that's one of the, it's not a problem, well it is a problem I suppose in many ways, but that is one of the

outcomes of doing this job better, you will produce more sex offenders and it doesn't mean there not out there, there out there already, but victims hasn't reported them''.

''Yea, so there is more coming forward''.

11. Interviewer: In a perfect world, what is the one thing you would like to see change?

Participant 4: *''No offenders, laugh.... Belfast, in one of things it's all about recourses and money. You could always do that bit more ummhh, certainly what you find in this line of work, and certainly in the PSNI, that you rely very much on people doing this type of work and you could, you could burn them out very quickly ummhh and your training them and the training is getting better ummhh, and the people that are doing the type of work, you know, are actually coming forward and applying to do it, cause the worst thing you could have is having a detective doing this work who doesn't want to be in this line of work. You have to be wanting to be in this line of work, but there is a shelf life to it, so in my own opinion its somewhere between 5 and 7 years and then after that you should be looking, you should be doing a different type, different type of work for your own, for your own health. Ummhh, so if you do that then you have to get new people in and retrain them and so that goes back to resources and money and we are all finding it quite tight, ummhh so in an ideal world you would have more resources and money in order you can have a turnaround''.*

''Also, needs to take into consideration, PSNI is covering a less area and so the PSNI is an easier ship to turn, cause its smaller''.

12. Interviewer: Are there any other aspects regarding the services provided for child survivors you would like to highlight or feel I have missed?

Participant 4: *'Ummhh, don't think so, I'm not totally aware of what's available there now and that's a problem and you would have to speak with someone that is current. What point there at now I don't know''.*

'Intelligence role, we were starting to focus on intelligence in regard to child exploitation at the time. Wanted to be more efficient, cause the whole thing was about efficiency. Ummhh, that was about focusing on the right offenders. How you were gathering the intelligence. Like, sexual crime and domestic crime rely totally on the victim. I you look at drugs, say drugs, technically there is no victim, the state a victim. You are dealing with, you are dealing with the people that are organising it, the people that are on the ground selling it, distributing it and the people that are bringing it to the country, there is no victim, so the only people carrying the responsibility for the prosecution are the police, or the revenue or whatever, but whenever you go into domestic and sexual crime you are relying on the victim, if the victim doesn't make the statement its going nowhere. That burden is on the victim to get that through the court. It's the same for domestic, it's the same for domestic, we rely totally on ummhh, the victim on a domestic abuse case to make a statement, to make a complaint against their partner, maybe the father of your children. You're going to be the one to put Daddy in jail, we rely on that. We started to look at, PSNI was, is there another way. Now for sexual crime there is probably no other way, ummhh, you still rely on the victim. For domestic crime, you can, you can break the circle of violence without relying on the statement of the victim. That, that intelligence function, to identify the perpetrator and is there another way that we can put him in prison, that doesn't involve a statement from the victim. Cause maybe he is a drug dealer, maybe he drinks and drives, maybe he does something else that we can focus on and she never has to make a statement. So, its thinking about it a different way because were caught, and sexual crime you are reliant on the victim making a complaint and they carry the burden of that and that's why it's such a sensitive area for victims and that's why they need the support. So, yea, in an ideal world if, and that's one of the things they have done in the PSNI, is to try and maybe look at it in a slightly different way, is there anything else we can do''.

Participant 5: Interview

1. Interviewer: Tell me a brief account of your role?

Participant 5: *‘Ok, so I’m a child and adolescent psychotherapist and I work for an organisation that works ummhh, with children and their families that have been affected by ummhh, child sexual abuse or displaying are displaying harmful sexualised behaviour’.*

2. Interviewer: Can you give me a brief overview of the families using your services?

Participant 5: *‘Yes, the families are, so the families that we work have all, its post assessment so ummhh, they have been through the assessment process with social workers or ummhh, St. Clare’s St. Louise’s and they come to use just therapy then. The families are from Dublin area and just outside ummhh and they come from different and all types of backgrounds’.*

3. Interviewer: What if any, are the advantages for the child and family experiencing the current services?

Participant 5: *‘Ummhh, for the child, it’s an opportunity, it’s you know it’s a therapeutic space to process and you know ummhh help to, help to move forward from with ummhh the abuse they experienced while at the same time their family ummhh, being provided with ummhh a space with support and advice and anything really that’s happening with the family as you know, you know there is an array of, of other issues that can arise out of a family being affected by child sexual abuse. Ummhh, so they get to come together and the way we work here is, is quite different to other services, as in we do work parent and child together work, so we come back after a session and we do a lot of family work. Ummhh, so the aim is really, not just to around helping the child but helping around the larger circle of the family and the*

environment, you know even linking with schools, linking with other family members and that''.

4. Interviewer: What if any, are the challenges for the child and family experiencing the current services?

Participant 5: *''I suppose practical wise, you know getting here, you know missing school. So' appointments are, our service is, is quite small and we don't have a lot of resources so, and when an appointment becomes available the, the parents really need to make that work. So, from a practical point of few with work and child care and all that it can be difficult for them to get here''.*

''Ummhh, I suppose the big challenge then on the other side is actually facing and addressing what, what has happened and being ready, being in a space to go there. Ummhh, so we would ask the parents a lot of time to be engaged in their own personal therapy or to have, we would be checking pre-therapy considerations, that they have their own supports outside of here because it can be very challenging for them. Yep, yep''.

5. Interviewer: In your opinion, is the current approach child-friendly within child sexual assault services?

Participant 5: *''Ummhh, I would say in our service, absolutely, ummhh, that's our ethos, that's our ethos here, that's its child friendly, you know. Ummhh, we always keep the child at the centre of any decisions ummhh that we make here, as best we can. Ummhh, supervision you know, we have our clinical director, we have all those that, big decisions like that we would go to, you know to make sure that any decision we make regarding the child therapy that their thought of first and foremost. Ummhh, so I would say yes, we are child friendly''.*

6. Interviewer: Has there been any recent developments of a child friendly approach?

Participant 5: *‘‘Ummh, we are constantly reviewing it, so I wouldn’t say there has been any recent developments, but we would link in with other services like I mentioned before, St. Clare’s, St. Louise’s, Northside Inter Agency Project (NIAP), ummhh, other services in the area that deal with similar, ummhh, you know with, have similar approaches, and we would, we would, we would have a multi-disciplinary approach and have meetings and see what’s working for them and they would see what’s working for us’’.*

7. Interviewer: Have these developments been affective?

Participant 5: *‘‘Definitely yes, yes, that’s, well I mean I suppose the sexualised behaviour is the big one at the moment. Ummhh, so linking in with another service that works with ummhh older children, but you know, there interested in I suppose what’s happening before the children see them and we are interested in what happens after, so it’s really interesting to link in with them. So, I would say, yes and a lot of the time, well actually in some cases of the children we see a sibling, or another family member might be linked in with their services and the other child might be coming here, so it is very important for us to have a relationship’’.*

8. Interviewer: What is your thoughts on Irish services comparing to international services?

Participant 5: *‘‘Ummhh, I supposes I wouldn’t really have a whole lot of thoughts on that, other than what I see in the news, I suppose in relation to England, you know, it seems to be similar enough, ummhh, the waiting time for therapy. That seem to be what’s, that’s what, there seems to be too many people just waiting and not enough action and victims seems to be the ones are suffering. Maybe looking at how others nationally do things, cause I’m sure there is places that are doing better than here ummhh, that we could learn a lot from’’.*

9. Interviewer: To your knowledge, are there any long-term aftercare support services for families after going through this process?

Participant 5: *‘Well as far as I know our services CARL, is the only one that provides long term aftercare. Ummhh, we provide long term therapy here, so we don’t put ummhh, the child comes as long as they need to come and that’s quite unusual in this country. As far as I know I don’t think there is any other services that provide, were based in Dublin and Limerick only’.*

10. Interviewer: As an expert in your field, what are your thoughts on the social attitudes towards this topic of child sexual Violence?

Participant 5: *‘Ummhh, yes, I think it is still a taboo subject. Ummhh, that people, families everyone, it’s still a hard, difficult topic to, to talk about, you know, even outside. Like with other professionals who don’t work with this situation, you get them, ‘oh how do you do that work or how do work with that’, even they don’t want to go there so I think it’s still a social thing, it’s a society thing ummhh that we are still. Ummhh, I think in the, in the past, maybe in the past year there’s been a, like with all these cases that are coming now into court, ummhh, with young teenagers ummhh and sexual violence and yes, I think, I hopeful there is a change happening but ummhh, yes’.*

‘The taboo I think is historical. We don’t take about sex first of all, we don’t talk about sexual violence and then when you through children into the mix that’s just too much to bear. I think people don’t want to believe that this happens, they don’t want to talk about it, bit of ignorance, ummhh and a bit of blame you know, that people don’t want to think it’s just happens to the boy next door, that it only happens to a family you know, that are in chaos and ummhh that they, they don’t want to believe that there are risks everywhere really, you know’.

11. Interviewer: In a perfect world, what is the one thing you would like to see change?

Participant 5: *'Well, I'll talk about my world (laugh). In our little world in Ireland (laugh) and from the work that I do, I would love ummah, the, the government to prioritise, I suppose children and there's been a little bit about children's voices and that, but you know, number one they have a voice and they can access services. Ummhh, the waiting list thing for me is, for everything I mean across the board, but particularly in this area, it's you know, courts, all of that, the waiting time, the waiting time, the waiting time. In my view the victim is, is bottom of the pile with that and that's just compounding everything that's happened to them already. Ummhh, which is really disgusting. So ummhh, yes, I would love to see all our policy makers and our politicians, and our people, CEO's all our people at the top to have a child centred approach. To go back to your child friendly you know, question, that, that all decisions are made with the child at the centre''.*

'Well if they could invest more money in it too and I suppose, ummhh, you know, we can only work with, we can only tackle our waiting list with the resources that we have, which is three therapists at the moment. We are working a half week here, so give us more money, and you know, let us, you know, nobody is coming looking, knocking on our door, you know, asking, how is your service working? How many, how many therapists have you got? What can we do to, to you know, to help? And meanwhile these families are sitting at home. It's not, it's not quite what their focus is at the moment, yes''.

12. Interviewer: Are there any other aspects regarding the services provided for child survivors you would like to highlight or feel I have missed?

Participant 5: *'Ummhh, no I think, (pause) I think this service, particularly that I work for is quiet, as I said, is, is unusual, in you know the way we work, ummah, that it being long term and it being child friendly and I think the ethos and the way we work here is the way forward really. Ummhh, and I think other services, other services need to link, there needs to be more multi-disciplinary, like you said, ummhh, where we look at what's working in different places and that becomes across the board and that that actually becomes, that's there's a system of, right a sexual assault has happened, what happens next, what happens next, what happens next and that every person is treated the same, is given the same opportunity, that person down the*

country isn't waiting for a year as the person who got assaulted in Dublin three months and there seen sooner. You know, there shouldn't be, what's happened to them is enough, they shouldn't have to be in limbo for the next two years waiting for something to happen. Ummhh, so I think that's a priority, yes''.

Participant 6: Interview

1. Interviewer: Tell me a brief account of your role?

Participant 6: *''Designated Doctor in a safe Guarding Clinic outside Ireland. I also lead other paediatric doctors in the complex Safe Guarding Clinic, in a Hospital''.*

2. Interviewer: Can you give me a brief overview of the families using your service?

Participant 6: *''They are children who have alleged or suspected sexual abuse. Under 18, or over 18 with disabilities''.*

3. Interviewer: What if any, are the advantages for the child and family experiencing the current services?

Participant 6: *''Ummhh, its, ummhh, its specific to their needs''.*

4. Interviewer: What if any, are the challenges for the child and family experiencing the current services?

Participant 6: *''To access the correct ones that are child friendly, have ummhh initial and psychological support, for the child and non-abusing careers to be believed (Pause) and for there to be a conviction''.*

5. Interviewer: In your opinion, is the current approach child-friendly within child sexual assault services?

Participant 6: *''Over in XXXXXXXX it depends where you go, if you go to a specific service, its ok but otherwise it isn't''.*

6. Interviewer: Has there been any recent developments of a child friendly approach?

Participant 6: *“Yes, because we now got the money to open the child house which is based on the ummhh, external model. This is the first one with that name but there are others that kind of take some of the ways of working and implementing it. Based in xxxxxx in London. It will be implemented later in the summer”*.

7. Interviewer: Have these developments been affective?

Participant 6: *“Ummhh, we don’t know, we will have to wait and see hope they will be. That is the reason why they are being implemented”*.

8. Interviewer: What is your thoughts on Irish services comparing to international services?

Participant 6: *“I don’t know”*.

9. Interviewer: To your knowledge, are there any long-term aftercare support services for families after going through this process?

Participant 6: *“For me personally yes, because we have ummah, we have now a team for the last, the last ummhh, how long has it been? Nearly two years. I work with a team with an advocate and a family therapist. That’s been for two years, working towards the implementation of this child house. So, the children who are now seen in my clinic have extremely good support and aftercare”*.

“Some have to come a long way, which some of them do and they have to go back for care in the burrow that they live, and the services aren’t there and that’s obviously really bad”.

10. Interviewer: As an expert in your field, what are your thoughts on the social attitudes towards this topic of child sexual Violence?

Participant 6: *(Pause) ‘‘Oh my God, you are asking me amazing questions. I think, I think it is very interesting because I think there is a kind of ummhh, I think there is a confusion. On the one hand people are very ummhh punitive and critical and ummhh (pause), what can I say, I don’t want to put values on it. I think there quite critical of children and young people’s behaviour. Yet at the same time society has become sexualised and so I think there is this dilemma for people, I think there is a dilemma for children about how to behave and I also think ummhh intimate, and you know our life today is so different because if you think about ummhh, 50 years ago, just to take the strong contrast you know, young children 10 11 year olds or younger or probably older would maybe look at porn on the top shelf in the newsagent, ummhh if they could or find maybe at home, whatever. So that’s pretty bland compared with ummhh a non-parental control computer, where a six-year-old could find all sort of stuff, in inadvertently. Then I think there is the anxiety in society about what’s appropriate and what’s not appropriate. I think there is the anxiety about children’s behaviour which has changed immensely, and I think that children have become more sexualised, so there is sexualised bullying as well as sexualisation in society. So, I think it is an immensely complicated question and I think there are loads and loads of factors’’.*

11. Interviewer: In a perfect world, what is the one thing you would like to see change?

Participant 6: *‘‘What I would like to see, and I have written an article about this on the newspaper, if you google me you will find it. I think there should be, ummhh like in Holland very early attention to teaching children about keeping safe, keeping their body safe and what’s right from wrong, because it is very difficult, and I think children grow up with mixed messages and not knowing, because we need to start really young like two or three, in, in nurseries. It is no good waiting till they are in secondary school. Preschool age’’.*

12. Interviewer: Are there any other aspects regarding the services provided for child survivors you would like to highlight or feel I have missed?

Participant 6: *“Ummhh, yes, I think prevention is one of the key things”*.