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Exploring the Impact of Child Sexual Abuse on Young People's
Romantic Relationships

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the BA (Hons) programme in the School of Humanities and Social
Sciences

DECLARATION

This work has not previously been accepted for any degree and is not being concurrently submitted in candidature for any degree

Signed   **Ruth Cameron**

Date   **07/04/2017**

STATEMENT 1

This dissertation is being submitted in partial fulfilment of the requirement for the degree of BA

Signed   **Ruth Cameron**

Date   **07/04/2017**

STATEMENT 2

This dissertation is the result of my own independent work/investigation, except where otherwise stated.

Other sources are acknowledged by explicit references. A reference list is appended.

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ABSTRACT

EXPLORING THE IMPACT OF CHILD SEXUAL ABUSE ON YOUNG
PEOPLE'S ROMANTIC RELATIONSHIPS

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The purpose of this study was to identify the impact that Child Sexual Abuse can have upon young people reaching adolescence, with the intentions to understand how cognitive, emotional, social and educational development may be impaired. Following this, trauma relating to the experience of child sexual abuse may affect social interactions and relationships. However, it is evident that each individual case of child sexual abuse is different and therefore each reaction to the abuse differs.

The importance of early detection of child sexual abuse is paramount in providing the child or young person with the correct support and intervention in order to enable healthy growth and development.

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Introduction

This dissertation will provide informative theory and theoretical analysis on the subject of Child Sexual Abuse (CSA) with focus on the effects that CSA may have on a young person's cognitive, emotional and social development. Due to the ethical issues and sensitivities of CSA, this dissertation was undertaken theoretically. Experiencing CSA can be an intensely traumatic experience, negatively affecting a person's life. However, this paper will focus on exploring the implications that CSA may have on the child throughout their adolescent years (between ages 11-25), especially when forming romantic relationships. CSA, however severe and whether involving physical force, the experience of this can dramatically alter perceptions of people and the wider world. Therefore, forming healthy relationships may be problematic for those who have experienced CSA.

> 'All sexual touching between adult and child is sexual abuse. Sexual abuse does not have to involve penetration, force or even touching. If an adult engages in any sexual behaviour (looking, showing, or touching) with a child to meet the adult's interest or sexual needs, it is sexual abuse. This includes the manufacture, distribution and viewing of child pornography', (Stop it Now, 2017).

CSA appears to be a cross-cultural, universal problem affecting 20% of women and 10% of men (Stoltenborgh et al., 2011). The epidemic problem of CSA is not confined to institutions such as children's homes, schools and sports clubs that are regularly reported in the media, although this is a societal

issue. Concurrently, familial CSA or abuse by perpetrators known to the child or family is a rife concern that often goes unnoticed, due to the secrecy and concealment. In the literature reviewed for the purpose of this research, those who have experienced CSA may be referred to as a 'victim' or a 'survivor'. However, some people who have experienced CSA would argue that neither term would appropriately describe them. For this dissertation, the term 'victim' will be used to describe a person who is or has experienced CSA.

Statistical evidence (NSPCC, 2016) shows sexual offences committed against children under 16 have risen by 85% over a five year period from 2010 to 2015, throughout the United Kingdom, (Bentley et al. 2016) However, actual statistical data is absent due to a lack of reporting cases of CSA to authorities. This can be for reasons including; the abuse taking place within familial settings or institutions where often CSA is hidden. Although statistics show an increase of reported offences, the cause of the increase cannot be seen as a direct result of the increase in sexual offences. Therefore, the statistical data cannot conclude the increase in reported CSA cases mirrors reality. As discourse of CSA is common in the media, this may have improved public awareness and, with changes to policing in the UK, (Bentley et al. 2016) the cases reported may be a reflection of better policing and heightened awareness, rather than an actual increase of the offence. Furthermore, although the reports of CSA have increased recently, much research indicates that the actual amount of children suffering sexual abuse is enormously higher in reality as 'most sexual abuse is not reported, detected or prosecuted, (NSPCC, 2017).

The historical context (following the introduction), will determine how CSA was primarily theorised in the early 20th Century and how it was perceived in the eyes of psychoanalytical theorist Freud.

Chapter one will explore use of power and coercion in relation to CSA. This will lead to a critical analysis of how power can be used to manipulate, control, groom, exploit and abuse children for the sexual gratification of the abuser.

The significance of the attachment relationship in infancy and the impact on development will be explored in chapter two. Chapter three will examine the possible psychological and potentially damaging effects that experiencing CSA may have on the victim. A discussion on mental health will provide a deeper understanding of the possible complications the victim of CSA may experience in their adolescent years. Although mental health disorders can affect daily life, this research will predominantly explore the psychosocial impact that CSA can have on young people. This will be predominantly focused on social interactions and establishing romantic relationships with relation to social skills, self-esteem and confidence, risk taking behaviours and harmful or dangerous sexual behaviours.

Chapter four will encompass the importance of Youth and Community Work in relation to working with children and young people who have experienced CSA, to demonstrate how this profession can help provide a holistic provision to meet the needs of the young people.

In previous years CSA may not have been perceived as a 'public' problem (a problem that should be dealt with by authorities), despite an awareness that is

prevalent, it could have been viewed as a 'private' problem that only occurs in certain social classes or cultures, or those 'looked after' by local authorities. However, experts agree that the incidence of CSA is far greater in comparison to authorities, (The National Centre for Victims of Crime, 2010). The barriers affecting disclosures and reporting of CSA can occur for a number of reasons such as stigma, shame, the fear of blame and the potentially damaging effects on the child's mental health who has to retell and relive the abuse. Thus, it is understandable why some children, young people and adults never disclose CSA.

Historical context of Child Sexual Abuse

CSA is far from new. It can be dated back to the 15th Century or possibly further. It is well-known in the UK and America, historically men were seen as the authority figure in the family, in the work place and other institutions. Therefore, men had power to set rules, make decisions and influence others. In a patriarchal society, this meant women and children had little or no power. Which, in turn, meant power could be easily exercised over them, without fear of repercussions, (Driver, and Droisen, 1989). Consequently, abuse of both children and women was normalised, as it was acceptable for men to exercise power whichever way he saw appropriate, (Driver, and Droisen, 1989).

CSA became a topic for discussion in 1896 when Freud publicly addressed what he perceived as truthful accounts of CSA disclosures by his female patients. The Seduction Theory (1896), traced the cause of mental illness to repressed memories of familial CSA. Most of the cases on which he based the theory involved women, (Stein, 1984). Although the word 'seduction' was used to address Freud's new found theories, it was clear that Freud meant sexual seduction as a real 'sexual act forced on a young child who in no way desired it or encouraged it', (Masson, 1984). Freud's findings were in question as they were based on women's childhood experiences of sexual trauma, which had never been publicly discussed. The patriarchal views in society meant that Freud's discovery of his female patients' violent and sexually abusive pasts, were met with disgust and distaste. However, was this because society was not ready to accept the reality of sexual abuse of

children or was it disregarded because women and children were seen as fantasists and liars because of the disparity of power? The psychiatrists before Freud who had heard 'seduction' stories had accused their patients of being hysterical liars and had dismissed their memories as fantasy, (Masson, 1984). This provoked the idea that recovered memories were illusionary fantasies that were inept and could not be seen as viable evidence to base his theories of seduction upon. This concept was termed 'False Memory Syndrome' later in 1990's (BFMS, 2017).

The debate on false memory syndrome is still disputed today. Some psychologists argue its validity and others oppose it, claiming it was developed in order to defend against claims of CSA, (Dallam, 2001. cited in Cohen and Conway, 2008). Expert opinions often showed more understanding for the perpetrators than the victims, and overemphasised victims' resilience whilst minimising the abusers' responsibility, (Mintz, 2012). Subsequently, in the early 20th Century the blame was focussed towards the victim as the initiator or 'seductress', (Bender and Blau, 1937). However, notably, at that particular time in history the 'experts' were typically males. Expert men therefore, were to decide whether their female patients were fabricating fantasies and lies. Freud later abandoned the Seduction Theory claiming he realised the patients whose case histories were crucial to its formation, had probably 'recalled fantasies, and because this may have pointed to a relatively widespread perversion among fathers', (Masson, 1984).

In retracting his beliefs about the seduction theory, Freud, whether meaning to or not, instilled a disregard of the women or child's experiences as false and therefore reinforced a patriarchal view that women and children are not worthy

of speaking the truth. It may be viewed that the stigma, shame and guilt that victims of CSA encompass today, could have been introduced by Freud's abandonment of his Seduction Theory in the late 19th Century.

Freud's retraction of the Seduction Theory may have led some people to believe that CSA was implausible and doubtful. This may have informed stigmatisation, feelings of shame and guilt that are often associated with experiencing CSA in contemporary society. The disregard of the Seduction Theory by professionals and those deemed as 'powerful' at the time, may have also been a way of keeping CSA off certain agendas as those hierarchical members of society were able to sexually abuse children without exposure or repercussions. Therefore, if society begun to discuss CSA as a plausible topic this could hinder the perpetrators ability and availability to sexually abuse children. Thus, allowing perpetrators to continue to abuse without exposure.

Chapter One

The use of Power, Control and Manipulation in Child Sexual Abuse

The previous provided an analysis of the historical context of child sexual abuse referring to Seduction Theory (Freud). This chapter commences with a review of the theoretical tenets of societal power; this leads to an analysis of how power is used at different levels by perpetrators to manipulate and coerce children into sexual activity, for the gratification of the abuser. Steven Lukes' theory of power (2005), divided into three levels or dimensions, assists in explaining why children may be vulnerable to abuse in the family home and institutions such as sports clubs, schools, hospitals and churches. Although Lukes' (2005) theory of power was a highly influential concept in the practice of Sociology in the 20th century, other theories of power will be explored to establish the significance in the experience of CSA. Furthermore, the concepts of coercion, control, grooming and exploitation will be analysed to enable a deeper understanding of how power can be used in more subtle ways to manipulate and abuse children sexually.

'The sexual exploitation and abuse of children is most likely when vulnerability meets power', (Davies, 2013). Analysing power is a complex matter. However, this chapter incorporates the hypothesised ideas of how power is exercised and distributed in society, from key academics in Sociology; Lukes (1974, 2005) and Scott (2001). The distribution of power in society is

multifaceted involving comprehension of how societies socially construct their world.

Lukes' first dimension of power is measurable and visible and is described as 'decision-making power' (2005. p.86). In society, many people are able to use this type of power to their advantage and free will to make decisions for themselves, which can be empowering for the individuals. However, some people have less power than others, based on certain factors such as gender, race, age, intelligence, education and so forth. Children and young people especially cannot always make decisions for themselves and therefore tend to have decisions made for them in their 'best interests', or in order to conform to societal norms, for example; attending school in the United Kingdom is mandatory.

For Waldby and Clancy et al. (1989), this form of power is described as structural or institutional; the powerful gain the opportunity to exercise control over the powerless, (cited in Driver, 1989. p.102). Examples of the power imbalance in society are; the rich over the poor, men over women and adults over children (Driver, 1989. p. 94). However, arguably, the disparity of the power imbalance between adults and children may have improved in recent years. Implementation of legislation, such as the United Nations Convention of the Rights of the Child (UNCRC, 1989) provides children with a complete statement of rights and is the most widely-ratified international human rights treaty in history. Serving to protect children from abuse and neglect, it therefore provides the child with some form of power, (UNICEF, 2017). Albeit legislatively it is acknowledged that laws support decision making for people within democratic structures, it is argued that the law needs to be understood

and engaged with for it to offer 'power' to empower its citizens. Children are often not privy to such 'empowerment'; thus, the power of the decision-making is muted.

The UNCRC is a commendable platform for protecting children and instilling within them some form of power. However, it is still prominent that children lack power in institutions and familial settings as an abundance of evidence shows that CSA remains an extensive problem. However, this dissertation does not seek to question why CSA is so prevalent in societies and cultures throughout the world, but to discover what effects CSA can have when forming relationships at adolescence.

According to Lukes' (2005) theory of decision-making, power can be distributed unevenly and used in an oppressive and discriminatory manner. Power in this form can manipulate and control the child in situations of abuse, rendering the child powerless. Lukes' (2005) defines the second dimension of power as 'agenda-setting power'. Bachrach and Baratz (1962) describe this as the "restrictive face of power" which involves the "dynamics of non-decision making" (Bachrach and Baratz, 1962, p. 952). Suggesting that manipulation by the agenda setter ensures that certain conflicts (for example; CSA) are not brought to the forefront. Agenda-setting power can be more subtle and not necessarily visible. Therefore this power can be exercised at a higher hierarchical level; allowing those in positions of authority, such as celebrities or politicians; ultimately the 'decision-makers', to decide what is visible on the agenda or more importantly what is concealed. This makes CSA more accessible for those who abuse their authoritative power of agenda setting. Combining the misuse of decision-making and agenda-setting power in order

to sexually abuse children, arguably allows the perpetrator to feel or become powerful and in control of those who he/she is able to manipulate and abuse, without fear of being exposed.

In addition to decision-making and agenda setting power, it is crucial to recognise that Lukes' (2005) third level of power: cultural power, also plays a significant role in keeping sexual abuse hidden from society. Cultural power does not involve an individual exercising power over others but relies on dominant norms and values. Often this type of power is difficult to detect, as there is no resistance, because it is a collective of values and norms which society adheres and conforms to, unintentionally or unconsciously. As CSA is often a well-hidden sexual offence that carries stigma, shame and unease, it is seldom a topic of conversation and may be perceived as something that only happens to certain types of children or particular groups in society. Thus, child sexual abuse exists in an environment of secrecy, (Mitchell, 2017), making it harder to detect. When discussing particular groups in society it is important to recognise the issue of social class. It may be assumed that CSA is more prevalent in lower class cultures due to increased rates of reported CSA cases. However, this should not be interpreted as a lower/working class problem. Gillham and Thomas (1996) claim that 'middle class families are both more private and less suspected than their socially disadvantaged counterparts', (p. 121). Thus, factors such as greater involvement and interventions from the welfare state could be a reason for higher rates of CSA, as they can be detected from involvement with services that work with children and families. In contrast, societies with little or no welfare state

involvement and therefore less family intervention are less likely to detect CSA cases and therefore retain the secrecy of CSA.

Lukes' three dimensions of power (2005), can be used in combination with one another by the abuser or group of abusers to gain power and control over their victims or even an entire institution by influencing a culture of acceptance with no resistance. Utilising Lukes' theory of power, it may be considered that the BBC embraced a culture of acceptance for CSA by systematically disregarding any allegations and overlooking the possibility for exposing the sexual offences that were taking place within this organisation. An investigative reporter commented that 'the culture that existed at the BBC enabled "them" to get away with their offending', (Williams Thomas reporting for This Morning, 2016). Institutional CSA has been an increasing media topic in recent years, stemming from high profile CSA cases that included celebrities such as Jimmy Saville, amongst others. These high-profile cases have led to further inquiries and investigations such as the Independent Inquiry into Child Sexual Abuse (IICSA, 2016). Such inquiries will 'investigate whether public bodies and other non-state institutions in England and Wales have taken seriously their responsibility to protect children from sexual abuse, and make meaningful recommendations for change in the future', (IICSA, 2016). Evidence and research into institutional CSA can show how power can be abused in order to manipulate and abuse children with mitigated exposure. Due to the limitations of this dissertation however, this will not be discussed further.

In relation to CSA, the power relationship between abuser and victim appears to be heavily one-sided in favour of the abuser. For Scott (2001), the

paramount agent (the abuser) has or exercises power over the subordinate agent (the child), (Scott, 2001). In adult relationships, it would be probable that 'the subordinate agent would exercise countervailing power to that of the paramount agent, as it is rare that such relations are so one-sided', (Scott, 2001. p.2). However, because this dissertation is particularly keen to examine the abuse of power in child sexual abusive relationships, the countervailing power is irrelevant as in reality, when sexual abuse occurs the child is powerless and therefore the child is always affected by the power of the abuser. The abuser is therefore able to abuse the child by abusing their power of control. Scott (2001, p.2) also offers insight into the phenomena of adults or older children, who abuse children sexually may have experienced child sexual abuse themselves. Scott comments that a paramount agent in one relationship may be a subordinate in another, (Scott, 2001. p.2). Therefore, an adult who experienced CSA and procured the subordinate role in a power relationship, which encompassed feelings of powerlessness and lack of control, may then engage in abusing children in order to regain that sense of power and dominance.

It may be assumed that the perpetrators of sexual abuse must use force and violence to get their victims to comply with their sexual desires. However, the use of coercion illustrates how perpetrators may use a child's vulnerability to manipulate them into complying. Coercive power enables the perpetrator to exercise power over the victim by using threats of force and violence. In some instances, the threat of violence and its repercussions is sufficient for the victim to comply. Scott (2001. p.18) clarifies that, if the subordinate continues to believe in the *possibility* of force or violence then the use of *actual* force

and violence is not necessary. Here this could be perceived as a manipulation of the child's emotional state, particularly fear, and therefore coincides with an understanding of psychological abuse associated with CSA. Deceptive behaviour, which involves coercion and control, may affect cognitive development in later life, which will be discussed in chapter three.

The perpetrator may be able to manipulate the child into sexual activities by using coercive power, manipulation and control with no force or physical violence. Many children do not disclose sexual abuse for a number of reasons, which may be related to the use of control and dominant power being exercised by the perpetrator. A study of adult survivors of CSA showed disclosure took an average of seven years after the incident, (Allnock and Miller, 2013. cited in NSPCC, 2017). Arguably, non-disclosure may also be because the child does not understand that it is abuse or that it is morally wrong. Kohlberg's (1958) expansion of Piaget's (1932) theory of moral development distinguished three levels of morality that individuals progress through; pre-conventional, conventional and post-conventional. Kohlberg alleged that there was no personal code of morality in children around the ages of nine and younger and claimed 'moral code is shaped by the standards of adults and the consequences of following or breaking their rules', (McLeod, 2011). Therefore, it may be viewed that the stages of a concrete understanding of right or wrong are lacking in childhood. Moral development will be explored in correlation with emotional intelligence (EQ) in chapter three.

CSA is a crime usually only witnessed by abuser and victim, (NSPCC, 2017), which makes it far more difficult to comprehend the widespread scale of the

offence. On the contrary, because CSA is hidden, occurring in secret; it is more likely to occur in institutions where power can be exercised over a child without exposure of the perpetrator. It is evident from the IICSA that CSA has been and may still be prevalent in the Roman Catholic Church, (2016). Having explored the concept of power, incorporating Lukes' (2005) theory in relation to CSA, the following chapter will discuss the importance of attachment relationships and the impact upon the child.

Chapter Two

Attachment Theories and Relationships

The previous chapter explored Lukes' three dimensions of power and how it can be used at different levels to manipulate and coerce children into sexual activity (CSA). Since 1951 when Psychologist John Bowlby hypothesised his ideas of attachment relationships and their significance in child development, much research into the analysis of attachment relationships, can be found in wide-ranging psychological and psychoanalytical literature. This chapter will incorporate theories of attachment derived from Bowlby (1951) and Ainsworth (1978). The chapter will also explore the importance of secure attachment relationships, contrasting these with the effects that poor attachment may have upon child development. Finally, this chapter will provide an analysis of the implications on child development, when the attachment figure is also the perpetrator of sexual abuse, this then informs the following chapter, which focuses on cognitive development.

In attachment theory, attachment has specific meaning, 'it is a bond or tie between an individual and an attachment figure', (Prior and Glaser, 2006). It is noteworthy that attachment is not static and changes over time. In early childhood, the attachment figure for the infant is usually the parent/s or carer/s. In adolescence, the need for parent/carer proximity alters and therefore the attachment figure usually becomes a peer group. Furthermore, in adulthood for example, the attachment figure changes to a partner, and lastly the cycle begins to move from needing an attachment figure to

becoming the attachment figure if the person then has their own children, (Bunce and Rickards, 2004). Although, very brief, this cycle of events in human behaviour is used as a framework to understand and decipher attachment relationships. However, the cycle of attachment behaviour is not as simplistic as this brief description. Many factors affect attachment relationships, some will be discussed throughout this chapter.

Firstly, it is important to distinguish the different attachment styles or models that can occur in early childhood and develop over the lifespan. These can be categorised as; secure, insecure-avoidant, insecure-ambivalent, insecure-anxious and disorganised or unattached, (Bunce and Rickards, 2004). Bowlby (1969) recognised the attachment relationship as essential in understanding self, others and the world. Internal 'working model' was the term used for the internalised cognitive framework that consists of the development of mental representation and understanding and associated actions and behaviours, (Beckett and Taylor, 2016. p. 52).

Secure attachment provides the child with feelings of comfort in times of distress whilst having their needs met by their responsive attachment figure. Securely attached infants learn that when the caregiver leaves or is absent, they are reassured that they will return. This promotes a secure base, so the infant is able to explore their environment without fear of losing their attachment figure. Secure attachment teaches children that others recognise their needs and this establishes foundations for trust, empathy and an understanding of relationships with verbal and non-verbal communication, (Rees, 2007. p 920). Early bonds in infancy can have extensive impact throughout life; laying the foundations for subsequent secure relationships in

later life. The infants' ability to trust their caregiver to respond to their needs can develop trust in others. Rees (2007. p. 920) indicated that 'trust is the prerequisite for developing secure independence from the caregiver throughout childhood and adolescence'. Albeit, building trust in others is an integral part of learning and development, it may however, be perceived as harmful when linking to child sexual abuse.

Those that have built trusting, secure attachment relationships may view other adults as trusting individuals. The notion of trusting in adults may inhibits the child's ability to suspect danger or harm, which could amplify the vulnerability risk to experiencing abuse. Perpetrators may pray on a child's ability to trust and manipulate them using power and control (Lukes, 2005) to entice the child into partaking in sexual activities. Experiencing this, the child may not understand that this behaviour is immoral because of their lack of moral development and judgement, which was briefly explained in chapter one. Erikson (1959) viewed early infancy (between ages 0 – 18months) as a crucial stage for developing trust in people around them. Erikson argued that those who form secure attachments in early infancy learn to trust and will be more likely to form trusting relationships with others throughout their lives,' (cited in McLeod, 2013). Although, the importance of trust is vital to building relationships throughout life, it may lead to some children becoming more susceptible to CSA if their worldview is that all adults are trustworthy. Conversely, Erikson acknowledged that infants who receive inconsistent, sporadic or unpredictable responses to their needs might lack the ability to trust others and therefore 'fail to acquire the virtue of hope, which will lead to the development of fear', (McLeod, 2013). The hindrances of developing fear

of others could be that these children are more susceptible to 'grooming' because they have not experienced the attention and care that they required as infants. 'Grooming is when someone builds an emotional connection with a child to gain their trust for the purpose of sexual abuse, sexual exploitation or trafficking', (NSPCC, 2017). CSA may heighten vulnerability if a perpetrator uses flattery and affection to lure the child into a false sense of security.

The securely attached infant who has a responsive caregiver learns to feel more secure within themselves because they are able to regulate their emotions with the assistance of their caregiver. Research indicates that those with secure attachment relationships are more capable of building social relationships, are more independent and perform better in school, (Cherry, 2016). As the child grows, they begin to develop their personality, which is associated with the development of social relationships. This plays a crucial role in child development. In contrast, however, Rutter, (1991), (cited in Bunce and Rickards, 2004) commented that abnormalities in relationships are important in many types of psychopathology. These abnormalities could be resultant of experiencing CSA and therefore cause an impasse in psychological and emotional development, which will be discussed further in chapter three.

Nevertheless, if secure attachment can provide the child with increased independence, self-reliance, security and confidence in exploring the world, then ostensibly poor or disorganised attachment may have contrasting effects. 'Children with very insecure attachments are more likely to have concurrent psychopathology in childhood and develop disorders in adulthood than, children who have secure attachment relationships, (Kwako, Noll et al., 2010).

Although Bowlby (1951) and Ainsworth (1978) described alternative attachment styles, this dissertation will only discuss secure attachment and briefly outline the characteristics of the disorganised and unattached child, due to the limited word count.

'Disorganised' or 'disoriented' attachment styles can be typical in abusive situations. The child is often fearful of the caregiver and confused, due to the caregiver being the only place to seek comfort but also the main source of fear and danger. Confusion may be shown by the child wanting to be held but avoiding eye contact or freezing and showing neither a positive or negative reaction to separation or reunion, (Beckett and Taylor, 2016. p. 59). It is the disorganised attachment style that Howe (2005. cited in Beckett and Taylor, 2016) claims, is most likely to enhance the development of 'brittle behavioural strategies', for instance compulsive and addictive behaviours, (Beckett and Taylor, 2016. p. 59) and impose the development of long-term mental health disorders. Although disorganised attachment is resultant of a poor relationship incorporating inconsistency and the possibility of abuse, this style may have been genetically caused. Research by Main and Hesse (1990) shows; children who have a disorganised attachment are likely to have a caregiver who has unresolved childhood trauma and loss. Therefore, dissociation has been learned as a coping strategy by the caregiver, which may hinder their ability to respond sufficiently and appropriately to the needs of the child, (Beckett and Taylor, 2016. p. 60).

Although each individual is different, there are typical characteristics of a child who has no significant attachment relationships due to either being in an institute where there is no attachment figure available or the attachment figure is totally unavailable possibly due to poor mental health. The unattached child shows no preference or interest in the attachment figure, can display serious problems in social relationships that may continue into adolescence and adulthood. Another prominent behaviour Rutter, (1981) noted was a difficulty in controlling their impulses and subsequently leading to impaired cognitive development.

Most literature provides detailed, critical analysis of the importance of attachment relationships from birth onwards, however, is it possible for an infant to be securely attached to a sexually abusive caregiver? It is vital when attempting to answer this question, the word 'securely' is critiqued. In early infancy, (between ages 0-5 years), if the infant is provided with consistent responses to their needs, with care, love and affection but is also being sexually abuse, it may be viewed that, the child could encompass an obscure version of secure attachment to their caregiver. This could be due to the infant's unawareness of the experience as they have no comparison or moral judgement, and so, the sexual abuse is normalised. Therefore, the 'security' of the attachment figure is visible in this relationship, because the child is unable to recognise that they are being abused. Although, it may not be until later childhood, adolescence or even adulthood that the child realises they have been abused. Memories that are harmful or emotionally painful may be repressed or buried from their conscious state as a way of dealing with the

abuse. Moreover, if this realisation transpires in adolescence then Youth and Community Work practitioners may help provide support to these young people. Adolescence can be a difficult time for someone who has experienced CSA, because at this stage in life social relationships start to change, self-reliance and independence increases and establishing identity becomes an integral developmental stage. The role of Youth and Community Work will be discussed in chapter four.

Social Learning Theory claims that 'humans develop morality by learning the rules of acceptable behaviour from their external environment', (Daeg de Mott, 2017). Therefore, in this example, the school as an institution for learning, observing and modelling could influence the development of morals. Bandura (1963) posited that a child's morals are developed through observational learning of others; as 'parents are the initial role models', (cited in Fleming, 2006). Thus, observing others and learning from peers and teachers can provide a foundation on which moral judgement and understanding the values of right and wrong are developed, if the child has not already learned this within the home. Consequently, when morality develops the child may then begin to understand that their experience of CSA was morally wrong. Often, this *realisation* equates to a myriad of feelings of shame, guilt and stigma. This realisation may also be called recovered memories.

In contrast to the above example, if the attachment figure is neglectful and violent alongside sexually abusive, this may influence the child's development in a different way. Due to the infant not having their needs met, or experiencing inconsistent responses to their needs, they can become fearful of the caregiver, which may result in an insecure, disorganised attachment,

(Firestone, 2016). The implications for this in adolescence could be that they are effected emotionally with psychological damage. Building social relationships may be challenging because of their lack of trust in others. In contrast, however, the child who has disorganised attachment may appear to trust others too easily if provided with affection and attention that was lacking in infancy. This could result in inappropriate behaviour at young age, for example, touching others or acting sexually before developmentally ready.

It is vital when discussing the impact of poor attachment, the effects on psychological, emotional development can be reconciled and remedied with the appropriate intervention and support. It may take many years of supportive relationships with the help of professionals to rebuild trust and heal from any psychological damage caused by poor attachment that are linked with CSA. However, Youth and Community Work practitioners in particular are able to build and maintain meaningful relationships, incorporating a holistic approach to supporting young people's personal, social and educative developmental needs, (LSIS, 2012). Thus, the Youth and Community Work practitioner can act as a consistent supportive base for the young person to develop and learn from.

Learned behaviour or instilled beliefs can be 'undone' as it is not something that has to remain embedded in the psych. Adults who experience CSA are able to view their experiences from an alternative perspective. However, research into trauma shows that there are different stages to progress through before moving forward, (Huang et al., 2014). This may take time through counselling or therapy to enable the person to deal with their trauma and learn new ways to develop their emotional and mental well-being.

Young people who have experienced CSA by an interfamilial older male for example, father or step-father, may embrace distorted views of love and feelings of belonging from their abusive attachment figure and may find themselves seeking out relationships with older males. This could be their subconscious mind influencing their desires to seek out the feelings of love that they experienced as a child who was sexually abused. If the child was showered with love and affection, or groomed and therefore 'tricked' into a false sense of feeling 'special', this could establish a self-fulfilling prophecy that older men treat younger girls in this way. If this is instilled in the mind then the person looking for this relationship may find it difficult trying to establish social relationships in adolescence, which could increase vulnerability to re-victimisation.

Chapter Three

The Impact of Child Sexual Abuse on Cognitive Development

Literature researched in chapter two indicates that childhood experiences can play a role in influencing health and well-being throughout life. CSA therefore, can have damaging, lasting effects. This chapter focusses on the impact CSA can have on mental health and well-being whilst exploring the concept of trauma and how CSA can affect cognitive development and psychological functioning. Additionally providing an overview of some mental health disorders that can be associated with CSA. However, the researcher is aware that the mental health disorders discussed in this chapter can be developed by differing factors. Although, the mental health disorders discussed have been evident in many cases of CSA suggesting the experience of CSA impacts upon cognitive and psychological development. Furthermore, the researcher is conscious that not all cases of CSA result in poor mental health and therefore will not make this assumption.

Cognitive development refers to the construction of thought processes, learning, memory, problem-solving, decision-making and reasoning, which are key processes needed to interact successfully with others and the environment, (Eysenck, 2012. p.102). However, traumatic events such CSA can impair development, although, this is dependent on a number of variables. In Beitchman's (et al., 1990) review of the long-term effects of child sexual abuse, results varied regarding the severity and duration of the abuse, the use of force, whether abuse was familial and the age of the child. Overall,

however, Beitchman et al. (1990) provided results showing that the experience of CSA can result in distorted views of self and others and lead to misconceptions of the world, which may become apparent at adolescence and throughout adulthood.

Trauma can occur as a result of emotionally harmful experiences such as; abuse, neglect, war, loss, disaster and other experiences that can cause impairment to a person's emotional functioning, (Huang et al. 2014). Traumatic events may affect upon physical and mental health and impede development in children. These affects are made further complex for children who have not fully developed emotional intelligence (EQ) and those who lack moral judgement. Goleman's (1998) theory suggested that emotional intelligence is a wide array of competencies and skills that develop in order to recognise, understand and manage own emotions and recognise and understand those of others. In early childhood, the infant lacks these emotional competencies and skills and relies on the caregiver for comfort when in distress. Forming emotional intelligence becomes apparent when a child is learning to 'self-soothe', (Goleman, 1996). 'Self-soothing' refers to ways in which the infant begins to settle their own distress without too much intervention from the caregiver. Therefore, children who lack emotional intelligence may have difficulty communicating their feelings, so experiencing trauma may have a damaging psychological impact. Traumatic experiences such as CSA can complicate a child's capacity to make sense of their lives and to build and maintain meaningful relationships, (Huang et al. 2014). Relationships at adolescence will be explored in chapter four.

Finkelhor and Browne, (1985), offered an analysis for accessing CSA related trauma and found that in cases of CSA four concepts were significant in the majority of their studied cases, however, they did vary in severity. These four traumagenic dynamics were; traumatic sexualisation, betrayal, powerlessness and stigmatization, (Finkelhor and Browne, 1985). Finkelhor and Browne claim that the conjunction of these trauma factors are what sets CSA apart from other traumatic childhood experiences, (p. 530). These four dynamics that are consequential of experiencing CSA are liable to alter children's cognitive and emotional development by distorting their views of the world and their self-concept, (Finkelhor and Browne, 1985). Altering or impeding a child's development can have an impact on mental well-being, which may not be recognised until later life.

Exposure to sexual activity at a developmentally inappropriate age, may shape the child's sexuality in a dysfunctional way because parts of the child's anatomy are fetishized and given distorted importance and meaning, which Finkelhor and Browne, (1985) described as *traumatic sexualisation*. In accordance with Piaget's theory of cognitive development, (1936) the child begins to organise their knowledge of their experiences into schemas. This knowledge is stored in their long-term memory as core-beliefs or assumptions that 'enable us to form mental representations of the world', (McLeod, 2009). Schemas facilitate perception and language comprehension and allow us to form expectations, (Eysenck, 2012. p. 84). Consequently, sexual behaviours may become embedded in awareness, associated with distorted feelings of love and trust, if the abuse was less physically violent and more manipulative, especially if the abuser was known and trusted by the child. Moreover, if the

child was rewarded with affection or gifts for example, they may learn to associate sex with affection and attention. In adolescence this type of sexual behaviour may become visible when seeking out romantic relationships, and could mean that the young person is more vulnerable to re-victimisation (Lalor and McElvaney, 2010), for example, through the grooming process. Re-victimisation will be discussed further in chapter four.

In contrast however, in accordance with Pavlov's (1902) theory of classical conditioning; the child experiencing frequent sexual abuse using physical force and violence, may be conditioned to learn that sexual activity equates to violence and trauma. Sex may become a frightening and fearsome activity that may later be seen in adolescence and adulthood as sexual dysfunction or lack of desire to engage in sexual activity. Further analysis of adolescent behaviour will be discussed in chapter four.

Betrayal is significant in cases where a member of the family, close family friend or associate abuses the child. The level of betrayal can be traumatic in itself; although, this can vary in each individual case and can be aimed at others as well as the abuser. Betrayal by other members of the family can be common if the child discloses the abuse and was blamed, ostracised or not believed. The child may also feel betrayed by family members who they feel should have protected them more sufficiently. This may be apparent in adolescent years, and may be shown by engaging in high-risk behaviour, (Lalor and McElvaney, 2010). If for example, the abuser was a step-father, whose love and affection was important to the child, the realisation that they have been manipulated through lies and misrepresentations about moral standards can have a dramatic impact on the child's ability to trust others,

(Finkelhor and Browne, 1985). This realisation or spontaneously recovered memory, (Geraerts et al., 2007. cited in Eysenck, 2012. pp. 188-189), can happen at any stage.

Stigmatisation is another traumagenic dynamic Finkelhor and Browne (1985) claimed which refers to the negative connotations that are communicated to the child through their experiences. In a study by Chouliara et al., (2013) of adult survivors of CSA, the stigma from experiencing CSA resulted in feelings of shame, guilt, anger, blame and isolation. These feelings can be transpired as low self-esteem, lack of confidence and social interactions. However, very young children (ages between 0-5) may not experience stigma because of their unawareness of social attitudes. Whereas some children are blamed by the abuser and heavily shamed, (Finkelhor and Browne, 1985). The emotions that coincide with stigma can impact upon self-esteem and self-image. Stigma relating to CSA can come from societal influences and social constructions of what CSA is or does to a victim, and may regard the victim as 'tainted' or 'damaged' which instils further feelings of shame and guilt. Young people experiencing stigmatisation may feel isolated and/or bullied, which may result in self-destructive behaviours such as self-harm, substance misuse, involvement in criminal activity, sex work (prostitution) or suicide attempts, (Finkelhor and Browne, 1985).

Nonetheless, Youth and Community Work practitioners may provide support to assist the young person in their recovery and healing from their traumatic experiences. This will be explored in the following chapter.

Powerlessness is the forth traumagenic dynamic that Finkelhor and Browne (1985) acknowledged in their research into CSA related trauma. 'Psychological trauma is an affliction of the powerless', (Herman, 1992. p. 97). The notion of feeling powerless can be resultant from experiencing CSA, sexual assault, violence and other forms of abuse and neglect. CSA trauma can intensify feelings of powerlessness, which may emerge throughout life. As discussed in chapter one power and control is exercised unevenly (Lukes, 2005) in CSA cases to manipulate and abuse the child which can impact tremendously on emotional well-being. In situations of CSA the child may become powerless and surrender, as a self-defence response is futile. 'The helpless child escapes from her situation not by action in the real world but rather by altering her state of consciousness', (Herman, 1992. p. 95). Consequently, fear, anxiety and depression are common reactions to powerlessness (Finkelhor and Browne, 1985) which may take the form of nightmares, phobias, hypervigilance and clingy behaviours in children that can also progress into adolescence and adulthood.

Powerlessness can impact not only on cognitive and emotional development but on a child's social and educational development too. A child, traumatised by sexual abuse, may develop a self-fulfilling prophecy that they are powerless and therefore may instil a '*what's the point?*' attitude to their education and social interactions. They may feel incapable of educational tasks in school or making friends, which can result in an impairment of their learning and lack of social relationships.

The four traumagenic dynamics discussed above can vary in each individual case but are concepts that have been evident in cases of trauma caused by the experience of CSA.

Trauma can affect people immediately after the experience or can have a delayed onset, which may manifest at any stage in life. One child might experience anger and fear after the abuse, one person might experience these emotions in adolescence or adulthood. The delayed onset of trauma can manifest as long-term psychological effects that Beitchman et al. (1990) described as 'sleeper' effects. Some individuals may not recognise the correlation between their trauma and the effects that it can have on their mental health, as some survivors of CSA deal with their trauma by supressing memories that are emotionally difficult to attend to. However, Freud claimed that in some instances; traumatic memories simply cannot gain access to the conscious awareness as the person has motivated their ability to forget the traumatic experience, (cited in Eysenck, 2012). Freud used the term 'repressed memories' to describe those memories that are forgotten but can sometimes later be 'recovered'.

Whilst CSA may be supressed for many reasons, due to the paucity of emotional intelligence (EQ) or inability to process the traumatic event, memories of the abuse can later become apparent which may be triggered by cues such as seeing a movie about CSA or returning to the scene of the abuse, (Geraerts et al., 2007. cited in Eysenck, 2012. pp. 188-189). Triggers

can occur at any time, be unexpected and may cause a sudden realisation of CSA which Geraerts (2007) explained as 'spontaneous recovered memories'. Triggers can be accompanied with flashbacks, which are essentially memories which have not been integrated into everyday consciousness and return as intrusive symptoms, usually accompanied by dread and panic, (Musicar and Josefowitz, 1996).

Recovering such memories may induce a range of painful emotions that may impact on mental health. This could manifest as Post-Traumatic Stress Disorder (PTSD), which is a trauma, and stressor-related disorder, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), (APA, 2013). PTSD can encompass many symptoms; however, the three main categories are hyper-arousal, intrusion and constriction. According to Herman (1992) 'Hyper-arousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender', (Herman et al., 1992. p. 117).

Although it seems that spontaneously recovered or continuous memories of CSA in addition to experiencing triggers and flashbacks can dramatically impair mental health, it is important to emphasise that each individual case of CSA is different.

Though 'reviews indicate that sexual assault is associated with depression, PTSD, generalized anxiety disorder, and sexual dysfunction', (Hanson, 1990; Resick, 1993, cited in Gibson and Leitenberg, 2001), it is unreasonable to claim that CSA is the main etiological factor in the development of some mental health disorders. However, much research into the long term

psychological effects of CSA indicate there is evidence to suggest that CSA can cause dysfunction in mental well-being. As previously stated, experiencing CSA does not necessarily mean a person will develop a mental health disorder, but it is one of many risk factors. A study by Manigilio (2009) of women who had experienced CSA found that CSA was associated with a significant risk of psychotic symptoms, depression, anxiety, PTSD, dissociation, eating disorders, somatization, personality disorders, low self-esteem, suicide and self-injury, substance abuse, sexual dysfunction, risk behaviours, and interpersonal problems. Due to the limitations of this dissertation, unfortunately some of the above cannot be discussed in detail.

Mixed anxiety and depression is the most common mental disorder in Britain, (Mental Health Foundation, 2017). Anxiety and depression are common mental health disorders that can be related to a number of factors such as events, experiences and chemical imbalances in the brain. Anxiety and fear can stem from the trauma of CSA and may cause distorted views and irrational fears of certain things or people. This could be displayed in some as an overwhelming fear of the opposite sex, or people who share some of the characteristics of the abuser.

In a study by Zanarini et al., (1997) of Borderline Personality Disorder (BPD) patients, research showed that a significantly higher percentage of BPD patients reported a history of CSA than those with other personality disorders. This could be interpreted as CSA causing the development of BPD, (Zanarini et al., 1997). However, this has been criticised, as the study further explains; there are a range of other factors that enhance a person's risk of developing BPD. Zanarini et al. (1997) acknowledges that BPD patients mostly have

other factors such as experiencing neglect and other abuse in addition to being surrounded by a chaotic environment. Therefore, it cannot be said that CSA causes BPD.

Dissociative disorders are another common mental health problem associated with traumatic childhood experiences. Survivors of CSA can often dissociate as a way of coping with the stress of a traumatic event. Dissociation can be classified as 'disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour (Lynn et al. p. 291). Dissociation in cases of CSA refers to a sense of disconnection from the world or oneself with an unclear sense of identity. This may be prevalent in adolescence as understanding and forming own identity is a common developmental stage.

Having considered the impact CSA can have upon cognitive, emotional, social and educational development it is necessary to recognise that due to an impasse or alteration in development, mental health may be impaired. Poor mental health can result in distorted views and perceptions of self and others and therefore lead to poor choices and risk taking behaviours that will be explored in chapter four.

Chapter Four

Adolescent Behaviours and Relationships

Adolescent years can be a cornerstone for considerable change. Behaviour, attitude, emotions, friendship groups, romantic relationships and appearances can change in negative and positive ways at adolescence. Biological factors such as the onset of puberty, and environmental factors such as abusive relationships can influence behaviours and attitudes. As previously stated in preceding chapters, young people may have a range of developmental difficulties due to experiencing CSA. The absence of secure attachment figures, poor mental health and trauma can affect cognitive development and inhibit social relationships, which can increase the vulnerability of a young person. A young person who is vulnerable may be easily influenced by their surroundings, which may increase poor decision-making and risk taking behaviour. Though some amount of risk taking in adolescence is inevitable, it can transpire to become harmful and potentially damaging to mental and physical health, if intervention or support from services are lacking.

Youth and Community Work offers a unique approach to working with and for young people as the relationship is based on non-judgemental values and mutual respect. This relationship often differs from other professionals who are usually target driven; this can impact upon the authenticity of the relationship. In youth work the key purpose is to 'enable the young person to develop holistically, working with them to facilitate their personal, social, educational development, to enable them to develop their voice, influence and

place in society and to reach their full potential', (LSIS, 2012). Though, Youth and Community Work practitioners may have targets to achieve, these may be based on improving certain aspects of the young person's life, for example their emotional well-being which can be difficult to measure.

Although risk taking is often perceived as negative, 'it can potentially be a process of positive growth whereby a young person uses challenge and risk as tools for defining who they are and who they will become', (Geldard, 2009. p. 5). Whilst some risk taking results in negative experiences, it may also enable a young person to make more informed choices. If for example, a young person drinks alcohol and has a negative experience, this may inform their decision whether they drink alcohol again.

'Children are increasingly influenced by their peers and friends as they age, and also by sources of information obtained from the media', (Duck, 2007. p. 131). Whilst caregiver's are the typical source of comfort and information throughout childhood, when reaching adolescent there is a natural shift from caregiver's to peers and partners. Influence from peers and romantic partners becomes more prominent and caregiver influences become inferior. Scientifically, Galavan et al. (2006, cited in Kelly, 2012) demonstrated that the adolescent brain displays 'exaggerated accumbens activity', which are thought to play an important role in motivation, reward and addiction. Results interpreted from this study depicted that young people base their choices on impulses for immediate reward rather than long-term thinking that is more rational. Therefore, the assumption from this study is that adolescent brains

work in a certain way and therefore influence behaviour. Arguably, environmental factors such as home and social life that equate to increased vulnerability, are more fathomable indicators when making poor choices and acting on impulses.

Relationships in adolescent show young people that there are other ways of thinking, feeling and behaving, incorporating a differing view of the world, (Gutstein and Sheely, 2002. p. 21). Although experimentation, social learning and forming identity occur in adolescence, vulnerable young people can be easily influenced or enticed into behaviours that are unfamiliar but offer exciting opportunistic learning.

For some young people becoming involved in substance misuse can be a way of 'fitting in' with their peers to avoid isolation from the group. However, for others substance misuse can be a way of coping with difficult emotions or trauma. Vulnerable young people who have difficulties coping with their thoughts, feelings and emotions may misuse substances such as alcohol and drugs as a way of escapism and avoidance from intrusive thoughts of trauma related to the experience of CSA. Substance misuse can therefore inhibit feelings of anxiety and melancholy that torment the young person. Goleman (1996) identifies that addiction and substance misuse is an instant way to soothe distressing emotions, (Goleman, 1996. p. 253). A paucity of emotional intelligence can impact upon a young person's ability to divulge more positive coping strategies. Thus, young people who have experienced CSA incorporating additional factors such as; a lack of positive role models or relationships, may misuse substances as a coping strategy. In addition, misusing substances can also be a way of taking control of something in their

lives. As previously stated, the experience of CSA can cause feelings of powerless and lack of control. Misusing substances may be something that they are (somewhat) in control of, however harmful it may be, however this may lead to addiction. This can impact not only on their physical and mental health but on opportunities and capabilities to lead a successful, positive life.

Young people who have experienced CSA from a caregiver may have learned ways to obtain attention and affection; utilising sex. This may emerge as sexual behaviours such as promiscuity or unprotected sex. Promiscuity may arise when the young person is seeking to find someone to love and be loved in return, thus, using sex becomes normalised in the attempt to seek out love and affection. Distorted views of sex and love can obstruct healthy relationships and increase risks of unplanned pregnancies and Sexually Transmitted Infections (STI's). Research by Beadnell et al., (2000) revealed that women who experienced CSA, reported lower perceptions of control over safer sex and lower self-efficacy in negotiating safe sex with their partners', (cited in Aggleton et al., 2006. p. 37). Consequently, young people who have been exposed to repetitive sexual abuse may have deep-rooted beliefs that sex is an activity that may gain rewards. In addition to the idea that sex equates to affection and/or attention, simultaneously the young person may subconsciously seek out partners who provide them with rewards that were similar during the period of abuse. Seeking out inappropriate partners can endure multiple risks for young people, such as an increased vulnerability to exploitation and grooming.

Grooming by a 'partner' or associate may often be difficult to detect, especially for the young person. Often the grooming process begins with

befriending, offering compliments, advice, money, accommodation, status or gifts to entice the young person into a false sense of security. The manipulation involved in grooming allows the victim to feel in control of the situation and their actions, which can make the detection of grooming and potential exploiters increasingly problematic, which can affect the intervention from professionals. Barnardo's (2017) claim that a history of CSA heightens the risk of sexual exploitation. Therefore, young people who have experienced CSA may be more susceptible to grooming and exploitation because of the impact their childhood experiences may have on their cognitive development. Moreover, the ability to suspect danger may be impaired, especially when the exploiter is held in high regard, and the manipulation and power used to lure the young person into the exploitative relationship is masked with affection or gifts. Furthermore, exploitation may then lead to further risk taking behaviours such as criminal activity, sex work and recruiting others for the purpose of exploitation. All of which may imply further consequences on emotional, social, educational and psychological development.

Increased awareness and public discourse of domestic abuse and the impact on emotional, physical and psychological development and growth has driven policy to incorporate sex and relationship education into the National Curriculum in the UK. Education Secretary, Justine Greening, announced her intention to put '*Relationships and Sex Education'* on a statutory footing', (Long, 2017). Therefore, the need for increased relationship and sex education is important to aid healthy development. Young people who have experienced CSA may have insignificant understanding of healthy

relationships if they have only been exposed to unhealthy or abusive relationships. Therefore, it is essential that young people can gain knowledge and education from school and other services such as Youth Services. Due to the limitations of this dissertation, domestic abuse will not be discussed further.

'A significant body of research has focused on previous victimisation as a causal factor in sexual offending', (Burton, 2000, 2003. cited in Geldard, 2000. p. 176). Sexual offending can be a result of having been a victim of sexual abuse. However, that is not to say that children who experience CSA go on to sexually abuse others, but in some instances, this is the case. If a child is brought up in a home where abuse, including sexual abuse, is normalised and frequent, Social Learning theory (Bandura, 1977) would suggest that the child learns and potentially imitates their social experiences. However, arguably, experiencing abusive does not necessarily encourage a person to reproduce such behaviours, (McLeod, 2016). Abusing others sexually can link to feelings of powerlessness, (discussed previously in chapter three), and may be a way of regaining the power that was taken from them when they experienced CSA. Although, this is not helpful or in any way 'good', it may be viewed in the abuser's mind that they are expressing their need to feel powerful; exercising and abusing their power (Lukes, 2005) over the vulnerable. This type of cyclical abuse may instil a sense of power now that they are able to reproduce what they learned as acceptable sexual behaviours, through being a victim of CSA.

Youth and Community Work practitioners can help provide a holistic provision to meet the needs of young people who have experienced CSA. By providing

a secure base to disclose information, seek out advice, support and signposting to specialist services, whilst empowering the young person (WLGA, 2013) and building positive relationships (LSIS, 2012. YW01) can enhance the young person's engagement. Some young people with a history of CSA often display a range of complex needs and therefore Youth and Community Work can support the young person with a variety of approaches to meet their needs. Thus, it is vital for the Youth and Community Work practitioner to have a vast array of skills, knowledge and understanding of working with those affected by CSA and the risks associated with further victimisation. Furthermore, it is important for the Youth and Community Work practitioner to follow correct procedures with disclosures, utilising supervision to discuss difficult experiences in order to safeguard themselves as professionals. Due to the unique relationship formed, the facilitation and implementation of informal education and positive activities can be highly beneficial for young people who have experienced CSA.

Overall, it may be concluded that the risk taking behaviour evident in adolescence, can be problematic for vulnerable young people who have experienced CSA. Although, some young people are able to take risks and learn from their experiences, others are likely to become involved in high-risk behaviours with a need for intervention and support from all angles; family, school and youth services, amongst others.

Conclusion and Recommendations

It is evident from the theoretical based research from secondary sources undertaken for this dissertation that Child Sexual Abuse encompasses an abuse of power. In a community of unequal power, such as, institutions or corporations such as the BBC for example, power was/is distributed inadequately, (Lukes, 2005). Therefore, CSA can occur and be enabled to some extent, without exposure due to the hierarchical disparities of power.

When researching attachment theories (Bowlby, 1969), secure attachment relationships in early infancy and throughout childhood can be a foundation for healthy development and growth, and facilitate social learning in relation to building positive relationships. However, that is not to say that poor attachment equates to detrimental or muted development, although the secure attachment is desirable to enable the child to develop healthily with the potential to build and maintain positive relationships. As previously stated in chapter two, although attachment relationships are important in regard to the influence they can have upon development, (Bowlby, 1969), this does not mean that certain behaviours cannot be learnt in order to promote healthy development and growth. The Youth and Community Work practitioner therefore can facilitate this learning by role modelling (Social Learning) and promoting good social interactions, which may influence the way relationships are formed. Intervention and support from Youth and Community Work practitioner's therefore, may assist in providing the young person with the

tools (increased confidence, self-awareness and the promotion of good mental health) for developing positive relationships.

Understanding that CSA occurs in many settings and in a variety of circumstances cross culturally, it is important to conclude that CSA does not affect or influence all victims in the same manner. Each individual case is different and the impact that the abuse can have is unique to each victim. However, the research shows that CSA can influence and alter perceptions, (Beitchman et al. 1990) therefore showing some similarities in victims. For some, learning, memory, decision-making and reasoning may be impaired due to childhood experiences and trauma, which can effect cognitive, emotional, social, educational and psychological development and functioning, (Finkelhor and Browne, 1985). This can lead to difficulties in all aspects of life and learning, which may influence poor decisions and behaviours in later life. Thus, the experience of CSA may impair abilities to reason and make decisions, which may affect the person's ability to form and maintain positive and meaningful relationships.

Furthermore, the impact CSA has upon the child may influence the development of some mental health disorders, (Beitchman et al. 1990). Although it may be interpreted that CSA has a direct impact on mental health, the link between CSA and mental health can be inclusive of additional factors, (Zanarini et al., 1997). Moreover, feelings and emotions caused by traumatic childhood events that have been acknowledged and divided into schemas as discussed in chapter three, (Piaget, 1952) may be embedded in the person's psych, and therefore may be engrained as beliefs that can be difficult to change. However, with the correct support from Youth and Community Work

practitioners and intervention the person may be able to learn new ways of thinking.

The prevention of CSA is utmost desirable; however, understanding the trajectories that such abuse can impact upon may be necessary not only for services who work with children, young people and for adults who have experienced CSA, but families, institutes and society as a whole. Awareness of CSA and the effects it can have in both short term and long term should be apparent at an international, national and local level. By making systems aware of how the impact of CSA can transpire throughout life may influence more intervention from services to detect CSA, protect and support victims and prosecute perpetrators.

Although it would be ideal to prevent CSA or any form of abuse and neglect from occurring, it would be irrational to fathom the idea that CSA can be ended. This type of abuse, as previously noted in chapter one, often occurs in secrecy and may be hidden from society for years as recently highlighted in the media. CSA cases, such as the BBC 'scandal' that included the paedophilic actions of Jimmy Saville, illustrate the extent in which the abuse can be concealed as victims of his abuse only disclosed information when they were adults. Although, there may well be academic research on the reasons perpetrators sexually offend in this way, further research and early detection and intervention for victims of abuse should be paramount in learning how to prevent CSA. In chapter four, it was identified that many perpetrators may have been victims themselves, (Burton, 2000, 2003. cited in

Geldard, 2000. p. 176). Therefore, if intervention was implemented at an early stage, during childhood or adolescence for example, there may be a possibility that the victim would not go on to abuse others.

In order for the above to occur, the Government at local and national levels need to continue to support the work that is currently being carried out throughout the United Kingdom to support those who have experienced CSA. With the importance of services to research further into the effects of sexual abuse on children and young people so that the right support is available for those in need.

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Appendices

Research Ethics Approval Form (RE1)

SECTION A - to be completed by Investigator/Researcher/Research Team
1. **School:** School of Humanities and Social Sciences
2. **Project Title:** Exploring the Impact of Child Sexual Abuse on Young People's Romantic Relationships.
3. **a) Name of Principal Researcher and other Named Researchers associated with the proposed project:**   Ruth Cameron   **b) Name of Research Student(s) (including dissertations) working on this project where applicable:**
4. **Names and affiliations of other collaborators on the project:**
5. **Expected duration of project:** From: November 2016   to: April 2017
6. **Category of Proposed Research Project:** **Please select at least one from (a) – (c) below and follow the guidelines:-**   a) Does any component of the proposed work involve living **human or non-human animal participation?** Yes   No   (please circle one)   If YES, then go to Section B and complete: the remainder of this form and a separate risk assessment (the latter if required by your supervisor). You will also need to provide extra documentation to support your proposal (e.g., participant instructions/information sheet, written consent and debrief forms, and examples of

materials that participants will be exposed to such as questionnaire or interview questions).

If NO, then your work is likely to be theoretical/review based. If so, please select YES to whichever of categories (b) or (c) below applies to your proposed research, and follow the guidelines:-

b) The proposed work is of a **theoretical/review nature** and involves examining material available either within an academic domain (e.g., journal articles, textbooks, monographs, conference proceedings) or public domain (e.g., unclassified reports, unclassified government documents, unclassified websites, paintings, etc.) that **does not** fall into any of the categories under 6c below

Yes   No   (please circle one)

If YES, it does not need to go through a formal ethical review process and you are not required to complete the remainder of this form or associated documentation. Please **sign and date below** to confirm that the proposed work conforms to this category (A6b) and send a copy of this form to the head of your Research Cluster/Group/Centre (or Academic Subject Lead/Director if you do not belong to a Research Cluster/Group/Centre) to be held on file.

Signed   Ruth Cameron   Date   10/10/16

AND/OR

c) The proposed work is of a **theoretical/review nature** AND involves one of more of the following categories:

   - Classified material (e.g., military/government reports, policies/procedures not available in the public domain, company information)
   - Secondary data (i.e., data that has already been collected and readily available from other sources) that will be analysed in a different way to that originally approved by an ethics committee and/or in which you do not have approval from the owner of that data (person, company, etc.)
   - Data that is collected from non-living human or non-human animals such as in some forms of historical and archaeological work (unless a named person(s) within the research team is licenced to work with such remains)
   - Material that could potentially cause offence, harm (psychological and/or physical) or discredit to a person(s), organisation(s), the University, etc.

- Material of a highly sensitive and/or potentially prohibited nature (e.g., major accident reports, information relating to vulnerable individuals, medical reports, information relating to terrorism, pornography, etc.)

Yes   No   (please circle one)

If YES, then please send this form, a summary of your proposed project (maximum of one printed page), and any supporting documentation (e.g., consent to use secondary data) to your dissertation tutor. It will then be reviewed and a recommendation will be made to the Principal Researcher.

If NO, it does not need to go through a formal ethical review process and you are not required to complete the remainder of this form or associated documentation. Please **sign and date below** to confirm that the proposed work DOES NOT conform to category (A6c) and send a copy to the head of your research cluster/group/centre or Academic Subject Lead/Director if you do not belong to a research cluster/group/centre, to be held on file.

Signed _____   Date _____

SECTION B - to be completed by Investigator/Researcher/Research Team for any Proposed Work that Falls into Category 6a in SECTION A above

1. Briefly state the research question(s) and aim(s) of the project:

2. Briefly describe the proposed design of the project:
This section should include information such as (although not limited to):

- *The number of studies/experiments (including pilot studies if applicable)*
- *Independent and dependent/outcome variables or factors if a quantitative project*
- *Information regarding what research methods are being employed if a quantitative or qualitative project (e.g., questionnaire questions, focus groups, observations, particular experimental paradigms, etc.).*
- *Appropriate references for materials being used from already published sources (and whether you have permission to use these).*

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3. Will all the participants be (please tick each that apply):

Students at University of South Wales ☐

Staff at University of South Wales ☐

Other ☐

(*please specify*):

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4. Roughly, how many participants will be involved?

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5. Describe how the participants will be selected (please state all methods)

6. **You may require permission(s) from an internal or external organisation(s) in order to test participants and/or collect data for this project. If so, describe how you will obtain such permission(s), whether a key person(s) has been identified within the organisation (*their position, not* name). Also, you should provide supporting evidence in an appendix to this form of any written documentation (e.g., letter, email, or memo) that will be sent to the organisation(s) in order to seek authorisation to gain access to and test participants.**

7. **What procedure(s) will be conducted with the participants?**
   Write this section using terms appropriate to a layperson and provide sufficient information regarding:

   - *Written, verbal or online instructions/information sheets*
   - *Consent and debriefing information*
   - *Examples of other written and/or verbal material (e.g., questionnaire questions)*
   - *Procedures that will allow participants to withdraw from the study and ask questions*
   - *Processes surrounding treatment and storage of data (e.g., anonymity, confidentiality, etc.)*

   Pay particular attention to steps you are taking if proposing to test vulnerable participants, use materials or procedures that could cause physical or psychological harm (including those that may be emotive or offensive), or include a level of deceit

8. **Has a risk assessment been carried out?**

   Yes   No   (please circle one)

   If NO, please explain why – otherwise, please attach a copy of the completed risk assessment in an appendix (which should include potential psychological and physical risks to participants and the experimenter/research team and measures to reduce them).

9. **Do you intend to use a written/online consent form?**

   Yes   No   (please circle one)

   If YES, please attach a complete example of the consent form that you intend to use. If no consent from is required, please explain why below.

10. **If there is doubt as to a participant's ability to give informed consent, what steps will be taken to safeguard the rights of the participant (e.g. parental consent, next of kin, or, other means)? Please indicate how such consent will be obtained on behalf of the participant.**

11. What other information will be given to participants (e.g., letters, information sheets/instructions, consent and debrief forms, etc.)? Please attach copies of all written/online information that will be given to participants.

12. Will you be exposing participants to research materials (written, verbal, and/or online) such as questionnaires, tests and measures, and interview questions?

Yes   No   (please circle one)

If YES, please attach complete copies of materials (with references if applicable). If complete copies of materials are not available at the time of writing this proposal, please provide a sufficient set of example materials (e.g., proposed questions) so that the Ethics Committee can fairly review their ethical suitability. Sufficient, as a minimum, is defined as at least one example question/measure/item etc. from each category/construct/variable that you are measuring.

13. Will participants be paid for their participation?

Yes   No   (please circle one)

If YES, please state the amount and whether payment is for out-of-pocket expenses and/or a fee

14. a) Will the project receive financial support from outside of University of South Wales?

Yes   No   (please circle one)

b) If YES, specify the nature and source of support:

c) If YES, have any restrictions been imposed upon the conduct of the research?

Yes   No   (please circle one)

d) If YES, please state the nature of restrictions:

15. a) Will any restrictions be placed on the dissemination and/or publication of results?

Yes   No   (please circle one)

b) If YES, please state the nature of the restrictions, e.g., details of any confidentiality agreement

16. Please state any other points you wish to make in justification of the proposed research study?

17. I have discussed my project with my supervisor and as far as I am aware this proposal is ethically sound. I understand that the ethical propriety of this project may be monitored by the Faculty of Business & Society Research Committee, as advised by the Faculty Ethics Champion. I confirm that I will abide by all other applicable codes of ethics.

Signature of Staff Researcher/Student: _____

Date: _____

Signature of Project Supervisor/Director of Studies (if applicable)

_____

Date: _____

SECTION C - APPROVAL, REFERRAL, OR REJECTION

EITHER:

      a) At UNDERGRADUATE LEVEL ONLY: I APPROVE this project and confirm that it need not progress to the Faculty Research Committee:

      Signed (Project Supervisor): _____

      Date: _____

OR:

      b) At STAFF or POST GRADUATE RESEARCH LEVEL ONLY: On behalf of the Faculty Research Committee or Ethics Sub-Committee I APPROVE this project:

      Signed (Chair of the Faculty Research Committee or Ethics Sub-Committee):

      _____

      Date: _____

OR:

      c) The Undergraduate Research Supervision Team or Faculty Research Committee or Ethics Sub-Committee is UNABLE TO APPROVE the project for the following MINOR ethical reasons which would need to be addressed in a resubmission:

Signed (Chair of the Faculty Research Committee or Ethics Sub-Committee):

_____

Date: _____

OR (please turn over):

d) **The Undergraduate Research Supervision Team or Faculty Research Committee or Ethics Sub-Committee is UNABLE TO APPROVE the project for the following MAJOR ethical reasons which would need to be addressed in a resubmission:**

Signed (Chair of the Faculty Research Committee or Ethics Sub-Committee):

_____

Date: _____

OR:

e) The Undergraduate Research Supervision Team or Faculty Research Committee or Ethics Sub-Committee is UNABLE TO APPROVE the project as it is deemed to be unethical for the following reasons (note that incomplete proposals can fall within this category):

Signed (Chair of the Faculty Research Committee or Ethics Sub-Committee):

_____

Date: _____