

A search for the Pareto Factors in child sexual abuse intervention

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This article attempts to identify and discuss the most crucial factors in child sexual abuse intervention. Pareto's 80/20 rule is used to identify the two individual and two family factors which have the greatest potential to effect significant change when issues around father/daughter sexual abuse are being addressed.

What are Pareto Factors, and why do they need to be identified? Pareto was an early Greek philosopher, who identified the 80/20 rule. This rule holds that 80% of gains sought may be made through resolving 20% of the issues. The full account of Pareto's discovery I do not know; I do know that it is a ratio that works in forcing attention to the essential features of an issue. Those of you who, like me, have taught a class would recognise the reality that 20% of the students require or demand 80% of your energy, that when cleaning the house 20% of the jobs will make 80% of the difference, that 20% of the community create 80% of the community's ills. When confronting aspects of sexual abuse, with its unending complexities and its multilayered causes and effects, I propose that an important task is to identify essential aspects which, if adequately addressed, *will* make a significant difference. Otherwise it is easy to be overwhelmed by the range of issues which face individuals, groups and communities attempting to address sexual abuse, or to lose sight of the salient issues in facilitating change in the confusion created by the enormous impact of a disclosure of abuse.

The following discussion relates to sexual abuse occurring within families, although many of the issues may be equally pertinent for institutional and extrafamilial sexual abuse. For the sake of economy I refer to a stereotypical abusive dynamic which accounts for the majority of sexual abuse known to occur – that is, father/daughter abuse in a family with a non-sexually offending mother. That is not to ignore the existence of offending mothers, girls and boys, male children experiencing abuse or any other combination of circumstance – I recognise the issues

will be different or shifting in emphasis in other situations.

I have considered the search for the Pareto Factors perhaps optimistically and overambitiously in relation to individuals and families. The process was simply to make a list, neither exhaustive nor empirically researched, of those issues that came most readily to mind. The assumption is that if the issue did not reach this initial list it was unlikely to be a Pareto Factor (at least in my own thinking). Having created the lists, I identified two issues which I believe to be the Pareto Factors – that is, those issues which it is essential to address adequately if we are to be effective in facilitating change within individual or family systems.

INDIVIDUAL FACTORS

- safety
- validation/vindication/acknowledgment/retribution
- aftermath of disclosure and the legal process
- attributions of responsibility
- self-identity/self-acceptance/self-management/self-efficacy
- adaptive/maladaptive coping responses and behaviours
- future relationships
mother; father, self, siblings; peers
- future responsibility for behaviour

The moment of truth – the Pareto Factors I selected in relation to the individual are:

- safety, and
- attributions of responsibility.

Safety

The choice of safety was easy (*safe*, if you will). The ideal of ensuring the safety of

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children from further harm represents the underlying purpose of all the counselling, report writing, training and consulting conducted at SACS and other agencies with child protection roles. The serious long and short term consequences of sexual abuse experiences for the majority of children are such that attending to the emotional and physical safety of the child and other family members should represent an absolute priority. The search for safety is what motivates children to overcome the virtually (and often) insurmountable barriers to disclosure. Safety is at the core of the most fundamental human need of survival. Any chance of adequately satisfying other needs is severely restricted in the absence of physical and emotional safety, hence its priority. The experience of sexual abuse at its most invasive is for children often a life threatening one, as they struggle to breathe, to bear pain, to endure. For some a terrible double bind is created when the perpetrator, as a coercive ploy to ensure the maintenance of secrecy, threatens the child with death if she is to disclose this secret to anybody. Threats against life to tell, threats against life to endure. It is difficult to imagine the vacillation that must occur between the two as the child weighs the respective merits and risks of each.

Having identified the safety factor, what considerations result? For the child victim, assuring and ensuring physical safety from retribution from the offender as a result of disclosure is usually the precinct of police and child protection workers, although such considerations ought to occupy the minds of any therapist/counsellor involved in the immediate aftermath of disclosure. Physical safety considerations should extend to watchfulness for suicidal intentions, particularly in light of sexual abuse dynamics which often result in socially isolated families, and the further isolation of the child experiencing abuse from siblings and mother (most particularly in relation to support). The combination of inadequate support networks and the usually negative and serious immediate consequences of disclosure make the existence of suicidal ideation frequent, and the threat real. The physical safety of the child may also need to be monitored for aversive responses from the mother, which may result from anger as the seriousness of financial, emotional and social situations become apparent and are experienced, as a sense of betrayal and jealousy emerge, or a myriad

of other experiences occur. One strategy to ensure the essential goal of safety is achieved, and to begin work on less immediate but equally important goals, is to enlist the previously utilised strategies of the child. It is often the case that children have developed an awareness of risks and have a number of strategies to avoid or diffuse such situations. In the language of Bass and Davis (1998) in *Courage to Heal*, 'honouring what you did to survive', utilising often tried and tested strategies in the particular family, provides the therapist with some insight into the family system, and highlights the client's ability to generate solutions.

In the earliest stages of interventions with families it has been my practice to have the offending person move out of the child's home through a combination of encouragement/suggestion/ invitation/ demand/manipulation. The negatives of this strategy (financial stress, isolation of mother, loss of father by siblings, etc) are far outweighed by the immediate physical safety which distance affords, and in the reduction of pressure to recant the details disclosed. In the medium term the same distance allows some space and opportunity for the mother/daughter relationship to repair. This is necessary as the relationship has so often been consciously undermined by offenders to ensure secrecy, or scepticism subsequent to a disclosure. It remains an unfortunate reality that child protection workers and police assessing abuse allegations do not have powers to remove offenders, and where unable to persuade such a move, the only remaining option may be to remove the subject child to ensure her safety. Sexual abuse is of course an extraordinarily selfish act, and hence one may expect to deal with quite self-interested men. As a last resort, joining their rationalisations may be the only option which remains between his moving out or the child experiencing further victimisation through removal from her home. Such a strategy may be to discuss his safety, from such allegations recurring, which can really only be ensured if he is to provide himself with sufficient space from the child to feel secure. Such joining with the world view of the client may reinforce some negative thought processes in the short-term – a small cost for the longer-term benefits derived from his removal from home.

The emotional safety considerations continue to press for attention inside the therapeutic relationship. The pace of the therapy, the control the client is able to experience and exercise, the choice over discussing the details of abuse experiences, coping with aspects outside the child's control, such as the legal process or nightmares and flashbacks, a victim view of the world as an unsafe place and a dozen other issues all conspire to challenge the establishment and maintenance of a safe therapeutic experience, and hence serve to emphasise the thought and effort therapists and others must devote to this issue.

Attributions of responsibility

The second Parieto Factor which I have chosen is attributions of responsibility (Weiner, 1972). To quickly summarise, simplify and where necessary review attribution theory, the following table is provided:

INTERNAL STABLE I'm bad	INTERNAL UNSTABLE I was too young
EXTERNAL STABLE He's mad	EXTERNAL UNSTABLE It was a bad area

Attending to attributions of responsibility has the potential to identify people more likely to suffer long-term pathology as a result of their experiences of abuse. These are the child victims of deviant adult sexual behaviour who have internalised responsibility for that behaviour as a stable characteristic of themselves. 'I am BAD', 'I'm oversexed', and other statements indicate such attributions, as might a range of self-destructive behaviours or other such acting out/in. It is hypothesised that such internal and stable attributions of responsibility are warning flags for further long term problems associated with sexual abuse experiences, such as eating disorders, drug abuse, prostitution, self harming behaviour, dissociative disorders and others.

In addition to indicators from the person who experienced the abuse, work with the offender on the type of relationship he maintained or envisaged, the rationalisations he employed to justify his behaviour, the particular aspects of the abuse to which he was aroused, and the

methods of coercion utilised to maintain secrecy may all provide indicators of the type of attributions of responsibility held by the child. Such discussions with the offender may uncover what is to be identified in what Anna Salter (1988) describes as the 'internalised voice of the offender'.

One early intervention which is contraindicated is telling children, 'It's NOT your fault'; that is, don't tell children it's not their fault. The thinking driving this somewhat incredible statement is that the only thing which may have been providing a sense of control to the child was the attribution that somehow it was her fault, and that if she were to do something different the abuse would cease. In the absence of this, she loses all hope of exerting control, of making her existence a safe one. The removal of her understanding creates a vacuum, and increases the difficulty of developing alternative understandings of the power relationships and respective responsibility for behaviour. An additional factor is that it may not have occurred to children that it was their fault, and an attempt to reassure them may simply serve to introduce the notion. Developing understandings of power and responsibility are essential tasks, to ensure that ultimately healthy attributions of responsibility are developed. The issue of addressing whose fault is one of timing, as safety is experienced, understandings of power and responsibility constructs are introduced and developed, as the resources which the client has utilised to survive and escape an abusive dynamic are harnessed, and as trust in the therapeutic alliance grows. It should be clearly iterated that challenging attributions is not contraindicated entirely, but rather as an *early* intervention. It is perhaps best viewed as an ongoing task embedded in the overall therapeutic process, and essential to consider and address for a person who has experienced sexual abuse to minimise the long term consequences and move forward.

I have also chosen attributions of responsibility as a Parieto Factor because it relates to other individuals in the system, the family system as a whole and the social systems which exist and assist in perpetuating child sexual abuse. The mother-daughter relationship has long been viewed as pivotal in incest families, and the mother's response to the disclosure – largely influenced by and

reflective of her attributions of responsibility – may be viewed as a central indicator for the long term prognosis for a child and also, one might speculate, for a family. Similarly the treatment goals for offenders invariably include accepting responsibility for the offending behaviour, and progress towards the goals is in part measured by the ability of offenders to consistently demonstrate responsibility for their own behaviour, and appropriately attribute responsibility for own or others' behaviour. Finally, in a societal context, mother-blaming has long been a response – 'She *must* have known' a commonly heard refrain. Such attributions held as unchallenged social myths thwart efforts to develop relationships in which responsibility for behaviours is appropriately attributed, and consequences attached to actions is equally appropriately metered.

Sexual abuse never occurs in isolation. There will be individual sexual issues, relationship issues, emotional abuse, physical abuse, neglect, poverty, substance abuse, individual adjustment issues and other issues in some combination.

In presenting these two issues for discussion, it is my contention that as Parieto Factors, if properly addressed they will provide the basis for the vast majority of changes that counsellors/workers and clients will jointly work towards. These are changes which are required if individuals confronted with sexual abuse experiences are to reconcile those experiences with previously held perceptions of themselves, others and the world, to adjust to the new realities they are confronted with, and to adapt to the changes which must necessarily be wrought if social, psychological and emotional health are to ensue.

FAMILY FACTORS

Following the same process in addressing family factors, my list of issues includes:

- survival of the immediate family – establishing safety
- who to tell what – reducing social isolation/enlisting support
- aftermath of disclosure and the welfare/legal process
- mother blaming and child protection interventions
- 'victim' blaming the child's view of responsibility the offender's view of responsibility
- empowering mother to parent
- allowing a pseudo-adult a childhood
- sibling conflict as a result of abuse dynamic/failure to protect
- repairing the parental relationship and establishing appropriate boundaries

Families, with their convoluted histories, hidden alliances and agendas, socially prescribed roles and norms, their coalitions and boundaries, idiosyncrasies and traditions are complex systems to engage and assess. These complexities compound when experiences of sexual abuse serve to shatter so many traditionally held beliefs and values, and to so emphatically impose oppositional experiences on family members. It is the misuse of many of these traditions, values and beliefs which ensure the existence and continuance of sexual abuse within families: the tradition of the fatherly head of the family, whose word is final and whose judgement is unquestionable; the valuing of children who do as they're told, speak when spoken to, and don't talk back; the beliefs in the sanctity of the home and privacy. All these are construed by perpetrators of abuse to justify, maintain and defend their behaviours. Within such a complex and tangled web, to identify two factors which, if adequately addressed, will provide the majority of changes sought and required seems an unlikely task.

Again the moment of truth – I have chosen as the two Parieto Factors:

- the empowerment of mother to parent, and
- who to tell what.

The empowerment of mother to parent

The dynamic of sexual abuse, as mentioned previously, has as its cause and its control a multiple of factors. Sexual abuse *never* occurs in isolation. There *will be* individual sexual issues, relationship issues, emotional abuse, physical abuse, neglect, poverty, substance abuse, individual adjustment issues and other issues in *some* combination. The choice of the empowerment of mother is based on literature and experiences indicating the pivotal role of an appropriately protective and supportive mother to the long-term safety and adjustment of children in abusive families. It is chosen as the factor, if successfully addressed, most likely to have a significant and lasting effect on the system within which the dynamic exists (with an eye to the transgenerational nature of abuse).

The background issues influencing the degree of power the mother has in the relationship with her spouse will include histories of childhood sexual abuse in perhaps a third of families, and to a similar degree a history of domestic violence in previous and in the current relationship. To this may be added (or, more accurately, further detracted) the loss of power to the abused child within the abusive dynamic prior to its disclosure or discovery. It is a startling paradox that the abused child may develop, or have bestowed upon her, enormous power which is proportionate to the responsibility she bears to maintain the status quo – to keep dad out of jail, mum out of the madhouse, siblings out of dad's deviant behaviours. These and other realities may be ascribed to the experience by the offender.

The barriers to disclosure are often a further experience of disempowerment, as children may choose to disclose to friends, aunts, guidance officers, teachers and others, rather than risk the wrath and disbelief of their mother. When finally the matter is no longer secret, mothers are caught up in a legal and welfare system entirely outside of their control, and occasionally outside of their comprehension. The process of investigating and responding to such matters is itself a further source of potential (ultimate) disempowerment, as child protection workers and police intervene with powers to strip a woman of what may be her sole self-defining role as

parent. At the core of any such investigation is the issue of the mother's ability and willingness to protect her child from further abuse – an ability at once at question in light of the allegations.

A huge number of issues facing mothers has been raised, and no doubt others omitted. In the face of these, how is the task of empowering the mother to proceed? A balance needs to be struck between empathic support for her for the shock, grief, fear, rage and other emotional responses she will continue to collide between, and the provision of information to ensure an understanding initially of the child protection and legal system she must comprehend, and potentially also the welfare system she may need to negotiate to survive. In the urgency to ensure the protection of the child, the needs of the mother to grieve, to absorb the enormity of the betrayal, to adjust to the reality of the need to protect her children and to deal with the impact of the abuse on her own identity, and that of her children, must be met through extending support, providing information and maintaining hope. Inclusion in groups for mothers, for adult survivors, links with other women, literature on sexual abuse, the legal processes, contacts with advocacy groups, and links with a counsellor with whom she can relate should all be considered. The extent of the individual therapy required will vary enormously. It may be particular to working in a counselling service that is within the statutory child protection system; however, it has been my experience that it is usually many months before such work commences in earnest. Perhaps to be seeing anyone for your own needs, rather than being there 'for my daughter' is to risk being seen as not centred on the child, and may be viewed as the legacy of the initial intervention assessing her ability to parent her children.

Who to tell what

The second issue I have chosen to focus upon is 'who to tell what'. My choice relates to the connection of this issue to safety, to social isolation, to the dynamic of secrecy which maintains sexual abuse, to issues of responsibility and accountability, and to issues of sibling isolation and blaming which may occur. The importance of each of these issues, and the range of ways in which they may be connected to decisions regarding

discussing the abuse is self evident. As is apparent, the issue of establishing and maintaining appropriate boundaries is an essential one in sexually abused families. The management of the information relating to abuse may be as accurate a measure of adjustment to the abuse as any other. Children who tell *anyone*, offenders who deny *everything*, mothers who confide in *no-one*, each of these is an example of information as a symptom, and each indicates a need to attend to the establishment of openness about the sexual abuse within well defined and understood parameters. If this task is adequately attended to, the handling of information relating to abuse within the family will reflect (as a Parieto Factor should!) the successful resolution of a wide range of issues, rather than the existence of a large number of unaddressed symptoms.

It is hoped that this essay has provided some food for thought, some cause for reflection, some prompting of debate. Mostly it is my hope that it also proves for some a source of some hope – that *there are factors* that, if adequately addressed, *will make a significant and positive difference* to the lives of people affected by sexual abuse. □

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