

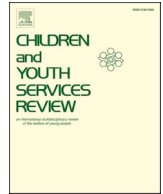
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Children's perspectives on family members' needs and support after child sexual abuse

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ABSTRACT

Intra-familial child sexual abuse is acknowledged to have wide-reaching impacts within the family environment; impacts that can affect both non-abusing family members' own wellbeing and their capacity to support the child who has been abused. Yet research also demonstrates the important role that can be played by family members, in the aftermath of the identification of abuse, when appropriately supported. This article builds on this existing evidence base (that is primarily drawn from research with parents/carers and professionals) through analysing a unique qualitative data set, developed using interviews and a creative 'toolkit' approach with 53 children and young people (aged 6–19 years), who had experienced sexual abuse in the family environment. The article explores their perspectives on the wider family impacts of identification of abuse, their perceptions of the associated support needs of other family members and their understanding of how this relates to their own recovery. The findings firstly suggest the need to recognise children's relationships with non-abusing family members as a fundamental and interdependent aspect of their recovery in the aftermath of sexual abuse in the family environment. Secondly, they demonstrate the need to recognise the high levels of (self-perceived) responsibility that child victims experience for impacts on their non-abusing family members. Finally, they highlight how professional support to non-abusing family members is explicitly identified as an unmet need by children themselves, and how crucial it is to alleviate what children describe as the 'ripple effect' of additional challenges and harms emanating after abuse is identified. The article concludes by considering the implications of these findings, further strengthening arguments around the importance of viewing children's needs relationally and the unique and critical insights to be gained from involving children in research addressing child sexual abuse.

1. Introduction

Children and young people continue to be marginalised voices in research addressing child sexual abuse in the family environment (Horvath, Davidson, Grove-Hills, Gekoski, & Choak, 2014). Although some notable exceptions to this trend exist (Jensen et al., 2010; Jessiman, Hackett, & Carpenter, 2017; McElvaney, 2014) this research tends to focus on disclosure, and draw data primarily from older young people (Allnock & Miller, 2013). Very few studies consider children's perspectives on relationships with their non-abusing family members, or consider how wider family needs might be understood and experienced by children, following sexual abuse. While a wider body of research explores the needs of non-abusing family members after child sexual abuse, and their relationship with professional support, this data stems primarily from parents, carers and practitioners (Alaggia, 2002; Cyr,

2016; Kilroy, Egan, Maliszewska, & Sarma, 2014; McElvaney, 2020; Serin, 2018; van Toledo & Seymour, 2016; Wamser-Nanney, 2018; Whitson, Bernard, & Kaufman, 2014).

1.1. Aims and objectives

This article begins to address these gaps, exploring children's perspectives on the impacts of intra-familial child sexual abuse on family relationships following identification of the abuse, and associated support needs. The article draws on analysis of qualitative individual interviews with 53 children and young people (aged 6–19 years) who had experienced child sexual abuse within the family environment.

These interviews formed part of a wider study; the aim of which was to increase understanding of children's experiences of help-seeking and support, following child sexual abuse in the family environment. This

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included their experiences of: (i) recognition, identification and disclosure; (ii) help-seeking and support; (iii) contact with services as a result of reporting/identification of sexual abuse; and (iv) their journeys through care systems and criminal justice processes. The research also aimed to ascertain children and young people's views on how such processes could be improved. In-depth individual interviews with those known to have experienced intra-familial child sexual abuse were the primary method utilised in the study, and the focus of this article. However, focus groups and surveys were also used in the wider study, to ascertain the perspectives of a wider cohort of children and young people as to potential enablers and barriers to disclosure/identification or engagement with services (see Warrington et al., 2017 for further information on the wider study).

This article focuses specifically on one element of the findings from the individual interviews; those relating to family support. The article aims to evidence three things:

- i. children's sensitivity to the impacts of the abuse they experience on non-abusing close family members (focusing primarily on parents and carers but with some references to siblings and wider family members);
- ii. the relationship between children's self-perceived responsibility for these impacts and their propensity to talk about their needs with those close to them; and
- iii. children's own recognition of unmet support needs among family members after identification of intra-familial child sexual abuse.

The article aims to strengthen arguments about the interrelationship and mutual dependencies between children's wellbeing and support to family members, and the need for this to inform future models of support. The majority of the article focuses on children's perspectives about parents and carers, reflecting the primary focus of children's accounts. However it also acknowledges impacts on, and support needs of, siblings and wider family members where noted by participants. The article highlights how many of the dynamics associated with children's relationships with parents and carers after identification of child sexual abuse can also extend to wider family members.

2. Context

2.1. Prevalence and disclosure

A meta-analysis of 217 studies estimates a global prevalence rate of 12.7% for lifetime child sexual abuse by any perpetrator (Stoltenborgh et al., 2011). In the UK specifically (the context for this study), 11.3% of 18–24 year olds report lifetime contact sexual abuse by any perpetrator (Radford et al., 2011). However specific prevalence rates of child sexual abuse by an individual within a child's family environment remain difficult to estimate because the scope of who is considered 'family' varies considerably across studies.

For example, Radford et al. (2011) study found low rates of lifetime child sexual abuse perpetrated by parents and caregivers (1.0%) which is equivalent to other international estimations (Finkelhor et al., 2014). However the authors do not report prevalence rates for others living in the household or connected to the child's family environment. Research by the Children's Commissioner for England (2015), on the other hand, found that in a sample of cases of child sexual abuse recorded by police forces, 69% involved perpetrators within the child's 'family environment', but they used a wider definition of familial perpetrators than Radford et al. (2011), making comparisons difficult. The Children's Commissioner's findings mirror those from a survey of 400 adult survivors of child sexual abuse in England in which 70% reported abuse by a family member (Smith, Dogaru, & Ellis, 2016).

A further barrier to estimating prevalence and incidence of child sexual abuse (including intra-familial forms) are well documented patterns of delayed disclosure or identification (Allnock, 2016; Allnock,

Miller, & Baker, 2019). A recent systematic review of seven qualitative studies with children who had experienced sexual abuse identified six themes which influence children's decision to disclose: 'fear of what will happen; others' reactions: fear of disbelief; emotions and impact of the abuse; an opportunity to tell; concern for self and others; and feelings toward the abuser' (Morrison, Bruce, & Wilson, 2018).

Several studies also identify that abuse by a family member presents particular barriers to disclosure (Connolly & Read, 2007; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003) particularly in relation to anticipated consequences for family dynamics (Goodman-Brown et al., 2003). These anticipated consequences are noted to include a desire to protect non-abusing carers (Crisma et al., 2004; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005), and mothers in particular (Alaggia & Kirshenbaum, 2005). Available evidence suggests that, where children and young people do seek help through telling, mothers are common familial recipients of disclosure (Malloy, Brubacher, & Lamb, 2013), although for adolescents, peers and friends may be more significant (Priebe & Svedin, 2008).

This supports evidence from other studies that disclosure is a relational, dialogical process enabled by, and more likely in, the context of trusted relationships (Cossar et al., 2019; Jensen et al., 2005; McElvane, 2008; Reitsema & Grietens, 2016).

2.2. Impact

The impacts of child sexual abuse vary significantly for different individuals and are thought to depend on external or relational factors alongside individual resilience and coping mechanisms (Fisher, Goldsmith, Hurcombe, & Soares, 2017; Sneddon, Wager, & Allnock, 2016). A wide body of research evidences impacts on mental and physical health, alongside social functioning, relationships, maladaptive behaviours, sexual re-victimisation, and negative outcomes in a range of other domains (Chen, Murad, Paras, Colbenson, Sattler, Goranson, Elamin, Seime, Shinozaki, Prokop, & Zirakzadeh, 2010; Domhardt, Munzer, Fegert, & Goldbeck, 2015; Fisher et al., 2017; Horvath et al., 2014; Irish, Kobayashi, & Delahanty, 2010; Maniglio, 2009; Sneddon et al., 2016). There is some evidence to suggest that intra-familial sexual abuse can lead to increased risk of negative sequelae (Fisher et al., 2017). For example, disclosure of intra-familial abuse is thought to be accompanied by a greater degree of disruption within the family and a greater sense of shame among family members than other forms of sexual abuse (Kogan, 2005). Relatedly there is evidence that impacts can be moderated by a range of protective factors including access to supportive relationships and services (Fisher et al., 2017; Stroebe et al., 2012).

2.3. The significance and needs of non-abusing caregivers and siblings

Post-disclosure caregiver support has been identified by multiple researchers as an important factor in supporting positive recovery outcomes of children who have experienced child sexual abuse (Alaggia et al., 2017; Beetham, Gabriel, & James, 2019; Cyr et al., 2014; Horvath et al., 2014; Jessiman et al., 2017; Kilroy et al., 2014; Whitson et al., 2014). Evidence from multiple studies suggests that interventions focusing on the family, rather than the child alone, are more effective at dealing with short and long-term impacts of sexual abuse (Bethel, 2021; Carpenter et al., 2016; Horvath et al., 2014; Kilroy et al., 2014; National Institute for Health and Care Excellence, 2017; Whitson et al., 2014). This is in part attributed to the relative time children spend with parents/carers versus therapists (Cyr et al., 2014). Some authors posit that caregivers have particular significance in therapeutic support for younger children due to their greater levels of dependency on parents/carers and relatively limited social networks, compared to older children (Beaudoin, Hébert, & Bernier, 2012). Among evidence which points to a significant role for parents and carers after identification of sexual abuse, attention is often drawn to the relational nature of children's lives, supporting 'ecological' or 'systemic thinking' approaches (Alaggia

et al., 2017; Beetham et al., 2019; Cyr et al., 2014; Horvath et al., 2014; Jensen et al., 2010; Jessiman et al., 2017; Kilroy et al., 2014; Whitson et al., 2014).

Despite this broad evidence base supporting the importance of caregiver support following child sexual abuse, some authors have questioned the relationship. For example, Bolen and Gergely (2015) meta-analysis found a weak or inconclusive relationship between caregiver support and the post-disclosure functioning of sexually abused children. The authors note however that it was not possible to know if the weak relationship was based on methodological weaknesses of the studies, or caregiver support being unrelated to post-disclosure functioning in children.

Within the literature which identifies a positive relationship between caregiver support and therapeutic outcomes for children, a number of different mechanisms are suggested to explain the relationship. These can be broadly grouped into two inter-related themes. The first proposes **parents/carers as enablers and 'collaborators'**, facilitating children's access to, and engagement with, therapeutic support or treatment. This can include: non-abusing caregivers supporting children's access to services in practical terms; promoting children's propensity to develop trusting relationships with a practitioner (Jensen et al., 2010; Jessiman et al., 2017); supporting the development of the therapeutic alliance with young children (Jensen et al., 2010) and reinforcing new thinking proposed in the treatment (Vizard, 2013).

Secondly there is literature which proposes a role for **parents and carers as a 'buffering factor'** to minimise the negative impacts of child sexual abuse (Kilroy et al., 2014). For example, some writers highlight a strong positive correlation between parental psychological wellbeing, ability to care and children's wellbeing after sexual abuse (Santa-Sosa, Steer, Deblinger, & Runyon, 2013; van Duin et al., 2018). Related evidence suggests that parenting stress mediates the relationship between children's exposure to trauma and their internalising problem behaviours (Whitson et al., 2014). Subsequently Whitson et al. (2014) describe parenting stress and parenting ability as 'modifiable protective factors'. This supports a wider view that, beyond the nature of the abuse experienced, children's wellbeing and resilience is also influenced by interpersonal relationships (Fisher et al., 2017).

Meanwhile several articles acknowledge caregivers' own significant support needs as a result of the identification of their child having experienced sexual abuse (Jessiman et al., 2017; Santa-Sosa et al., 2013; van Duin et al., 2018). Common parent/carer impacts include feelings of guilt, self-blame, anger and symptoms of PTSD (Jessiman et al., 2017; van Duin et al., 2018), all noted to potentially impact on parents' or carers' support abilities (Santa-Sosa et al., 2013).

There is significantly less research about the needs and roles of non-abused siblings after identification of child sexual abuse, although a small body of evidence does exist which highlights their needs. For example, Schreier, Pogue, and Hansen (2017) note that some non-abused siblings display internalising and externalising behaviours and their distress levels may mirror those of their abused sibling. This is noted to be the case even where a sibling has not witnessed the sexual abuse of their brother or sister (Bentovim, 1991). Older siblings in particular may feel guilty for not having protected their brother or sister (Baker, Tanis, & Rice, 2001). Siblings of sexually abused children may also perceive – and be impacted by – differential attention from their caregivers. This may be because of the offending caregiver's increased attention to their brother or sister through the process of grooming (Craven, Brown, & Gilchrist, 2006) or because non-abusing caregivers' attentions are heightened towards the sibling who experienced abuse (Schreier et al., 2017). Research by Crabtree, Wilson, and McElvaney (2021) support these findings and highlight the ongoing support needs of non-abused siblings and the relational nature of both their needs and the support they provide to their wider families.

Across the literature addressing non-abusing family members we see an emphasis on caregivers as providers for children's needs, alongside acknowledgement of caregivers' and siblings' own support needs. There

is limited reference to children's awareness of the impacts of their disclosure on parents/carers, or indeed siblings. Notable exceptions include Jensen et al. (2005), McElvaney (2014), and Welfare (2008) who highlight how children's sensitivity to impacts on caregivers can influence their decision to disclose, and a desire to protect caregivers. Meanwhile there appears to be little consideration within the literature of the roles children who experience abuse adopt to support non-abusing family members, after disclosures of sexual abuse. Similarly there is an absence of evidence on children's perspectives on formal support for non-abusing family members. This article aims to address some of these gaps and identify potential implications for future service design and policies addressing recovery from child sexual abuse.

3. Method

Findings in this paper stem from qualitative research interviews with children and young people (aged 6–19 years) in England, who had experienced sexual abuse within the family environment,¹ when aged under 18 years.² Interviews were designed and delivered in partnership with a specialist child sexual abuse practitioner from the National Society for the Protection of Cruelty to Children (NSPCC), a leading UK based NGO addressing child abuse and maltreatment. This practitioner supported the research team to embed a trauma-informed approach to interviewing. This approach aimed to minimise potential for re-traumatisation, which is often cited as a barrier to research with children on this topic (Bovarnick et al., 2018; Horvath et al., 2014; Morrison et al., 2018). The research was also supported by a Young People's Advisory Group (YPAG) including young people with lived experience of relevance to the study and supported by NSPCC. The YPAG assisted with the design and piloting of research materials, ethical oversight, data analysis and dissemination.

3.1. Interview cohort and recruitment

The interview cohort comprised 53 children and young people, aged 6 to 19 years. Children's demographic information was collected using self-reported data, completed either independently or with a researcher, parent or support worker. This data revealed that:

- 26% of participants were aged 6–11 years, 32% were aged 12–15, 32% were aged 16–17 and 9% were aged 18–19.
- 81% per cent were girls or young women and 19% were boys or young men.
- 81% were White British and 19% were Black or from a minority ethnic community.
- 6% identified as deaf and/or had physical disabilities, and 21% identified as having a learning disability or diagnosed developmental disability (such as Autism Spectrum conditions).
- 25% of participants (n = 13) were under the care of the local authority ('looked after children'), living in either foster care, residential care, kinship care, supported accommodation or independently.

A significant majority of the interviewees (n = 51) provided consent for high-level data about the nature of the abuse experienced to be shared with the research team by their worker. This data indicates that:

¹ Defined by the research funder as 'a family member, or someone otherwise linked to the family context or environment'. (Commissioner, 2015: 6).

² Although young people aged 18 and 19 were included in the study, we use the term children's perspectives when reporting on the findings as their reflections relate to their perspectives from when they were children.

- All but one (98%) of those for whom information about the nature of abuse was available, had experienced contact sexual abuse.³
- 86% had experienced abuse from a family member; 14% from a family friend.
- Stepfathers or mothers' male partners were the most frequently cited perpetrators (25%), followed by fathers (18%).
- 27% experienced abuse from a child or 'peer' (brother, cousin, step-half brother or child of a family friend).

Researchers initially sought access to participants through targeted contact with 120 specialist voluntary sector services across England. Interviewees were eventually accessed through 15 of these services.⁴ Services were geographically spread across England and provided support through a range of different models of intervention including, but not limited to: counselling; Trauma Focused CBT; play therapy; family support; and specialist court support. Less than half of the 15 services through which children were accessed offered some form of family support or therapy but details about interviewees access to this was unknown.

The inclusion criteria for the interviews were a disclosed experience of child sexual abuse within the family environment (including abuse by adults and children) and receipt of related specialist support at the time of research. Although this latter criterion was recognised to introduce significant bias into the cohort, as explored in section 3.2 below, this was deemed necessary to ensure safety of involvement.

3.2. Ethics

Ethics was a primary consideration throughout research design, data collection, analysis and dissemination. Standard ethical processes included working closely with services to ensure that children were only approached about participation in the research when appropriate to do so. This meant that they had been assessed (by workers known to them) as able to participate safely, and were provided with wrap-around support before, during and after involvement in the research. Criteria for involvement also ensured participants were not part of a relevant live investigation.

All potential participants, and their parents or carers, received verbal and written information about the research from project workers known to them. In keeping with similar research (Moore, McArthur, & Noble-Carr, 2018) our study sought formal recorded consent (rather than assent) at the outset of all interviews with children. This was supported by the use of age and competency adapted printed and verbal information, and where appropriate, support from practitioners to help children make informed choices about involvement. Approaches to obtaining consent were predicated on a belief that all potential participants in this study could make and communicate decisions about participation. Additional written consent was obtained from parents or carers for children aged 15 years and under, or where an older child's learning disability was thought to dictate a need for this. It was made clear that parental consent was never in place of a child's own consent.

The processes of giving and obtaining consent were understood as dynamic and ongoing throughout the research contact (see below and Moore et al., 2018), and participant consent was verbally rechecked prior to the closure of interviews. All participants also had an opportunity to withdraw consent to their data being used up to one month after an interview was completed.

The study was approved by University of Bedfordshire Research Ethics Committee, and the Ethics Committees of NSPCC, Barnardo's

(another UK NGO) and the Association of Directors of Children's Services. Data security was supported through the use of encrypted hardware (recorders, USB sticks and laptops) and the project was subject to the UK Data Protection Act 1998.

3.3. Trauma informed interview processes

Interviews were conducted on a one-to-one basis by members of the research team and conceived as 'guided conversations' (Taylor et al., 2015). They were designed using trauma-informed principles (Substance Abuse and Mental Health Services Administration, 2014). The interview process was developed with a consideration of the potential impact of abuse and sought to maximise participant wellbeing and control throughout. Examples of how this commitment translated into practice included: the opportunity for participants to have a supporter present if helpful; the use of 'stop', 'go', and 'pause' cards to help participants indicate their need for a break; and the provision of a 'calm box' of sensory objects as potential distractions, grounding strategies or relaxation aids⁵ (see Fig. 1). A scaling exercise was also undertaken at the outset of interviews to identify how participants were feeling.⁶ This allowed the interviewer to identify specific anxieties or feelings that might need addressing or justify cautioning them from continuing.

The broad focus of interviews included questions about children's experiences of identification of abuse and help-seeking and support. Some children were also asked about care systems and criminal justice procedures, where relevant to their experiences. These topics were explored using a toolkit approach which offered participants a choice of approaches to communication. The toolkit drew on a range of methods, such as creative play and visual mapping. These were recognised to offer potentially more accessible and safer means of engagement for children whose communication may be impacted by age, trauma, learning or developmental disabilities. The toolkit encompassed four potential 'data collection' activities:

- a vignette focusing on recognition and disclosure;
- a mapping exercise to visually capture significant processes, professionals and experiences and to inform the interview focus;
- a semi-structured interview topic guide; and

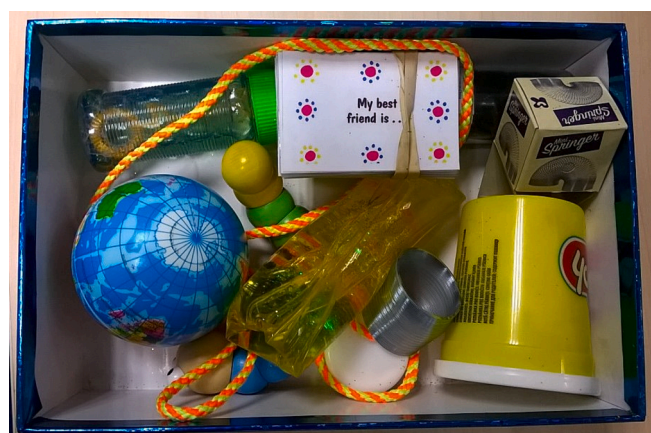


Fig. 1. Example of the contents of a calm box used in interviews.

³ Information about whether abuse was contact and/or non-contact was only available for 45 participants.

⁴ This include local frontline sexual abuse recovery services delivered by a range of UK based providers including NSPCC, Rape Crisis England and Wales, The Survivors Trust network and five independent non-affiliated services.

⁵ Calm boxes were inspired by resources produced by Triangle, an independent organisation specialising in communication support to children in a range of settings including legal processes after abuse and harm <https://triangle.org.uk/>.

⁶ See appendix 1 for an example of a scaling exercise [Scaling Exercise.docx].

- a range of supplementary play-based activities to elicit further reflection about feelings associated with people and processes.

The four activities were broadly sequential and all were used in the majority of interviews. However there was no expectation that every aspect of the toolkit would be used in each interview or applied in identical ways. Instead the toolkit enabled the same topics to be addressed through different activities, facilitating inclusion of children with diverse developmental needs and communication styles. While this approach limits opportunities for certain types of analysis – such as a focus on frequency of themes – prominence was given to developing rapport, promoting choice and responding to individual communication styles. This supported the generation of rich experiential data.

Interview interactions were ‘closed’ gradually. The scaling exercise undertaken at the start of the interview was revisited, supporting the researcher’s assessment of whether any difficult or negative feelings had arisen during the interview. In addition a number of ‘grounding’⁷ exercises were available if a child needed support to distance themselves from emotional intensity the interview catalysed.

3.4. Analysis

With the exception of demographic and background data, interviews generated primarily qualitative data. In most cases this constituted verbatim transcripts from audio recordings, with the remaining interview interactions recorded using detailed notes (in line with participant preference). This was supplemented with visual and written material from creative tools and researchers’ fieldwork notes. This rich body of qualitative data was coded and analysed thematically (Braun & Clarke, 2006) using qualitative data analysis software (NVivo 10, QSR International). Following deep familiarisation with the data, a combination of deductive and inductive coding was utilised. Two members of the team undertook initial coding and collaborated to develop a coding framework that drew on both the research questions and wider literature, and was supplemented by line by line, inductive coding of each transcript. Initial analytic themes were generated, reviewed and refined through reflexive discussions across the research team.

Further analysis of the data and refinement of the themes took place in partnership with members of the YPAG. This involved collaboratively reviewing a sample of transcripts and comparing emerging themes and priorities. Engagement of the YPAG supported consideration of the data from young people’s perspectives, enabling new nuances, priorities and findings to emerge. Professional stakeholders, including our project advisory board and expert practitioners, supported further reflection and refinement of the emerging findings. They helped researchers consider their relationship to the wider evidence base and practice-based knowledge.

4. Findings

The findings are divided into three sections. The first presents evidence of the impacts of identification of intra-familial child sexual abuse on family and family life – as identified by children themselves. The second section focuses specifically on evidence of children’s sensitivity to, and perceived responsibility for, impacts on those close to them. It considers how children’s decision making and actions are informed by this sense of responsibility. The third section illustrates examples of children identifying unmet needs for professional support to family

members, and their reflections on the impacts on this.

4.1. The impacts of identification of abuse on family and family life

Participants’ contributions revealed how anticipated negative impacts on family relationships could both act as a barrier to disclosure, and come to pass as a consequence of disclosure. For all of those interviewed, some level of substantial change, conflict and/or division within families occurred once abuse was identified. Impacts on families, described by children in this study, were diverse, far reaching and had both challenging and supportive components – often simultaneously.

The degree to which individuals or families were able to respond in ways which children experienced as supportive appeared to vary enormously, both within and between families. At one extreme, there were children who described their non-abusing parents (or safe carers) as their primary source of support. At the other end of the spectrum, children reported dealing with parental responses to disclosure that included violence, increased vulnerability, disbelief, rejection or blame. Indeed, as this study demonstrated, a distinction between impacts on children and those on their families is clearly artificial, with one response or consequence intimately tied to and catalysing another.

Analysis identified five broad and overlapping themes relating to variable impacts within families which children described recognising and being affected by. These were: estrangement and conflict; altered treatment and perception (of the child); emotional impacts on family; increased physical safety; and increased emotional and advocacy support. Examples of each of these are given below.

4.1.1. Estrangement and conflict

Some level of loss within families appears to be almost inevitable after identification of abuse perpetrated by someone in a child’s family environment. The nature of this loss was in part determined by a child’s relationship with the perpetrator. Where children experienced abuse by a parent or step-parent whom they lived with – as was the case for the majority of our cohort – the disruption to family life was particularly significant.

“My family’s disowned us. I’ve only got my mum and my stepdad and my siblings and it has also affected them. It has affected my little brother ... we don’t have much family now ... My dad – because of what he’s done he’s in prison. He can sit there and rot. So we don’t have a lot of family.” (IV45, Female, 16 years)

“A lot of my family don’t know how to talk to me about it all and I didn’t have contact with them for a whole year of him being gone, they cut contact with me.” (IV20, Female, 16 years)

Such changes left children dealing simultaneously with their own experience of abuse, and the intractable divisions and loss which also affected others such as siblings, parents and carers whom they cared deeply for. As illustrated in the quotes above, these divisions were often related to ‘whose side’ other family members took, an issue that was noted to not only divide family loyalties, but also left children feeling disbelieved, let down and angry.

Participants also identified examples of changes to family dynamics that resulted from children’s responses to abuse and trauma (rather than other people’s recognition of the abuse). This included examples where changes to children’s emotional wellbeing and associated behaviour disrupted family relationships:

“I felt as if my mum was constantly at me, having a go at me, telling me that I need to start behaving and whatever else and my behaviour was playing up” (IV33 Female, 15 years)

While these could be considered secondary impacts, this quote illustrates that they each brought their own substantive consequences. They are examples of what several children interviewed described as a ‘ripple effect’; a chain of additional difficulties catalysed by the identification of abuse and affecting ever-increasing aspects of their lives (see

⁷ Grounding activities or exercises have been defined as techniques that help to keep someone in the present or to reorient a person to the here and now. They can be used for managing overwhelming memories, strong emotions or dissociation and to help someone to regain their mental focus from an often intensely emotional state (Substance Abuse and Mental Health Services Administration. (2014), 2014).

Warrington et al., 2017 for further details).

4.1.2. Altered treatment and perception of the child

While many changes to children's family dynamics related to overt conflict and division, more subtle shifts in relationships were also noted to feel significant. This included children's fears of being seen or treated differently by family members after disclosure or identification. This was even true where such behaviour was well intentioned and imbued with care or sympathy. Children described how a desire to avoid pity or shame created additional barriers to disclosure, alongside a tangible fear of experiencing the sense of 'difference' or othering that often followed identification of abuse.

"I didn't want to tell my sister or my mum because I didn't want them to feel sorry for me and I didn't want them to treat me differently." (IV18, Female, 17 years)

"It's horrible when your family find out – because you just don't want them to look at you like you're someone else, like... you don't want them to look at you, like they're disappointed in you". (IV24, Female, 10 years)

The fear of disappointing family, described in the quote above, illustrates children's propensity for (misplaced) guilt and shame and the fear of jeopardising parental approval. It also highlights even young children's sensitivity to subtle changes in family dynamics and the potential impacts of their disclosure on others' perceptions of them.

An associated, but distinct, fear was the fracturing of family routine and the loss of a sense of normality for children after abuse was identified.

"Just like the basic family routine would be completely changed. No one really likes that. Even though it is really important [to tell], people are scared that they'll just ruin everything." (IV14, Female, 15 years)

"Things will change with the family and the way and everyone will treat her. Dad or Mum would probably move out and everyone would treat her differently.. [being] dead nice to her. There's a difference between being nice and being too nice – too nice where its uncomfortable and everyone's being false. Its not a real happy that everyone's being – they just feel like they need to" (IV44, Female, 17 years)

Children's desire for maintaining the status quo, alongside fears of upsetting balance and routine was a particularly significant theme among children's testimonies, and is explored in more detailed in Warrington et al. (2017). The language used (*'scared that they'll just ruin everything [if they tell about abuse]'*) further evidences the sense of responsibility that children perceive themselves to hold for disruption and negative impacts on family life.

4.1.3. Emotional impacts on individual family members

The impacts on family life, that children described, often focused on the mental distress which identification of abuse catalysed for others. Such distress was noticed and discussed by children primarily in relation to impacts on non-abusing caregivers, but also sometimes siblings and grandparents. This distress was observed to be both in response to these people finding out about the abuse and in relation to subsequent processes such as social care interventions, investigations, and court.

Interviewees of all ages described awareness of these impacts. Their contributions included recognition of family members' shock, guilt, self-blame, anger, hurt, desire for revenge, depression and confusion.

"It makes them really upset and it makes them really want to go and like... like hurt other people and then when, and then you don't want that to happen and then... it's like two families at war together. (IV24, Female, 10 years)

"I've heard my mum say... you want to do anything for this child now knowing that how oblivious you've been. Of course, as a parent or

whoever you might think it's all your fault or that you could have done something to help them and really you couldn't and it's not your fault. It's only the abusers fault, not the victim. (IV46, Female, 13 years)

In a small number of cases, such as the one described in the example below, children described how the emotional toll of disclosure on their non-abusing family members catalysed serious threats to parental health and family circumstances.

"So obviously my mum started drinking again [when she found out], my sisters went into foster care.. we [me and my sister] knew it was going to happen and it did happen." (IV29, Female, 18 years)

This example provides a stark reminder of the relationship between parental distress and subsequent difficulties; in this case sibling estrangement and loss. The quote also highlights children's anticipation of the impacts of their disclosure and how often children's predictions about the consequences of disclosure proved well founded, with professional responses unable to prevent or mitigate these impacts.

4.1.4. Increasing physical safety within families

A more positive consequence described by a significant majority of children interviewed, was an increase in physical safety within the family environment after identification or disclosure of abuse. This is not necessarily to say that children felt wholly confident in the degree of physical safety afforded, but that many recognised that this had improved to a degree. It is important to note that the pathways through which participants were identified for the study creates a bias in this regard, as only the perspectives of children with service involvement were accessed, where formal child protection intervention had taken place.

For all children involved in the study, direct and regular contact with those who had perpetrated the abuse (whether child or adult) ceased shortly after identification of the abuse by professionals. For some of these children a sense of physical safety within their families was afforded by a restraining order or custodial sentence. For others, improved physical safety relied on either the child, or the perpetrator, moving away and ceasing contact, including through care proceedings.

"Interviewer: Would anything get better after [the child] has spoken to the police?

Participant: Yeah, much. Not in her head it wouldn't, but with everything that's gone on, they'll pick up evidence from everywhere. He could be taken away... she'd feel safer." (IV23, Female, 13 years)

As this quote indicates, a distinction exists for children between physical, relational and psychological safety (Shuker, 2013). This reminds us that the presence of the former does not always equate to the latter. Interviewees' confidence in the degree of physical safety afforded by different forms of separation appeared to vary. For a significant minority of interviewees, the anticipation of risk, or in three cases direct threats from a perpetrator, continued even after formal contact had ceased. Despite this, there was a broad consensus that the decrease in risk afforded by all forms of separation was welcome, despite associated disruption and, in some cases, feelings of loss.

4.1.5. Increased emotional and advocacy support.

Unsurprisingly, several children described non-abusing caregivers – and in some cases also siblings – offering critical emotional support and bolstering their sense of relational and psychological safety.

"Family and friends are there to help you get through" (IV43, Male, 15 years)

"What I do is I tell my mum every single bad dream that I have and she always reassures me saying, 'That's okay, it's just a dream'. Another thing that I was constantly told is that, 'You are safe'... One time [when] I was very scared of one of my dreams my mum agreed just to sleep next to me to make sure I was fully asleep...[and during

court] my big brother was with me. My big brother kept my mind off the whole time, just playing games with us and having a good laugh. Some other family came over, of course, brought food. I was like, "Ah." (IV46, Female, 13 years)

In a number of cases, children recognised a clear relationship between their sense of personal resilience and the existence of emotional support and advocacy from non-abusing family members. Such support was often framed as a foundation or 'base', providing the stability to promote children's own internal protective resources.

Interviewer: "What sort of support does the young person need from their family?"

Participant: Lots of emotional ... Because if you're feeling really guilty and all that and you don't know what's going to kick in after that. If you feel like you've got a good base you could go to your family and talk to them then [a child] might be a lot more okay with it." (IV40, Female, 17 years).

Several children also explicitly outlined interdependencies between family members' wellbeing and their own.

"We all helped each other so we all had that strength, we all shared the energy to all get through this and of course I couldn't get all the power that I had from the inside." (IV46, Female, 13 years)

"What happened with me and my mum and my sister, when that event happened, we actually went closer together. And we started to trust each other more." (IV39, Male, 11 years)

Within these quotes, children reference potential for a sense of collective support extending to both caregivers and siblings. They highlight how mutual support can improve individual wellbeing and suggest that collective responsibility can be protective as well as a burden.

In addition to the emotional support described above, the opportunity for family members to provide practical support and advocacy was also highlighted as a benefit of the identification of abuse. Several children's testimonies highlighted parents' capacity to act as gatekeepers, enabling their access to support. This was seen through parents attending meetings with children, liaising with services and professionals, and being a conduit for information sharing, particularly in relation to complex legal processes.

"I got my mum to ask [the questions] even though I was in the room with her, I wanted to be there to know what's going on but I wanted her to say it [that I had been abused]." (IV14, Female, 15 years).

"[In the lead up to court] I didn't really speak to anyone about it, I spoke to my mum. My mum got all the information and then told me, because I didn't really understand it." (IV35, Female, 13 years)

"That made me realise that I could tell someone and then my mum and dad would help me to sort it out, with some people like [practitioner at support service].. I told someone and well, it led me here" (IV13, Female, 8 years).

Within these testimonies, support from a parent or close family member was often described as cushioning children from the difficulties associated with these encounters, and providing them with an informal advocate to communicate in situations that felt overwhelming or difficult.

4.2. Children's sensitivity to, and responsibility for, family needs

A striking finding across the interviews was children's profound sense of concern and responsibility for the fallout of the identification of abuse they experienced, and particularly its impact on the wellbeing of their family. Children's accounts highlighted the bi-directional nature of care and responsibility between children and adults within families, even in the context of abuse and trauma and heightened support needs of the child themselves.

Such concerns extended to non-abusing parents, siblings,

grandparents, cousins and, in a small minority of cases, those who had perpetrated the abuse, or those complicit in the cover up of it.

"Yeah because she might care about her dad and she doesn't want to get him arrested because it's her dad and she won't get to see him again for ages, like a year or something. So she might want to still see her dad but she won't be able to if he's arrested. So that would make it even harder because it's family" (IV47, Female, 11 years)

In some cases, even where children felt betrayed or let down by parents and carers responses to the abuse, they still held ongoing feelings of love, responsibility and loyalty. In the quote below, a young woman explains a mixture of love and hate for her mum, tied up with her ongoing self-blame for the sexual abuse by her brother.

"My mum – I love her to pieces but she's a cow – I do feel like I owe her something because she's dying – despite everything she's done to me – I don't see why I feel responsible but I do. I'm too kind and I – I blame myself [for the abuse] as much as him [my brother]." (IV12, Female, 18 years)

Children's sense of responsibility extended beyond a concern for other people's feelings and included anticipation or fears of far-reaching impacts on family dynamics and living arrangements, as explored in section 4.1. Within these narratives, guilt played a central theme: the guilt of children for upsetting their parents, children's sensitivity to the guilt of their parents for failing to protect their child, and the interplay between these two.

"I think the majority, most parents who find out that their child's been abused – extreme guilt, even if it wasn't their fault, they didn't know about it... I know from my own experience, my mum carries a lot of guilt for stuff that happened to me. She wasn't there. She didn't know.. But definitely that's something that's hard for me, knowing that [mum] feels so guilty and blames herself. So definitely [you need] support for the family as well, 100%, especially the parents." (IV21, Female, 18 years)

Children's and families' engagement with the criminal justice system was noted to be a particularly distressing process. This held significant consequences for families, that children described a strong sense of responsibility for.

"The court – I just feel like I destroyed practically all of my family doing this – for nothing." (IV26, Female, 17 years, *perpetrator found not guilty)

Children's accounts revealed guilt and self-blame linked to a perception that they had caused this distress through their disclosure, rather than positioning blame fully with those responsible for abuse.

"Sometimes you can feel a bit guilty that if you hadn't have said anything, then she [my mum] wouldn't have had all this trouble and awkwardness around." (IV51, Female, 15 years)

The consequences of this are far reaching, not only in terms of increasing children's anxiety and distress, but also further silencing children through their attempts to protect those they care about. Children regularly described subordinating their own needs to protect or minimise the distress of other family members. Even where parental responses sprung from caring and protective intentions, they could still inhibit children from expressing their own needs.

"I know for me, knowing how bad my mum beat herself up about it, I held back a lot of things. We'd never go into detail. It was much harder for me to talk to her because I knew she blamed herself." (IV21, Female, 18 years)

In several examples, participants noted awareness of parental frustration that they hadn't 'known about the abuse sooner'. Relatedly interviewees described non-abusing caregivers' anger when finding out that their children had told a professional about the abuse prior to them

knowing.

"The mum might start to wonder, 'Why didn't my daughter tell me this?'... She [the daughter] could get maybe told off at the same time, like... 'You should have told me, I should have helped it'... [the mum] would think, 'Oh, she told a stranger more than me... She doesn't really trust me and I don't even know what's going on with her because she doesn't really talk to me.'" (IV18, Female, 17 years)
 "So I think he [our Dad] was just angry that we felt like we couldn't talk to him." (IV29, Female, 18 years)

Here, delays to children's disclosure often placed them in a 'double bind'. This means that while children were conscious that their non-abusing parents or carers wished to have known about the abuse they experienced sooner, telling someone earlier was too difficult, often in part because of their desire to protect those same family members from hurt.

"With stuff like this you don't want to hurt your parents – you want to protect them from being hurt more. When it comes to this a lot of people don't want their parents to be too involved – to stop them getting upset. Most kids won't tell their parents everything." (IV32 Female, 14 years)

There was evidence in several interviews that siblings' feelings and needs were also taken into account, alongside parents' and carers' needs. One 14-year-old girl explained, that if you have younger siblings "you'd want to be the big one, strong and you'd want to try and not make your mum worry as much. That was what it was like for me." When asked to explain what it might be like to show they were strong for a sibling, she said "It's hard to be strong. When you're strong people can't see how low you are because you're putting on a fake smile – a brave face." (IV8, Female, 14 years).

4.3. Children's calls for support to parents and families

Unsurprisingly, given sensitivity to their needs, over half (57%; n = 30) of children interviewed explicitly highlighted the need for professional support for family members. An eight-year-old girl, for example, made sure to include 'help for her family' in the 'first aid kit' she designed for other victims, explaining "cause they might have needed help and that might make [a child] feel a lot more safe". (IV13, Female 8 years).⁸

Interviewees identified that family members need support both in their own right and in order to better support their child. The interdependence between children's and non-abusing family members' needs was repeatedly pointed to in their testimonies. This included some of the youngest research participants, who identified a role for parents and carers in helping them communicate and access support (see Fig. 2).

"If you are someone out there that has been through sexual abuse, just go to the right counsellor and it will be easier for you if you went to the counsellor and then the counsellor could tell your mum if your mum didn't already understand." (IV1, Female, 7 years)

"[Re vignette, would his mum or dad need any support?] Yeah, to help, like so they know how he's feeling and how it can help them to like help the child. [and what would help?] That adults can have workers as well" (IV6, Male, 10 years)

"I wish that my mum and my sister could come to places like this [counselling service] so that they could actually understand a bit more. Because obviously they deal with me at home when I was going through all that, but then they don't have anywhere to let off their steam from it, and they don't have anywhere to go to get help

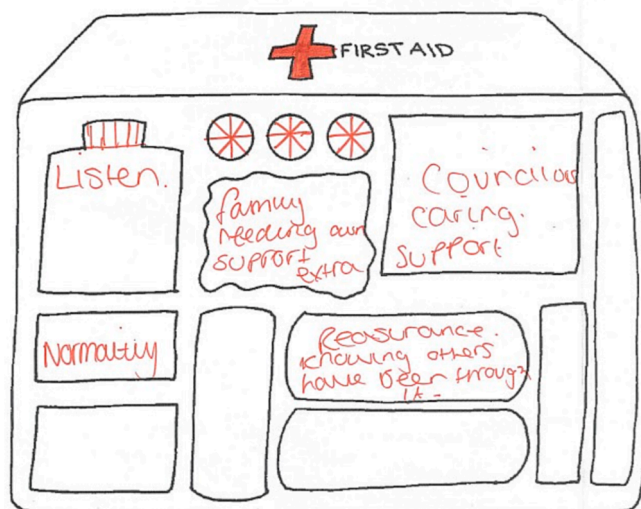


Fig. 2. Images from 'First Aid Kits' in which interviewees identify what children need after sexual abuse including a need for 'family support'.

and understanding from it. So that was one thing that I did find hard." (IV22, Female, 17 years)

As the quote above illustrates, children recognised a need for parents, carers and siblings to access a space where they could express their feelings and 'let off their steam'. Despite recognition of this need, several children reflected on the absence of both therapeutic and wider support for non-abusing family members and noted non-abusing family members' unmet needs.

"[My family] didn't get any help. For my dad – he felt responsible and that messed up our relationship a lot – and he knew he was downstairs while it was happening under his roof –and he should have had counselling too – not just kept it all in." (IV53, Female, 19 years)

Alongside children's guilt at receiving support that wasn't matched with support to their families, children also recognised how the absence of help to families limited their parents' ability to effectively support them.

"You can see that they're [parents] not coping with it and being in a household of people that aren't coping well, doesn't help you because that makes you feel like 'I've caused this'... Also, knowing that you're getting help but they're not makes you feel bad ... it just makes the young person feel worse about it all." (IV34, Female, 15 years)

Conversely, children whose families had received support recognised a range of positive impacts of this. Interviewees alluded to a range of interventions primarily for parents and, in some cases, also for siblings. These included individual counselling, group support with other parents, family counselling, and advocacy where workers facilitated communication between children and parents and/or supported parents through provision of information and signposting.

"Say, [if a child's] having trouble with her family, sometimes, like [my counsellor's] had it with me, you get your family in the room with you and then they can talk to the mum and the dad and help them explain as well, and help them know how to deal with their kid. Because they're going to struggle, so if the counsellor can help them know how to deal with her, then it'll just kind of help." (IV35, Female, 13 years)

⁸ 11 of the 15 children who completed a 'first aid toolkit' mentioned support for families as a critical component of helping children after sexual abuse in the family environment.

Like their counterparts who reflected on an absence of family support, those children whose families had support also demonstrated awareness of the complex inter-relationships between their own needs and those of non-abusing family members. These narratives again reinforce the extent of care and concern that children carry for their parents and siblings in the aftermath of sexual abuse, and the propensity for children to frame the abuse they are subjected to as a burden on wider family members.

“Because my mum had some help she didn’t feel like she was on her own trying to help me. So because she had someone she could go to... it made me feel more relaxed. Because I felt bad when everything came out that my mum wasn’t going to be able to cope, but having support for the rest of my family, like my sister has a social worker and a counsellor. So having support for the rest of my family helped me know that I’m not going to be a massive burden on everyone really.” (IV22, Female, 17 years)

5. Discussion

This study supports and builds on a number of key findings previously identified in the literature. It also contributes additional insights about children’s awareness of, and the significance to them of, the wider effects of identification of sexual abuse on other family members. It highlights the mutuality of children’s experiences with those of caregivers and other family members, and identifies potential implications for post-abuse support.

Support to non-abusing caregivers of children after sexual abuse has long been proposed as a critical component of effective support for child and adolescent victims of sexual abuse in the family environment (Alaggia, 2002; Cyr, 2016; Jessiman et al., 2017; Kilroy et al., 2014; Wamser-Nanney, 2018). To date, discussion about this relationship has tended to be framed solely in relation to bolstering the support that parents/carers can provide to children (Carpenter et al., 2016; Horvath et al., 2014; Kilroy et al., 2014) or highlighting distinct support needs of non-abusing care-givers (Jessiman et al., 2017; van Duin et al., 2018). Children’s accounts in this study undoubtedly support this evidence, but they also identify additional dynamics underpinning why provision of caregiver (and wider family) support is important to them.

One such theme in children’s testimonies is their sensitivity to, and recognition of, non-abusing family members’ needs. This was often associated with a sense of (misplaced) guilt among children. Linked to this are children’s desires – and actions taken – to buffer their families and siblings from any distress catalysed by identification of the abuse they had experienced. Relatedly, interviewee’s reflections demonstrate the bidirectional nature of responsibility and support within parent–child (and wider family) relationships following abuse. This suggests an additional rationale for providing support to non-abusing family members – reducing the burden on, and sense of responsibility of, children for managing others’ feelings in the aftermath of being sexually abused.

It is also clear from this study that an awareness of potential negative impacts on family becomes a further silencing mechanism for children both prior to, and following identification of, abuse. Children’s attempts to protect parents, siblings and other family members from additional distress through limited or non-disclosure echoes findings from previous research (Alaggia & Kirshenbaum, 2005; Crisma, Bascelli, Paci, & Romito, 2004; Jensen et al., 2005; McElvaney, 2014). Children’s contributions in this study also identify that, even after initial identification of abuse, their concerns about family members continue to inhibit their willingness to communicate their own needs with those close to them.

The study further strengthens arguments about the interdependence between children’s and other family members’ wellbeing, and the impossibility of responding to children’s needs in isolation from those caring for and supporting them (Jessiman et al., 2017; Whitson et al., 2014). While calls for child-centred responses to child sexual abuse are

fully justified, centring children must not be done to the exclusion of those supporting them. Indeed this study suggests that centring children’s perspectives and needs will reinforce the necessity for direct support to non-abusing caregivers and wider family members after child sexual abuse.

In terms of what this means for practice, the study provides important insights for practitioners about the role of support to families in responding to children’s own recovery needs. It supports calls for practitioners to recognise and respond to family-related impacts and altered family dynamics, recognising the multiple ways in which these can impact upon children (Goodman-Brown et al., 2003; McElvaney, 2014). The study highlights a need for practitioners to try to minimise children’s (misplaced) guilt and self-blame for the impacts on others, of the abuse they have experienced. Equally there is a need to reduce children’s self-censorship in voicing their experiences and needs and misinterpreting the impacts of sexual abuse against them as impacts of their disclosure or identification of abuse.

Similarly for policy makers and funders, the study highlights a need to consider family support to both caregivers and siblings as fundamental and indivisible from support to children after sexual abuse – something we know is not currently provided as standard (Allnock, 2015; Allnock et al., 2022). While findings in this article echo the rationale for such support outlined in literature they again extend these arguments. They do this by suggesting an additional justification for support to family members (including siblings): to reduce the burden children who have been sexually abused feel for their non-abusing family members needs, thereby avoiding further silencing the child and enabling them to focus on their own needs.

Finally the study also provides theoretical insights further evidencing children’s agency and protagonism – even from positions deemed highly vulnerable and after experiencing significant victimisation and trauma. This in turn highlights the need to design interventions which can centre children’s own perspectives and their sense of agency. This must never impose additional responsibilities on children for their recovery but acknowledge and recognise their existing strengths and contributions to their own and others’ wellbeing.

5.1. Strengths and limitations of the study

The study reported on in this article is one of the largest qualitative studies of children’s experiences of help-seeking and support after identification of child sexual abuse. It addresses an identified need for greater inclusion of children’s perspectives in research on intra-familial child sexual abuse (Horvath et al., 2014). It also addresses a more specific gap as to children’s perspectives on the wider familial impacts of intra-familial abuse, and the ways in which this impacts upon their own experiences, providing valuable insights to inform both understanding of these experiences and how they may best be responded to.

The creative methodology and large sample size (including children and young people aged 6–19 years and those with learning disabilities) demonstrates the potential to safely and positively engage children and young people in research of this nature. The findings also demonstrate the unique and valuable insights made possible through this type of innovative research engagement. It supports arguments for engaging children and young people as active participants in research addressing their lives and needs, even where the subject matter is deemed highly sensitive. It highlights how research can carve out space to amplify children’s experiences and perspectives and provide a means of enabling them to contribute to improved decision making about effective practice and policy, and offers a template for how this endeavour might be further developed by others in the future.

While the approach to data collection and analysis was recognised to generate rich, nuanced and insightful data – and prioritise children’s wellbeing and sense of control – it also presented some limitations. For example, the individually tailored approach to interviews, and variable use of the toolkit, prevents conclusions as to the frequency of

experiences across the dataset. That is, a topic not being discussed may be indicative of a preference to not to discuss it, rather than it not being an issue of concern. Similarly, the nature of the cohort, the separation of demographic and interview data, and scope of research questions means that variation in children's experiences relating to aspects of their identities (such as age, gender, ethnicity, disability and nature of their abuse) is not possible to conclusively report on. There is a significant under-representation of male perspectives in both the wider study and findings in relation to family relationships and support. Additional limitations arose from the lack of more detailed background information about participants. For example, comprehensive data about the nature of support to children's non-abusing family members (previously or concurrent with the research) remained an unknown. Findings could not therefore be considered in relation to this.

A further limitation of the study is the absence of participants who had not accessed specialist support. This was a consequence of an approach to recruitment that prioritised children's access to support throughout their research engagement. It is therefore important to recognise that those interviewed for this study represent the minority of victims of child sexual abuse, whose experience of abuse is identified and responded to by professionals during childhood (Children's Commissioner for England, 2015). None of this limits the importance of the insights that participants shared but they should be viewed in this context, and offer potential areas for consideration for future research in the field.

6. Conclusion: Support to families and carers as critical in children's eyes

The impact on, and responses of, families and carers is a critical aspect of children's experiences of the aftermath of sexual abuse in the family environment. While the study found significant variance in the propensity for families to respond in supportive and helpful ways, interviewees of all ages experienced high levels of (perceived) responsibility for the impact on their families. It was clear that sensitivity to, and responsibility for, others' needs compounded the difficult issues children were managing both before and after an experience of sexual abuse was identified. Effective support to children after sexual abuse should incorporate an understanding of these mutual dependencies and respond to children's own explicit calls for enhanced support to families, as part of a response to their own needs. Such findings may hold transferable learning for research, policy and practice relating to other forms of child abuse and maltreatment where support for families and carers is considered.

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CRediT authorship contribution statement

Camille Warrington: Conceptualization, Methodology, Investigation, Writing – original draft. **Helen Beckett:** Conceptualization, Methodology, Investigation, Supervision. **Debra Allnock:** Investigation. **Claire Soares:** Investigation.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.childyouth.2023.106925>.

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