



Support for families of people who have committed a sexual offence

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Executive summary

- Sexual offences have a significant impact on the victims and their family but also the perpetrator and their family.
- Research suggests that the families of sexual offenders are also significantly psychologically and socially impacted by the actions of perpetrators of sexual offences. Families of offenders can be considered to be 'secondary victims' of an offence they did not commit. These issues are even more acute with reference to intrafamilial sexual abuse.
- The family members of sexual offenders and people who are close to them have a significant role to play in preventing reoffending. This role is often compromised by impact issues experienced by family members.
- At present there are limited formal practical and emotional supports for families of sexual offenders in Scotland and throughout the UK. Families of sexual offenders are rarely engaged in offender management and public protection processes.
- There is some emerging evidence in relation to how services could better support families of sexual offenders and what kind of services are best placed to offer this support.
- Additional research is required to establish who is best placed to provide support to families of people who commit sexual offences and assess their particular needs.

Jane has 2 children, Jamie aged 6 and Molly aged 4, with her partner David. David and Jane are both in their mid-30s. Jane works part time in a shop, and David is a secondary school teacher. Last year during the summer holidays, police arrived at the house early in the morning and seized all computer equipment from the household. David was charged with downloading a large number of indecent images of children, some of which included images of child rape. He denied the offence but was required to live away from home and only have supervised contact with his children while he awaited trial.

David was suspended from his job at this time, and Jane had to move to a smaller flat because of financial difficulties. Jane opened up to her sister and her mother about the charges, and they were very critical of her, saying that she should have known that this was going on. They are also worried that David may have sexually abused Jamie and Molly.

David was convicted 6 months later and was given a 12-month sentence. David continues to deny that he committed a crime. Jane does not know whether to believe him. She still loves her husband and wants him to return home when he comes out of prison. In the last few weeks, a 14-year old girl at the school David taught at alleged that he flirted with her on online while he was still a teacher there. This had escalated to two incidents where he is alleged to have had sex with the girl. David denies this and says it is a malicious allegation. Jane doesn't know what to think but is very distressed and struggling with her job and parenting Jamie and Molly.

1. Introduction

When a sexual offence occurs, a range of individuals need to be considered and supported. This includes the victim of the sexual offence and their family but also the perpetrator¹ and their family. Research has tended to focus on child victims of sexual abuse, exploring the consequences², reducing the risk of future abuse and helping victims to recover³. The literature has also centred on people who have committed sexual offences themselves, such as on ways to punish, control and prevent them reoffending⁴. As a result, research about the treatment of people who commit sexual offences and support for victims has grown in recent years; what is marked is that the literature on the impact on families of victims of sexual abuse and how to support them is very limited, as is the literature on the families of those who have sexually offended.

When the abuse is intrafamilial, victims, perpetrators, and family members will be one and the same family. Working positively with families is a key component of sexual abuse prevention, but the evidence base to guide such supports is limited.

This is all the more surprising if we recognise that - regardless of the forms of intervention used to work with the individual convicted of a sexual offence - the positive support of their family has been highlighted as crucial to preventing recidivism⁵. Families are also of considerable importance to the victims of sexual offences and can help and support adjustment and recovery following the disclosure of the abuse⁶. Families have also been mentioned as very important when supporting perpetrators during their time in prison as well as with their transition and reintegration back into the community⁷. In light of the family's importance when it comes to sexual offences, it is crucial to recognise the impact of sexual abuse on the entire family⁸; the trauma of such a crime can affect every single family member⁹ in different ways¹⁰.

Following a disclosure of child sexual abuse (CSA) within a family, families often experience psychological and emotional distress¹¹ which can sometimes be missed or ignored by professionals¹². Similarly, when someone in the family commits a sexual offence, the family of the perpetrator has to deal with the subsequent societal shame and stigma¹³, negative reactions from the public and other members of the family, as well as with the separation from their partner, sibling or family member¹⁴.

Despite clear evidence showing the negative impact a sexual offence can have on the family of someone who has committed a sexual offence, the services available to support these families are very limited¹⁵. Their specific needs frequently go unnoticed or are overlooked¹⁶.

The intention of this paper is to look at how sexual offences affect the families of perpetrators and, in particular, provide a brief review of the existing services and support available in Scotland for families of people who have committed a sexual offence. These families are not a priority for professionals in the prevention and treatment of sexual offending, and this is reflected by the lack of research devoted to them¹⁷. Families of people who commit sexual offences often suffer what are referred to as collateral consequences¹⁸, such as shame, stigma, employment problems, relocation¹⁹, threats and harassment²⁰.

With this context in mind, this review aims to identify and describe the support available in Scotland and the rest of the UK as well as compile a review of families' experiences and the types of support that have proven helpful to families of people who commit sexual offences. Sections 2 and 3 set out the context for intra-familial child abuse as well as the impact of sexual offences perpetrated by individuals outwith the family.

The review concludes by suggesting several recommendations for future developments, services and interventions which could benefit and support these families in Scotland.

2. Sexual offences against children

Defining sexual abuse is not an easy task, and there is no clear consensus in relation to how the concept is defined²¹. One of the factors that has contributed to the difficulty in defining sexual abuse is the variability of social and cultural constructions regarding sexual behaviour²². However, whereas what is punishable by law may differ in different cultures and social contexts, the power imbalances between the victim and perpetrator and the nonexistence and/or inability to give consent must underpin any definition²³. This review follows the current CSA definition from the Scottish Government²⁴ (p.12) which states that:

'CSA is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways'.

Identifying the number of children who are victims of sexual abuse is not easy due to the multiple barriers that prevent disclosure; the silence of abuse can last a lifetime²⁵. As a result, many studies on the prevalence of child sexual abuse are based on official government data drawn from the number of police complaints.

In 2013/14 police recorded 36,429 sexual offences against children in the UK, of which 3,742 cases were recorded in Scotland²⁶. In 2013/14 police recorded the highest number of sexual offences against children in England, Wales, Scotland and Northern Ireland. This may be due to the higher number of reports of abuse in recent high profile sexual cases in the media²⁷.

2.1 Impact of child sexual abuse on victims

Evidence shows that child sexual abuse can have a devastating impact on a victim's life²⁸. Both short- and long-term²⁹, this impact can also be felt very differently from person to person³⁰. Some can exhibit internalising problems such as fear, anxiety, depression, shame, sleeping problems,³¹ reduced self-efficacy, self-confidence³² and isolation³³. Others can show externalising behaviours such as aggression, defiant behaviour, delinquency, rage³⁴, disassociation and behavioural problems³⁵.

Longer-term, several studies suggest a relationship between a history of sexual abuse and a variety of psychopathological symptoms in adulthood³⁶. More specifically in cases of women sexually abused as children, studies have demonstrated a high prevalence of depressive symptoms, self-mutilation, anxiety, feelings of stigmatisation, low self-esteem, substance misuse and social isolation³⁷. In addition to these psychological consequences, several authors have suggested a higher risk of re-victimisation³⁸ and adult-onset offending for victims of child sexual abuse³⁹.

CSA can occur within all ethnicities⁴⁰; victims can come from different social economic backgrounds⁴¹ and geographical areas (urban or rural)⁴² and have differing levels of educational attainment⁴³. The impact and consequences of CSA can differ, depending on whether the abuse occurred in an intra-familial (sexual abuse perpetrated by a family member⁴⁴, or takes place in a family environment by a family member or someone outside the family⁴⁵) or extra-familial (sexual abuse perpetrated by someone external to the family) context⁴⁶. The consequences of the sexual abuse are likely to be more serious if the abuse is perpetrated by someone close to the victim (e.g. parents or step-parents), occurs at a very early age, is continuous, threatening, and there is no family support⁴⁷. Intra-familial sexual abuse is often associated with silence and lower rates of identification, which can encourage continuation of the abuse and delay disclosure or discovery⁴⁸. Sexual abuse within the family is an enormous breach of trust; it is abuse by someone in whom the victim should have confidence. This breach is traumatic and can fragment the victim's sense of safety and security⁴⁹. However, extra-familial sexual abuse has also been associated with fear⁵⁰ and severe trauma⁵¹.

It is however important to note that not all people who have experienced sexual abuse develop negative consequences in later life⁵². Children can often develop coping strategies

and build up resilience in many different ways. Research in this particular area mentions family as one of the protective factors⁵³ which can contribute to positive recovery⁵⁴.

2.2 Impact of child sexual abuse on families

Following the discovery of CSA, families can experience emotional distress, such as anger, despair, distrust, anxiety, guilt, and even ambivalent feelings towards the victim⁵⁵. Some families have described the disclosure of sexual abuse as major life crisis⁵⁶. These effects can be felt more strongly if the offence was committed by someone in the child's family who lives in the same home (e.g. parents, siblings)⁵⁷.

Families can often experience loss of financial support, particularly if the person who committed the offence was the partner of the caregiver⁵⁸, loss of social and family support they may have had before the CSA disclosure and they can become isolated from their local communities due to the nature of the offence⁵⁹. These families may need additional support to help them cope with feelings of denial, guilt, anger, fear, distrust, betrayal, and hopelessness⁶⁰. Research has shown that the caregiver's response can mediate the psychological symptoms for the child⁶¹, and the lack of care and support given by the caregiver to the child can increase level of stress and trauma⁶². Adequate support from caregivers has been shown to be very important for a better adjustment following CSA⁶³ and in helping children both during the inquiry procedure⁶⁴ and in their recovery. Furthermore, they have an important role in their children's protection⁶⁵.

Although there is limited research in this area, some studies have suggested interventions for caregivers can be associated with positive outcomes for both victims and caregivers⁶⁶. These interventions include provision of information, psychoeducational support groups (combination of support and provision of information about the abuse, victim's response and how to deal with behaviours and emotions)⁶⁷ and interventions for children involving caregivers⁶⁸. Individual interventions for caregivers have also been shown to be effective in addressing the caregiver's own recovery process, especially if the caregiver was also a direct victim of abuse⁶⁹. Support groups have also been suggested as a useful way to increase caregivers' social support networks⁷⁰. They can provide some comfort in finding other people with similar experiences, caregivers can express their own emotions in a non-judgemental environment⁷¹. In addition, caregivers in support groups have reported an increase in their self-esteem and confidence in discussing delicate topics with their children as well as when dealing with some of their children's difficult behaviours⁷² that may result from the abuse.

The literature shows that when sexual abuse occurs, it can lead to negative consequences for the victim in the short- and long-term. The trauma of revealing or learning about sexual abuse has the potential to damage the whole family system⁷³. Therefore, it is crucial that families are offered intervention and support, particularly in situations of intra-familial abuse, where these families have to deal not only with the sexual abuse itself but also with the abuse of trust within the family.

3. Sexual Offences

According to The Sexual Offences (Scotland) Act 2009⁷⁴, a sexual offence involves a range of sexual conduct without the other person's consent, and '*without any reasonable belief that the other person consented*'. This includes rape, sexual assault by penetration, sexual assault, sexual coercion, coercing a person to be present during sexual activity, coercing a person to look at an image of sexual activity, communicating indecently, sexual exposure, voyeurism and administering a substance for a sexual purpose. It is also a sexual offence to engage in any sexual behaviour with children under the age of 16⁷⁵.

3.1 Impact on families of people who commit sexual offences

Most research on sexual offences has tended to focus on the impact of the abuse on the direct victim⁷⁶ or on the programmes available for perpetrators in order to reduce the risk of reoffending⁷⁷. Despite the fact that both areas are worthy of extensive research, and the advancements in these areas have vastly contributed to the field's knowledge, the families of people who commit sexual offences have tended to be forgotten⁷⁸. These families are harmed indirectly: they are 'secondary victims'⁷⁹ of an offence they did not commit⁸⁰, and they often suffer the consequences in a similar way to the perpetrators themselves.

When a sexual offence is committed inside the family, the remaining family has to deal with the implications and challenges this abuse can have on children's behaviour, socialisation, and education as well as the impact this can have on their own personal feelings⁸¹. One study focusing on mothers of sexually abused children found that they revealed a variety of symptoms including depression, anxiety, resentment, psychotic episodes⁸², and suicide attempts⁸³. Furthermore, research on the ability of perpetrators' partners to protect their children has indicated that inadequate support for their children may be caused by short- and long-term psychological stress⁸⁴; and lack of access to support⁸⁵.

On the other hand, when an individual commits a sexual offence outside of their family, this can impact hugely on the person's partner in particular, who will have to deal with the separation and feelings of betrayal. They also have to deal with negative reactions from other members of the family, friends, neighbours and the public, especially if they decide to maintain their relationship with the person who committed the offence⁸⁶. The families frequently face stigma from society, and many mention feeling like they have been convicted of an offence themselves⁸⁷. Furthermore, families of people who commit sexual offences can face loss of income, change of residence, depression, frustration, anger, guilt, embarrassment, secondary trauma, Post-Traumatic Stress Disorder (PTSD) as well as a range of social, psychological and work-related difficulties⁸⁸. Family relationships frequently fall apart if a family member chooses to maintain contact with the person who committed the offence⁸⁹. Children can experience the negative consequences of being a family member of someone convicted of a sexual offence. In Levenson and Tewksbury's research, children reported differences in the treatment received by other children at school, friendships changing, teasing and mocking by peers. They also reported experiencing depression, apprehension, fear, and anger.⁹⁰

In Scotland, small-scale research conducted by a social worker in Angus Council with families of male perpetrators of sexual offences has clearly shown the negative consequences⁹¹. Clark conducted semi-structured interviews with five family members of perpetrators, and their answers revealed a negative impact on their mental and emotional health (e.g. feelings of apprehension, anxiety, resentment, betrayal, depression, stress, worry, uncertainty, embarrassment, intimidation, exclusion, sleeping problems, and increased blood pressure); loss of income; loss of employment; changes in accommodation (due to fear of going out in the community); as well as changes in relationships with their family and friends⁹².

Similarly, Ballantyne⁹³ conducted a study with six family members of people who had committed sexual offences, exploring the experiences of four partners, one mother and one father. All six interviewees revealed experiencing some level of fear or apprehension. Some of them were concerned about how their friends and family would react, while others were fearful of how their employer might perceive them. One interviewee highlighted a negative experience within her own community where she and her family were intimidated. This resulted in a call to the police, who moved the family to another location⁹⁴. This evidence is supported by Tewksbury and Lees'⁹⁵ research, which notes how common it is for people who have committed sexual offences and their families to be rejected by the community.

In England, Condry⁹⁶ conducted 32 semi-structured interviews with families of people who had committed serious crimes, including sexual offences. Of these 32 individuals, 10 were wives or partners and 17 were mothers; the cohort was also made up of one father; one grandmother; one sister; one aunt and one daughter. In order to understand the experiences of the families better, Condry attended the self-help group meetings of an organisation called *Aftermath*, organised for families of people who had committed violent and sexual offences. In these self-help group meetings and during Condry's interviews, participants shared feelings of shock related to discovering the offence, as well as their lives before and after discovery. Many of the families shared feelings of uncertainty, incredulity, disintegration and numbing when they first learned about the offence. Some families described feelings of bereavement and loss during the whole process. These families were deeply affected by the repercussions of the crime, due to the shock, shame, distress and stigma, which had consequences for their own mental and physical health. While the families of people who had committed sexual offences were described as the more affected by the psychological impact of shame and stigma, all the families suffered similar difficulties and often responded by developing their own coping mechanisms⁹⁷.

4. Support available in Scotland

In light of the impact a sexual offence can have on the whole family, there are agencies in the UK that provide some kind of support to children, adults and families affected by a sexual offence, as well as people who have engaged in sexually harmful behaviour themselves. The focus of this review is to explore what services are available for families of people who have committed a sexual offence, therefore only agencies which provide that type of support are listed below.

- Barnardo's is a national charity which provides support to vulnerable children and families throughout their services, alongside campaigning and research. They offer over 900 services across the UK, and they work directly with children, young people and families. Barnardo's Scotland offers a specialist service called Skylight/Lighthouse in Edinburgh and West Lothian which is designed to help children and young people who are victims of sexual abuse and children who engage or have been engaged in sexually harmful behaviour. Through this service they provide therapeutic work through art, play and talking. They also offer support to families and carers of these children and young people⁹⁸.

- Families Outside is the only national charity in Scotland that works solely to support the families of people involved in the criminal justice system. They offer direct support to families and children throughout Scotland through their locally-based Family Support Coordinators, at prison visitors' centres, and through a national helpline service⁹⁹. This includes support to families of people who have committed a sexual offence, and they have drafted a handbook for families in collaboration with Barnardo's specifically for families in this situation (due for publication in 2016).

- Stop it Now! Scotland is the child sexual abuse prevention programme that works to make children, young people and communities safer¹⁰⁰. This programme gives information and support about sexual offences and child sexual abuse, as well as supporting the involvement of communities in preventing child sexual abuse. Stop it Now! works in Scotland, England and in Wales, and their work focuses on protecting children from sexual abuse by working with parents, carers and professionals. More specifically Stop it Now! Scotland, provides a service for people who are being investigated for internet offences. This service is extended to partners and family members of people who have committed an internet offence. Family members and partners of people under investigation are offered a telephone contact service and a copy of the partner booklet called '*Still Reeling?....*', which contains information about support and services available to help people who had committed the offences to modify their behaviour and their thoughts. Stop it Now! Scotland also offers a Group Learning Programme for people who have committed an internet offence (Inform Plus Scotland) and group sessions for families and partners (Inform Scotland), both developed by the Lucy Faithfull Foundation. The Inform programme provides advice and support to people affected by internet offences and offers ways to keep children safe in the future. The group sessions are currently offered in central Scotland, but are expected to expand to other areas of Scotland in the near future¹⁰¹.

As can be seen from the small list of organisations shown above, there is a need for more specialised services for families of people who commit sexual offences, and further research into the families' experiences should be developed¹⁰².

Within the UK, there are a great number of agencies providing some sort of support to people who have been directly affected by a sexual offence (e.g. National Society for the Prevention of Cruelty to Children, The Lucy Faithfull Foundation, Family Matters, National Association for People Abused in Childhood, Victim Support, Women's Aid, Rape Crisis

Scotland, Women's Support Project, Survivor Scotland, Eighteen and Under, among others). However, while many of these organisations offer services to the victims of intra or extra-familial abuse and their families, their work is focused on the victims' protection, safety and recovery instead of the families' specific needs.

In fact, there are very few services in Scotland and the rest of the UK that specifically provide support to families of people who have committed a sexual offence¹⁰³. This is visible in the Helpline report from Stop it Now!, in which families of perpetrators who have contacted their helpline mention the difficulty they had in finding an organisation that could help them¹⁰⁴. Stop it Now! provides support to families of people involved in internet offending, but there is not an equivalent service for other types of sexual offences.

In Edinburgh, Barnardo's Scotland facilitate a programme for non-abusing carers of children at risk of sexual abuse called 'Partners for Protection'¹⁰⁵. This will include work with partners of people who have committed a sexual offence as well as other family members. The City of Glasgow's Family Support Project¹⁰⁶ offers similar support. In England, there are similar programmes for partners of men who have sexually abused children, e.g. the 'Breaking the Cycle' delivered by HTV Circles¹⁰⁷; the 'Women as Protectors' programme provided by NSPCC¹⁰⁸ and Non-Abusing Partner programme from Ray Wyre Associates (RWA)¹⁰⁹. However, all these groups are focused on the carers' capacity and ability to protect their children rather than the specific support the carers may initially require to deal with the trauma of a sexual offence and the impact the offence has on them as individuals¹¹⁰.

In England and Wales, an independent Christian charity called CCPAS¹¹¹ developed a booklet aiming to help those close to someone who has been accused of sexual abuse¹¹². While this is a faith-based resource, this booklet includes information about how to deal with the different stages of the process.

Also in England, *Aftermath* was the only self-help organisation providing support to families of people in the UK who had committed serious offences. It was open to any family members of serious offenders, including those who had committed sexual offences¹¹³. However, this organisation is no longer working due to lack of funding and internal disputes about roles and purpose of the organisation¹¹⁴, and there is no other organisation providing a similar service. This leaves families with only the help provided by organisations¹¹⁵ with no specialised services for families of people who have committed sexual offences¹¹⁶.

5. Families' experiences of the services offered to them

As has been previously highlighted, very few services available in the UK provide support specifically to families of people who have committed sexual offences. Therefore, research on their experiences regarding the support they received is very scarce. The lack of support available is highlighted by Clark's¹¹⁷ interviewees, who all revealed that they '*had not received any support from professionals*' but that they would have appreciated help from trained professionals. When asked what they would consider the best support, most interviewees mentioned an initial face-to-face, 1:1 support after discovering the sexual offence, followed by telephone support. They also noted that this support should not be provided by police officers or criminal justice staff but by health professionals or independent organisations. In addition, families mentioned the importance of receiving information about the court, police and prison procedures, financial advice as well as information about sexual offences and victims of sexual abuse, i.e. the reasons why it is so difficult for victims to reveal the abuse and to stop it. Clark's findings are similar to Hernandez and collaborators'¹¹⁸ research, where partners of people who had committed sexual offences highlighted their interest in receiving interventions centred on their emotional needs as well as information about the criminal justice and child protection systems.

Ballantyne's¹¹⁹ research highlights the challenge for families of people who have committed sexual offences in finding and accessing agencies that could help them. This is also evident in Condry's¹²⁰ research. In addition, some interviewees in Ballantyne's study¹²¹ mentioned that it was the police who provided information about the agencies, whilst others revealed that they had to look for information on the internet as they were unfamiliar with the support available to them.

However, when these families did receive support from voluntary agencies, this was perceived as very helpful, as they were provided with information regarding the offence and were also supported emotionally. These families mentioned how support group meetings were a great opportunity to meet and share their experiences with others in a similar situation¹²². Furthermore, two interviewees also mentioned the benefit of support received by a private counsellor, despite the cost; and others mentioned the support from family, friends, work colleagues and faith organisations¹²³. Religion was also described by Farkas and Miller¹²⁴ as a good coping mechanism where families can find compassionate and non-judgemental support from church friends.

With regard to the support received from statutory services, the police were often described as insensitive¹²⁵ as they often held negative approaches to people who committed sexual offences. This was also prevalent in Malinen, Willis and Johnston's¹²⁶ research. Social services also received negative reports from families of perpetrators, mainly due to the reduced involvement they had with the family. However, Ballantyne¹²⁷ highlights the fact that there is no obligation on Criminal Justice Social Workers (in Scotland) to work with the family, which may explain the lack of support perceived by the family.

In Condry's¹²⁸ research, most families found out about the offence when the perpetrator was arrested, and therefore the first agency they met was the police. Families revealed mixed experiences regarding the support of the police; they felt the support provided was rather disorganised and reliant on individual police officers rather than an organisational policy on providing support¹²⁹. Here, Condry highlights the fact that the priority of the police is the arrest, and there are no guidelines for them to deal with the perpetrators' families. This could explain participants' varied opinions on their interactions with the police.

With regard to the court process, this was experienced by relatives as being extremely traumatic and the stage where they felt they needed the most support¹³⁰. This could be explained with the fact that the services available in court, such as Victim Support and Witness Support Services do not provide their support to families of the accused but only to victims¹³¹.

Similarly to Clark's¹³² research, these participants also mentioned the need to be given more information about the court process, as well as being informed with simple, but important details such as not to sit in the court close to the victims' families to avoid potential confrontation. These families also mentioned the need to be protected by the press¹³³.

In respect of what helped them throughout the whole process, Condry¹³⁴ mentions that the group meetings provided by *Aftermath* were really helpful for the families, because they were able to discuss what had changed in their lives in a safe environment without being judged for their family member's behaviour. Condry¹³⁵ adds that, with the help provided by the self-help group meetings, relatives of both violent offenders and sexual offenders were able to recover and move forward with their lives.

Outside the UK, research also suggests that group treatment works as a good intervention for families of people who commit sexual offences, as they have the opportunity to share and speak with other adults about similar situations¹³⁶. In addition, group treatment

provides the opportunity to address any behavioural, psychological and emotional difficulties in a supportive environment¹³⁷. Individual therapy (e.g. mental health interventions and trauma focused work) has also been highlighted as a good intervention for the perpetrators' partners, particularly for the ones who are not capable of providing confidence, support and protection to their children¹³⁸.

6. Conclusions

Following a brief review of the literature and the studies available in Scotland, it is fair to conclude that families of people who commit sexual offences will be affected in different ways and therefore that support and intervention which is tailored to their individual needs is vital.

Families of people who commit sexual offences have to deal with isolation, stigma, shame and often the exclusion of having someone in the family convicted of a sexual offence¹³⁹. They have to recover from traumatic experiences and restructure their family with new roles and responsibilities¹⁴⁰. These families are, as Howard and Rock¹⁴¹ noted, 'secondary victims' who have been overlooked by criminologists and criminal justice agencies.

In the UK there are few organisations available to support the specific needs of families of people who commit sexual offences, and those that do exist tend not to be very well publicised, highlighted by the families in the above studies who were largely unaware of what was available to them¹⁴². There are however some organisations that provide support to families affected by imprisonment in the UK, but these organisations are in a small number; may not provide the specific support these particular families may need; are largely dependent on short-term funding; and may often only provide support through volunteers¹⁴³. Furthermore, although agencies exist to provide support to victims of sexual offences, their focus is on the victim; if support is provided to the families, this tends to be more focused on the carers' capacity and ability to protect their children rather than their specific needs in their own right¹⁴⁴.

Taking into account the varied psychological needs and roles partners and families will have, it is crucial for researchers, support agencies, professionals and clinicians to work together to address these families' unique needs. Research has shown the need for mental

health services for children and young people who are victims of abuse, as well as the need for these services for partners and families of perpetrators¹⁴⁵.

It is also crucial to ascertain who is in the best position to provide support to these families and assess their particular needs¹⁴⁶. The police could provide initial guidance to families at the time of the arrest, however their priority is the offender and the offence¹⁴⁷; Criminal Justice Social Workers could fill this role but again their focus is on the offender there may be an impact in terms of their workload as well as cost implications. The third sector may be best placed to provide support for families, but again there are issues with capacity and resource¹⁴⁸. This is something that requires further attention both locally and at a national level.

Recommendations

- Additional research is required to establish who is best placed to provide support to families of people who commit sexual offences and assess their particular needs;
- Evaluate the implementation of the Criminal Justice (Scotland) Act 2016 for Scottish Ministers to inform the Named Person when the parent of a child under the age of 18 is imprisoned and evaluate if the responsibility of the Named Person to assess whether the child requires additional support was taken into place.¹⁴⁹
- Information and support for families should be available¹⁵⁰ for families regarding criminal justice, police and prison procedures.ⁱ
- Future research needs to explore in more depth the lived experiences of families of people who have committed sexual offences in Scotland, including finding out what support is readily available and (more importantly) offered, the level and quality of this support as well as any outcomes. Increased knowledge of the impact will aid development of effective interventions which can be tailored to families' specific needs¹⁵¹.
- Mental health support should be offered to these families to ensure specific and individual treatment is delivered to them if necessary¹⁵²;

ⁱ A booklet with information for families of people who have committed a sexual offence have been drafted in collaboration between Families Outside, Barnardo's Scotland, Edinburgh City Council, and Stop It Now! is now available at <https://www.familiesoutside.org.uk/content/uploads/2016/08/Picking-up-the-Pieces.pdf>.

- Support groups for families of people who have committed sexual offences should be developed, as they have been shown to be appropriate in helping families share their feelings with other group members and receive non-judgemental support¹⁵³.
- Immediate, face-to-face, 1:1 support, followed by telephone support should be available to families of people who have committed sexual offences;
- Programs and services for families before the perpetrator's release should also be developed in order to allow the family's involvement and discuss their expectations and anxieties as well as preparing them for the perpetrator's re-entry into the community¹⁵⁴. This should include involvement in MAPPA case conferences, directly or indirectly.

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- ¹²¹ Ballantyne (2015), *op cit.*, footnote 20.
- ¹²² *Ibid.*
- ¹²³ *Ibid.*
- ¹²⁴ Farkas & Miller (2007), *op cit.* footnote 7.
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- ¹³⁰ *Ibid.*
- ¹³¹ For more information about these services see: <http://www.victimsupportscotland.org.uk/>
- ¹³² Clark (2014), *op cit.*, footnote 91.
- ¹³³ *Ibid.*
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