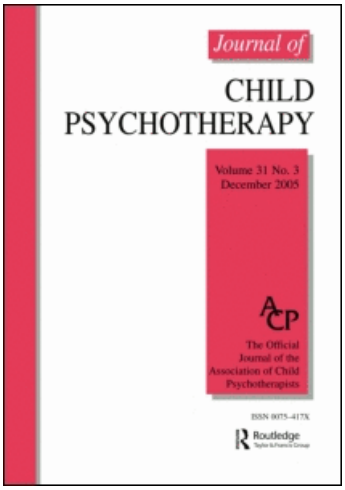

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'I don't want to be the mother of a paedophile': the perspectives of mothers whose adolescent sons with learning disabilities sexually offend

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Abstract *The subject of sexual abuse is a major focus of professional and public concern. Sexual abuse of (and by) people with learning disabilities evokes even greater disquieting emotions, and makes severe demands on the social services, and the criminal justice system. The aims of the project were: 1) to determine whether group psychotherapy produced effective outcomes for adolescent boys with learning disabilities who exhibit sexually abusive behaviour, 2) to explore the perspectives of parents and other care-givers, and 3) to document the nature and extent of service support to families. This paper focuses solely on the mothers' perspectives. This was a three-year project with six boys (under 16) receiving group psychotherapy, using both quantitative and qualitative methods. Clinical measures were used to track changes throughout the course of psychotherapy. Semi-structured interviews (taped and transcribed) were held (separately) with the boys, their parents, paid care-givers and the therapists. The mothers tried hard to make sense of, and come to terms with, what was happening to their sons and to themselves, they struggled to reconcile their own confused and often conflicting emotions, and to maintain their own sense of identity. They felt almost totally unsupported by the services, both in the past and present, and could see little hope for the future. There is an urgent need for development of effective and sympathetic services for the parents of boys with learning disabilities who have been abused, and who are now showing abusive behaviour.*

Keywords Learning disability; sexual abuse; adolescence; family relationships; mothers; psychotherapy.

Introduction

In 1999, a research project was set up in the Division of Mental Health, St George's, University of London, with six teenaged boys (under 16 at the start of the project) with learning disabilities, who were once the victims of sexual abuse and had now begun to sexually abuse others. They were all receiving a psychotherapeutic service, and their

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progress in group psychotherapy was tracked over a period of three years, with all sessions taped and transcribed. The organisation providing the service offers individual and group interventions for people with learning disabilities who are victims and/or perpetrators of sexual abuse. The group to which the boys belonged was set up for adolescents who have been sexually abused and whose sexual behaviour indicated that they have become abusers. The group met every week for three years for a 90-minute session, with two therapists, a man and a woman. The aim was to help the young men understand and identify what was happening in their inner worlds, in relation to their background, upbringing and development. The carers of the adolescent boys met monthly, in a group organised by the same organisation.

Analysis of the therapy transcripts has yet to be done. Preliminary assessments by the therapists of the effect of the outcomes of the therapy for the boys is that although there is some evidence for developmental maturation during the period of the study, the participants all remain severely disabled by the combination of significant learning disability and early emotional deprivation and abuse.

In addition to the material from the psychotherapy sessions, qualitative material was also collected from the boys, parents, teachers and paid carers on their experiences of managing their sons and clients respectively.

This paper focuses solely on the experiences and perspectives of the mothers, drawn from their own narratives. In these families, it is the mothers who have been the enduring figures in the lives of these boys who, in the eyes of almost everyone outside the family, have been transformed from victims to pariahs.

The subject of sexual abuse always stirs disquieting emotions and is a major focus of professional and public concern. Furthermore, as Woods (2003: 13) suggests: 'Sexual abuse by young people evokes intense and contradictory reactions . . . the desire to punish [and] . . . at the other end of the spectrum [recognition] that offenders are not born but created through a history of neglect and violence.' The phenomenon of sexual abuse of (and by) people with learning disabilities is an even more sensitive subject. It affects many people intensely, over long periods of time, and makes severe demands on local authority social services as well as the criminal justice system (Brown, 1999, 2002; Brown and Thompson, 1997; Cooke and Sinason, 1998; Department of Health, 2000; Farmer and Pollock, 1998; Flynn and Brown, 1997; Flynn *et al.*, 1997; Flynn and Bernard, 1999; O'Callaghan *et al.*, 2003).

It is known that children and adults with learning disabilities experience sexual abuse more commonly than the rest of the population (McCarthy and Thompson, 1997; Turk and Brown, 1993). It is also known that those who are abused may become abusers themselves (Sinason, 2002). Recent work by Sequeira *et al.* (2003) has shown that the experience of sexual abuse by people with learning disabilities is associated with increased levels of disturbed behaviour such as inappropriate sexual behaviour, aggression, social withdrawal and self-injury, and also with increased severity of psychiatric symptomatology, including symptoms consistent with post-traumatic stress disorder (Howlin and Clements, 1995). Sinason (2002) includes bedwetting, eating disorders, abuse of children, confusion over sexual identity and challenging behaviour among the problems that arise in adolescence and adulthood as a result of childhood sexual abuse, all of which are evident among the boys in this study.

Until relatively recently, people with learning disabilities were 'overlooked or actively excluded' from psychotherapeutic interventions (Banks, 2003: 62). The situation has gradually changed and it is now even accepted that individual and group psychotherapy can be effective with people who are 'highly challenging to the services and to society as a whole' (Royal College of Psychiatrists, 2003: 14; and see Allington-Smith *et al.*, 2003; Hollins and Sinason, 2000). In spite of this, few such services exist (Sinason, 2002), and where they do, they may not be taken up by professionals. It is significant that the psychotherapy service attended by the boys in this study found that many social workers were reluctant to refer their clients to them.

Methods

Permission for the study was obtained from the local NHS Trust Research Ethics Committee. Participants were then identified via a service offering group psychotherapy to boys and teenagers with learning disabilities, whose sexualised behaviour had evoked the concerns of health and social care professionals and the police. Consent was obtained from the boys participating in the study, and from their parents or legal guardians. There were six boys in the group, all referred to the psychotherapeutic service by local authority social services. One boy's parents were not interviewed because he was living in residential care. He and his family are therefore not included in this paper. Semi-structured interviews with mothers gave them freedom to discuss their own feelings, perceptions and attitudes towards their sons, and to examine their own changing roles and relationships. The transcriptions of the taped interviews form the basis of this paper. In the interests of confidentiality, potentially identifying details have been omitted and some details changed. The interviews were analysed thematically, through both reading and re-reading of the transcripts, and using the NVivo software package.

Results

Of the five mothers whose experiences are discussed in this paper, one is a (married) foster-mother. None of the other four mothers lives with their son's father – two have remarried, one lives with a new partner and one lives alone. Thus all the boys had experienced disrupted, and sometimes very unstable, family lives.

Most of the mothers found it very hard to talk about their sons as sexual abusers, and some became extremely distressed. They had lived through the anguish and despair of the sexual abuse suffered by their sons as children, and the evidence that their sons were now themselves the perpetrators of child sexual abuse was almost impossible to bear.

All quotations are from interviews with the five mothers.

Early abuse

The impact of the earlier sexual abuse on their sons, and the current abuse for which they are responsible, are profound, with ongoing consequences for their own, and their mothers' physical and mental health, and the well-being of the family. The mothers

acknowledge the losses their sons have endured, including: their loss of a 'normal' childhood as the result of abuse, their lack of ability to trust others and the loss of trust and respect accorded to them by others, and their loss of autonomy and freedom from constant supervision, making it impossible for them to live an ordinary adolescent life, and yet at the same time preventing them from becoming adults. One mother added that now even her son's sex 'has been taken from him.'

Adding to their distress was the fact that the effects of their sons' abuse had apparently not been acknowledged by professionals at the time. Many parents were bitter about this, because they felt that things might have been different if their sons' traumatic experiences had been acknowledged, and support provided. In the words of one mother,

> I feel he is not responsible for his actions. If many years ago someone had listened to me . . . [but] they have waited until he has been accused of rape . . . If something had been done years ago, we wouldn't be in the position we are in now. He wouldn't be like he is now.

In some cases, as expressed in the quote below, it seems that professionals did not believe parents when they told them that their son had been abused, in spite of very obvious behavioural consequences:

> He was abused about three times when he was young . . . no one believed him but . . . I could see there was something wrong with him . . . he wouldn't go to school and he always loved school and then he told me . . . what X done to him . . . and he gave him money to keep quiet about it . . . he was ripping the sheets . . . He was shitting in the fridge (crying).

The parents are aware that the earlier abuse is now believed to be the cause of their sons' own abusive behaviour. It is striking that although this experience cast dark shadows in the lives of these boys and their distressed and disbelieving families, little support had been forthcoming over the years. In many cases, it was hard to get social workers or teachers to believe that there had been any abuse, even when parents knew for certain. In one case, for example, the three men who assaulted the son on different occasions were people known to his mother. The parents had been left to deal with the consequences to their sons and themselves alone including their own complex and turbulent feelings. Only recently, as a result of their sons' own sexual behaviour, had the families been offered support in the form of psychotherapy, but little else. One mother expressed all the mothers' frustration at the lack of help and support:

> All I am asking for is some help . . . there is so much pressure on all our lives as a family . . . With all the pressures from trying to cope with [my son], it is just too great . . . we're not getting support . . . It's not my fault and it's not his fault. Social services are failing us . . . Things are so damn bloody hard.

The current situation

The family situation, in which there is an adolescent boy who is showing abusive behaviour, is exacerbated by the overall lack of specialist adolescent mental health services, as identified by the Royal College of Psychiatrists (2006):

> Clear guidelines are needed in the absence of age appropriate and consistent mental health services for 16–18-year-olds. The interface between CAMHS and adult mental health must be addressed and links established between Tier 4 CAMHS and adult in-patient and community mental health teams.
>
> (Royal College of Psychiatrists, 2006: 39)

Furthermore:

> Until now there has been little development of the specialised psychiatric services required for young people with learning disabilities . . . Falling between the services provided by learning disability psychiatry and mainstream child and adolescent psychiatry, many children have been dealt with by the community paediatrician.
>
> (Royal College of Psychiatrists, 2004: 7)

Adolescence, or the transition from childhood to adulthood, is normally a time of growing independence from parents, the development of social identity (Cotterell, 1996) and a time of sexual awakening and experimentation. For these mothers, who have been alerted to potentially abusive behaviour, it is difficult to establish what constitutes the acceptable, explorative behaviour of an adolescent, and abnormal sexual behaviour and abuse. As Vizard (2006) suggests, the situation is exacerbated by the widespread confusion about what 'normal' sexual behaviour is in children and adolescents. However, mothers described a range of behaviours that they considered abusive, for example:

> He wanted to touch me down below and I said 'No, they're my bits, you have just got to learn to keep your hands to yourself' . . . He is touching himself in front of people . . . he is touching girls and boys in the toilet and that . . . he talks a lot about sex.

> He just said, 'I'm all right but I've been in trouble . . . just sucking and bums. It wasn't much . . .

> He was supposed to have touched one girl on the bottom and another girl's breasts . . . [then, after an incident with a young boy] he was arrested for sexual assault.

The mothers were aware of the complexity of adolescence for their sons. One mother said of her son:

> He knows he is growing up. He's not a boy no more. I keep calling him a boy and he says, 'I'm not a boy, I'm a man now'.

But developmentally her son's interests are those of a young child, and at odds with his sexual behaviour. She regrets the difficulties and confusion that characterise her son's life and is bewildered by his behaviour and lack of understanding:

> He's taking it out on me. He doesn't mean it though. It's just that he is so confused . . . he's got a load of difficulties. He's a handful because you've got to control him . . . I know he has got difficulties but he doesn't understand what I am going through . . . he's confused about sex . . . No one understands. I don't even understand myself.

The limbo between childhood and adulthood was perhaps a safe place to be. P's foster-mother said that P pretended he could not do things. She said to him:

> 'If you want to be treated like a grown up . . . you've got to do what you can do. If you pretend you can't do things, people are going to treat you like a child.' No, he didn't want to be treated like a little child . . . No, he didn't want to be a grown up. I don't know if he didn't want to be grown up because that's too much responsibility, he didn't think he could cope with it. He just wanted to be in limbo for the rest of his life.

Managing their sons' care

Some mothers had had to give up employment (and thus their identities as employees) to manage their sons at home. Their care-giving roles were taken for granted, without any promise of significant support or assistance. They had to deal with the tensions of managing their individual and family routines while coping with the demands of supervising boys whose behaviour is not only perceived as dangerous, but also, in some cases, as being beyond the expertise even of specialist and generic services. The expectation that they should manage sons who have been harmed in, and yet excluded from, services, irrespective of their own individual lives and commitments, is understandably experienced as an injustice. At the same time, their primary loyalty to their sons contrasts sharply with the belief of support service personnel that their sons can and should transfer to settings with established expertise. One mother was unable to get a foothold in local services, in spite of a volatile family situation at home; beyond proposals that her son required a residential service for offenders, the wells of professional and educational help seemed to have run dry.

One of the main ways that these mothers tried to prevent abusive behaviour was through constant vigilance. As one mother put it,

> Someone always needs to watch him . . . he's going to need supervision for his own protection . . . we've got to . . . protect him from getting into situations that he can't get out of.

Echoing the perceived need for vigilance, the words of two other mothers,

> He needs constant supervision though he finds this difficult. Young and vulnerable children should not be left alone with him.

> You don't leave him alone with other children . . . when you think he's safe . . . when he thinks he's not being supervised . . . he can do things that are unpredictable.

Most mothers found this constant vigilance difficult and stressful with, in some cases, threats of violence from their child or adolescent.

> It is unhealthy for him to be tied to me 24 hours a day . . . I have got to give him leeway now. I can't keep him tied in, [I can't] stop him from going out now . . . I was getting physically assaulted.

The vigilance of these mothers was partly to protect others from them, but also to protect *them*. They were aware of the vulnerability of their sons, particularly because they tended to want to please other people. As one mother put it,

> He wants to make adults happy. I think that if he was approached there would be a danger that he would do whatever somebody wanted him to do because . . . he wants to please people.

It is clear that most of the abuse perpetrated by these boys takes place in their school environment, thus mothers are aware that they themselves are only dealing with the tip of the iceberg at home. They are understandably angry that the schools and residential placements do not seem able, or willing, to protect the vulnerable young people in their care from themselves and others.

Making sense of their lives and circumstances

There is little doubt that the mothers of all the boys had been deeply affected by the sexual assaults on their sons when they were younger, and their lives continued to be dominated by their current experiences as parents of boys and young men who were now sexually assaulting others.

The response of professionals at this stage in the boy's lives tended to focus on what they saw as the inevitability of residential placements away from home. The mothers, on the other hand, were more concerned with actually trying to change things for the better. They wanted help and support for their sons, so that these vulnerable teenagers could come to terms with the past, and learn to cope with (and control) their feelings. They also wanted the same for themselves.

The range of emotions experienced by these mothers included anger, fear, anxiety, bitterness, powerlessness and despair. For their sons they felt compassion and protectiveness:

> It has been done [to him] so he does it to others . . . It seems to me a bit unfair because you always think that even if he is a victim, he is the one that is at fault. I feel a bit protective of him, a bit angry about that. There was an incident the other day where a boy was inappropriately touching him but, you know, [my son] is the one who is held up as the sex offender.

> I am quite angry now because I was often rung up and told about his 'inappropriate behaviour' but it was happening to *him* by these older children and he wasn't being watched and looked after as he should have been, so I'm terribly angry about that . . . He wet the bed a lot . . . He doesn't know when to stop eating. He will eat, eat and eat . . . I've seen him heaving because he's so full and still trying to put food in his mouth.

> I don't like him having this label. Labelled as a 'sex offender' when it wasn't his fault, the way things happened. It interferes with the way he can relate to people.

> The care workers . . . used to ring me up all the time to tell me about his sexual behaviour but they didn't explain what was going on throughout the school . . . I am so angry.

The mothers lived in dread of fresh allegations and evidence that their sons were a danger to other children. Most had tried to deny the increasing evidence that their sons had become abusers, but had been forced to face reality:

> I've now got to look at the prospects that these allegations are true. Until now, I've blanked them out. As a mother you do.

This mother's reappraisal of all that she considered reassuring dislodged her own sense of self, and she questioned her own competence as a mother. At the same time, she felt helpless in this situation, which had spun out of her own control:

> It's like you're not in control of your life. I'm not in control of his life. I wonder who is in control of our lives at the moment?

The fact that their sons had learning disabilities intensified the mothers' empathy and protectiveness towards their sons, and added to their anxiety about what would happen to them in the future:

> He's got a brain like a seven year old . . . he doesn't understand . . . he doesn't sort of mean it.

In the words of another mother,

> No one ever . . . said that one day when he's sixteen he's basically an eight year old. When he's thirty, is he going to be like a sixteen year old? Is he gradually going to creep up or is he always going to be an eight year old in mind? . . . I feel he is not responsible for his actions . . . I am watching him develop and not understand his body.

A third mother went on to say,

> These children . . . have got grown bodies but mental ages of about six or seven . . . He is a little boy a lot of the time that needs a cuddle . . . he can be very childish.

A further problem was the fact that most of the boys had limited speech. As one mother said: 'Life would be better for him if he could communicate more clearly.'

Although their sense of protectiveness dominated, some of the mothers had conflicting feelings towards the person that their sons had become. One mother, for example, deeply regretted that her son's childhood had been compromised, and that the label of 'sex offender' obscured the fact that her son was himself a victim of sexual assaults. She remained concerned about his inability to express himself, and about the impact of his learning disability on his efforts to engage with others. Yet at the same time she was aware of the negative impact of her son's behaviour on her own feelings for him.

> Being rung up by the school care workers and told that he has done these sorts of misdeeds, it doesn't make you feel terribly positive towards him. I don't want to be the mother of a paedophile . . . It quite frightened me at one stage and I was really depressed about it . . . I don't know if I can put up with this really.

Another mother emphasised the disbelief

> You never want to believe that your own children could be abusers.

They were aware of the stigma that the label of abuser carried with it. One mother, when a new teacher had 'pointed out the stigma' after reading her son's file, said with sadness:

> That stigma is going to follow him . . . I mean, he may pose a threat, a risk, but does it have to be labelled in black and white the way it is, to give him that stigma?

It is clear that the mothers felt they had lost control, and were overwhelmed by the situation in which they found themselves. Many had a range of serious family problems, including severe illness of other family members, hostility between siblings and tensions between their partners and their sons (including one son accusing his step-father of 'interfering' with him). Some mothers were clearly very depressed, even to a dangerous extent:

> I am on tablets to stop killing myself . . . Too much on my plate . . . I just want to die. I can't sleep. I can't do anything.

> One minute you think you are on a winning line and then, all of a sudden, something will happen and you go downhill again . . . I am too tired now. I feel as though I am old before my time . . . I've had a headache, can't get rid of it . . . it is just stress and tension . . . I can't get rid of it, I can't get rid of the stress or tension.

However, whatever their sons had done, and however difficult it was to manage them at home, the protectiveness of these mothers outweighed the problems:

> He is screaming in the night. It is not right . . . I should take him to the doctors but I am frightened they might take him away from me. That would do me up altogether . . . He screams 'Mummy! Mummy!'

In the words of another,

> He's always been close to me . . . he'll still be my boy whatever he does.

The group psychotherapy

The mothers were aware of the circumstances that had led to their sons' referrals to a specialist psychotherapy service. On the whole, they welcomed the offer of psychotherapy for their sons, and some were even optimistic about the outcome. They were, without exception, at the end of their tether, and at last it seemed that something positive was being done to help. Some had concerns that the group might make things worse, and make the abuse, as one mother put it, 'become an emphasis in his life.' However, all thought that it was worth trying. Their attitudes throughout the two years of therapy fluctuated. There were often concerns that one or two of the other boys were a bad influence:

> He has been hearing things that he hadn't thought of . . . things that have gone on that might give him ideas . . . He's more like an eight year old in a way . . . I am concerned about the amount of control over his feelings . . . he is still in the position of being instinctive and possibly, if the situation is there, he may take advantage of it or be taken advantage of.'

On the other hand, she says her son feels it does help him: 'He says it stops him having sex with younger boys.' At the end of the therapy she still had mixed feelings, but on the whole was positive: 'He behaves in a more acceptable way and a sort of interactive way . . . he is slightly more confident.' Her relationship with him is 'a lot better . . . partly because he expresses himself so well [he has significant speech problems], and he cares . . . he is aware of the victim feeling uncomfortable and as he gets older he is much less likely to offend.' However, another mother said: 'We are not convinced it is doing him any good. I am concerned that it might actually be harming him', and another: 'the group is not helping him because he is still going for girls and boys at school.' Another mother also felt that some of the other boys were a damaging influence, but in the end she was pleased because 'He doesn't do things that he was doing before.'

Another mother also felt that the group had helped her son to express what he was feeling and 'on the whole I think it was good.' This was in spite of the fact that her son was suspended from the group following an allegation of rape.

Thus it can be seen that, for the mothers, the outcomes of the group were mixed, but probably more positive than negative. The actual full and continuing effects of the therapy on the boys themselves do not fall within the remit of this paper.

Discussion

The boys' mothers tried hard to synthesise what they knew about their sons' behaviour and 'dangerousness' with their own beliefs and judgements about their sons and their traumatic experiences as young children. They fought against the diminution of their

sons' individuality and at the same time, their experiences threatened their self-perceived identity as effective parents, and raised inescapable questions about their own adequacies. Their accounts demonstrate their empathy for their sons, and their understanding of the impact of learning disabilities on their lives, and they were saddened by the limited expressive resources and emotional inarticulacy of their sons.

The strengths and capabilities of these mothers appeared to be eclipsed by the overwhelming stress of fearing further knowledge of assaults (possibly of increasing dangerousness) and anxiety about what would happen to their sons if these things happened. At the same time, they were aware that their sons were on the boundaries of the professional skills and range of those responsible for them. As they sought to keep their sons, and others connected with them, safe, it is clear that they lacked competent professional support and practice ideas to guide them. They did everything they could to prevent further assaults through constant monitoring and vigilance, and by trying to reshape behaviour and establish boundaries. However, their efforts became muted over time as they proved unsuccessful. Furthermore, until now, no attempts had been made to understand the roots of the boys' unwanted behaviour, nor to heal the early trauma experienced by the boys themselves.

It is neither new nor unusual to state that the carers of people with learning disabilities receive insufficient support. However, it is striking that even families in such volatile and vulnerable situations found that there was little professional experience or expertise available to either them or their sons, leaving them struggling to make sense of, and come to terms with, what was happening to them.

The mothers sought to reconcile their happier perceptions and memories of their sons as young children with the sexually offending adolescents they were now struggling to support, defend and, most important of all, to understand. They tried hard to present evidence of their sons' dawning maturity, as well as emphasising the impact of having learning disabilities, and the effects of emotional inarticulateness in the context of unstable family situations and allegations of sexual abuse.

The two statements 'I don't want to be the mother of a paedophile' and 'He'll still be my boy whatever he does' attest to the suffering of these mothers in their struggle to reconcile their confused and often conflicting emotions. At the same time they tried desperately to maintain their own sense of identity as they were forced to acknowledge and come to terms with the reality of the current circumstances, for which there seemed to be no respite or resolution.

Although the worlds of these mothers and sons have changed beyond recognition since the early experiences of abuse, there appears to have been no corresponding increase in the support offered to them. It is clear that the extent to which mothers could exert control diminished as their sons' behaviour became more conspicuous and dangerous.

The families' contact with professionals only tended to arise in the context of allegations of inappropriate sexual behaviour, focussing on damage limitation, rather than being part of an ongoing support service to advise and sustain families living each day in intolerable circumstances (O'Callaghan *et al.*, 2003; Sobsey, 1994).

Over the last 10 years, services have started to be set up for children with sexually abusive behaviour in the UK (Vizard, 2006). However, 'There are few services available

for the more disturbed and dangerous children with sexually abusive behaviour who may be co-morbid for several psychiatric disorders . . . A further difficulty is the lack of developmentally trained, specialist staff, including CAMHS staff, to undertake assessment and treatment of sexually abusive children in a variety of contexts' (Vizard, 2006: 6).

Vizard (2006: 7) writes: 'Urgent consideration should be given to the creation of a coherent government policy on children with sexually abusive behaviour to address long term service provision, training and research.'

For the mothers in this study, however, any new specialist services will almost certainly be too late to restore their own, and their sons', lives to any kind of normality.

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