

Child abuse in the home environment

Learning from lived experience

Sexually abused by her father as a child, **Siobhan Pyburn's** moving personal testimony perfectly illustrates why children and young people are often fearful to speak out, but emphasises why it's vital they should be encouraged and supported to do so

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and speaker

It has been 11 years since I first told someone that I was being sexually abused at home. I didn't know it at the time, but this was the beginning of an ongoing process of disclosure, with each new telling helping me to believe that what happened to me wasn't my fault. It's a message that I want all children to understand, as I remember how difficult it was for me to speak out, and how I feared the threatened consequences.

I consider myself a survivor of my childhood. I say 'survivor' because the NSPCC cite how up to 90% of children who've been abused will develop mental health issues by the time they're 18 (NSPCC, 2016) and many adults who were sexually exploited as children will attempt suicide. Society is beginning to grasp the scope of the problem, with organisations such as the NHS and some police forces calling on survivors to help their staff understand CSE from the child's point of view. In light of recent events such as the abuse inquiry and the Football Association revelations, I feel it is worth digging deep once again to give people an insight into the reality of a child who is being sexually abused.

How the abuse started

I don't know exactly how young I was when the abuse started, perhaps seven. I had discovered that the area between my legs felt tingly and strange when touched, and one day I told my father about it when we were alone (my mother was the breadwinner of the family and worked long hours as a GP, leaving me alone with my father much of the time). He proceeded to touch my genitals and although I didn't understand the experience, I trusted that it must be normal. If he did say any words of threat or bargaining, they wouldn't have been necessary: secrecy and lack of communication pervaded our family dynamic. I knew instinctively not to share this with anyone else, and afterwards; I was rewarded with a fast food meal.



From there, I was abused often when we were alone. Sometimes he'd try to kiss me on the mouth and I would find it disgusting and pull away, which he would accept, so I didn't feel that he forced himself on me. One time he asked me if he could rub his penis on me ('I won't go in, just on the outside') and I felt terrible, but couldn't explain why. He would insist on me sleeping in the same bed whilst my mother was away, and I sometimes woke up with his hands up my pyjama top and would run to the other room. He was diagnosed with prostate cancer when I was nine years old, and was left with erectile dysfunction after surgery. He told me that I was his 'therapist' and was helping him to get better.

Somewhere along the line, perhaps when learning about sexual education at school, I realised that his behaviour was not normal. I didn't feel able to tell anyone because I was sure they would blame me. I blamed me. After all, I had told him about my tingly area all those years ago.

Therefore, it was surely my own doing. Besides, my father would treat me so nicely afterwards. For a few hours, he would take an interest in my life and might even watch a movie with me; he was so cold and distant the rest of the time. In hindsight, I think I accepted abuse in return for a temporary experience of feeling loved, even though I grew to hate it when he touched me, or coerced me into touching him. I also felt that it was pointless to try and stop it; it had already happened, what difference would it make? Damage done.

Love and disclosure

When I was 13 I met a boy at school (where I managed to maintain good grades and was seen as a 'quiet, sensible, well behaved girl'), and fell instantly in love. I wanted to see him on the weekends, but my father only allowed it if I let him abuse me first. By this stage I felt utterly hateful, of him and myself. I felt sick at the thought that I was cheating on my boyfriend with my own father, and tremendously guilty. My father became even more perverse - if that's possible - by demanding that I lose my virginity to my boyfriend and then tell him all about it. This was one of the conditions I had to meet if I wanted to see him outside of school. The frequency and sexual acts involved in the abuse escalated to the point where I felt I was going to explode.

At 15, I finally told my mum during the Christmas holidays when my father wasn't around. I hadn't been planning on disclosing, as I was too terrified of the result, but in the end I saw an opportunity. Mum was talking about her own unhappy childhood and I engineered the conversation until all she had to do was ask. She reacted in shock, and left the room leaving me feeling that my worst nightmare had come true and she would abandon me and return to India like my father always told me she would. However, that didn't happen and he was arrested a few days later following a statement I made at a police station, which would later be used as evidence in court.

Even more difficult than disclosing to my mum was telling my boyfriend, who threw up on the phone but didn't leave me as my father told me he would if I dared tell him.

Trial ordeal

I stayed away from school for six weeks whilst my father was evicted from our family home. When I returned, the teachers didn't know what to say to me and generally acted as if they didn't know. Nobody reached out to ask if I was okay or if I needed any extra support; I proactively arranged my own sessions with the school counsellor. I started at a new school for the final year (my family wanted to leave the old house behind), and my father's trial commenced a year and a half from when I first disclosed, at Southampton Crown Court. I met a wonderful lady from Victim Support, a volunteer, who stayed with me

throughout the process and even helped me to apply for criminal compensation afterwards. The trial was re-traumatising, as I believe it always is for survivors of sexual abuse.

The barrister defending my father tried his hardest to discredit my story, inventing a motive that my father didn't like my boyfriend, and that's why I was making the whole thing up! It was quite soul-destroying to be accused of lying. However, I think my father's defence crumbled when it came to light that he had been prescribed Muse, which is a form of viagra. At the age of 74, and with my mum testifying that they'd had no sexual relationship since I was born, the jury had to wonder why he was taking them. They saw him for what he was and returned a unanimous guilty verdict. I chose to sit in the public gallery to hear his sentence of three years for, I think, 13 different counts of gross indecency with a minor. I believe he was released after serving half that time on good behaviour.

How child abuse affects health in adulthood

People who were maltreated as children are more likely to have poor health and living standards decades later, a study suggests.

The researchers tracked 8,076 people born in 1958 until the age of 50. Those who had been abused were 70% more likely to have long-term illnesses and to not own their homes by the age of 50 than those who had not, they found.

The University College London team said those who had experienced more than one form of abuse had doubly bad outcomes. This was compared with those who had suffered no abuse or maltreatment.

The study, published in US journal, *Pediatrics*, and undertaken as part of the Public Health Research Consortium, showed that the potential impact of child neglect and abuse could have socio-economic impacts for decades.

The researchers found that neglected children often had worse reading and maths skills in adolescence than their peers. This could hamper their ability to find work and progress in the job market, they said. But these factors did not explain the poorer standard of living for those reporting child abuse, they added.

A person's economic circumstances at the age of 50 are important as it is close to the peak earning capacity in the UK, the study said. Poor living standards at this age can signal hardship and associated ill-health during old age, it added.

Dr Snehal Pinto Pereira, of UCL Great Ormond Street Institute of Child Health, who led the research, said: 'Our findings suggest that maltreated children grow up to face socio-economic disadvantage.

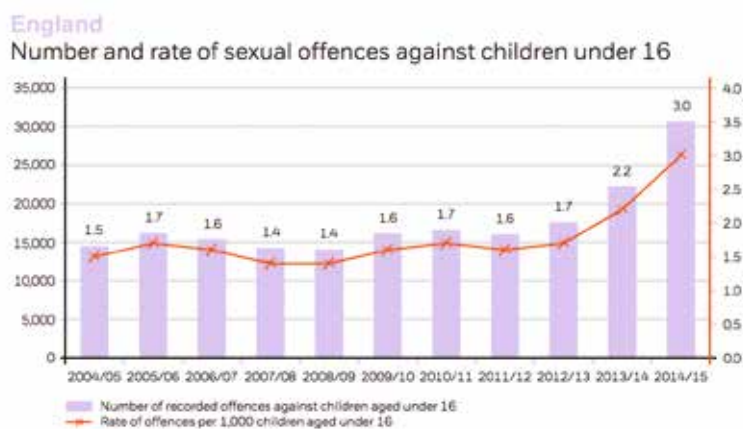
'This is important because such disadvantage could in turn influence the health of individuals affected and also that of their children.

'As well as highlighting the importance of prevention of maltreatment in childhood, our research identified poor reading and mathematics skills as a likely connecting factor from child neglect to poor adult outcomes.

'This suggests that action is needed to improve and support these abilities in neglected children.'

Coping with irrational fears and shame

In the years following the abuse, I have slowly relieved myself of the overwhelming sense of personal responsibility and shame that kept me quiet for so long. I can't say that I don't still have an irrational fear that the police will arrest me one day for being 'complicit' in the crime (which makes presenting to a police audience quite challenging!), but I have shared every facet of the abuse experience with someone, which has been tremendously helpful. If any box was left unopened with regards to what actually happened, I think it would be hard for me to feel, on the necessarily deep level, that the abuse was not my fault. In addition to the trauma itself, I am left with a sense of grief from the 'loss' or absence of a stable father figure, which is a symptomatic duality of familial sexual abuse.



Impact on adulthood

For some victims and survivors of child sexual abuse in the family environment, accessing health services is difficult. Of the 756 survivor survey respondents, 50% stated that their experience of child sexual abuse in the family environment had impacted on their use of health services. 20% of respondents still avoid going to the GP and 17% avoid the dentist.

'As an adult I avoided any GP visit that might be intimate, eg. smear tests. As a child I was scared they would be able to tell.'

Female survivor, aged 35-44

'Unable to have smear tests.'

Male survivor (transgender), aged 45-54

'Because I was orally raped at the age of 5, I have had problems at the dentist. I used to have involuntarily jaw clenching, but I managed to control the fear by repeatedly saying the mantra "this is not happening now". I never avoided the dentist, but understandably, found the experience difficult.'

Female survivor, aged 45-54

A smaller portion of respondents reported visiting the GP very often, both as a child and as an adult.

'Went to the doctors a lot as a child with sore throats hoping they would see something was wrong.'

Female survivor, aged 45-54

Source: Children's Commissioner report

I have dedicated my life to helping the little Siobhans who are still out there. In their latest *How safe are our children report* (2016), the NSPCC cites that over the past five years they've seen increasing numbers of reports of abuse and neglect to social services, the police and the NSPCC. For example, there was a 29 per cent rise in the number of contacts to the NSPCC helpline about abuse and neglect between 2011/12 and 2015/16.

Additionally, the Children's Commissioner published a report in 2015 which stated that the level of abuse taking place in homes is often underestimated and they cited research that clearly demonstrated how many victims of abuse do not report abuse for several years (Allnock and Miller, 2013). I want every child to know what sexual abuse is, and that it's okay to tell someone if it happens to them. I am guided by the notion of what I would have needed to hear in order to disclose sooner than I did, which is the value of learning from lived experience. Although each survivor story is unique, I think there is a theme of shame that is common to us all; we feel responsible.

Vital conversations

Safeguarding efforts in the area of CSE need to recognise that these misplaced feelings of shame and responsibility are a major obstacle to helping the victims of sexual abuse, and we should keep that awareness at the forefront of our conversations with children about this issue. It would help if statutory PSHE lessons were made compulsory in all schools, so children are aware of what abuse is and feel empowered to report it. It would certainly have helped my situation of that had been the case in my school.

To this end, the following article attempts to distill the themes from my story into key messages for all professionals who work with children. It will explain some of the reasons why children don't tell us if they're being sexually abused. I will also share my thoughts on how we can approach those difficult conversations in a way that builds the needed level of trust for a child to make a disclosure.

Siobhan's YouTube channel, where she presents clear safeguarding messages, can be viewed at <https://siobhanpyburn.com/>. Follow her on twitter via @siobhanpyburn

References

- Bentley, H., O'Hagan, O, Raff, A. and Bhatti, I. (2016) *How safe are our children? The most comprehensive overview of child protection in the UK 2016*. London: NSPCC <https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2015-report.pdf> (accessed January 2017)
- Children's Commissioner (2015) *Protecting Children from Harm: A critical assessment of child sexual abuse in the family network in England and priorities for action* <https://www.childrenscommissioner.gov.uk/sites/default/files/publications/Protecting%20children%20from%20harm%20-%20full%20report.pdf> (accessed January 2017)
- Allnock, D and Miller, P. (2013) *No one noticed, no one heard: a study of disclosures of childhood abuse* London: NSPCC <https://www.nspcc.org.uk/globalassets/documents/research-reports/no-one-noticed-no-one-heard-report.pdf> (accessed January 2017)