



**A Questionnaire for Mothers/Female Carers
Living in Queensland
Whose Child has Experienced Sexual Abuse**

Child sexual abuse is not just a traumatic event for the child it is also a devastating and life changing experience for mothers and other family members. Zig Zag Young Women's Resource Centre (Zig Zag) is aware that there are very few specialist support services in Queensland available to assist mothers following the abuse of their child. Zig Zag would like to invite you to share your thoughts, insight, and ideas about how support services in Queensland can better meet the needs of mothers whose children have been victims of this crime.

**IMPORTANT INFORMATION FOR YOU TO KNOW BEFORE RESPONDING TO THIS
QUESTIONNAIRE**

What is the purpose of this questionnaire?

The purpose of this questionnaire is to gain greater insight and understanding on how support services in Queensland can better meet the needs of mothers whose children have experienced sexual abuse. We hope to learn from you what has been helpful or would be helpful, especially during difficult times, such as when first learning of the abuse; during legal proceedings (Criminal Law or Family Law); or in managing the continuing, long-term impacts of child sexual abuse.

Do I have to provide identifying information?

No. This questionnaire has been designed to enable you to share your experience and ideas without providing identifying information. *You can CHOOSE to remain anonymous and all questions are OPTIONAL.* Please note: *the final question is the only question that is identifying.* This question asks if you are interested in participating in further activities with Zig Zag and can be detached from the main questionnaire and returned separately if preferred. We will ensure that information you provide will be treated with respect and we will maintain confidentiality of any identifying information relating to the final question so that it is not associated with your responses to the main questionnaire.

How will information I provide be used by Zig Zag?

Information you provide will be used *internally* to inform Zig Zag support services such as what services are offered to mothers and how they are offered.

Non-Identifying information may be shared *externally* with other services/networks in Queensland *to raise awareness* of the specific needs of mothers and their children who have been victims of crime and *to improve service responses*. One of the best ways for us to advocate on the needs of women and children who have been victims of crime is to listen to what young women and their families tell us. We really value and appreciate the time you will take in completing this questionnaire and sharing your reflections and ideas on how support services in Queensland *can be improved* for mothers. A final report of our findings will be made available on our website.

Do I have to complete the whole questionnaire?

We acknowledge that this questionnaire may be difficult to complete and may bring up a range of emotions. We encourage you to *only complete the questions that you are comfortable to answer*. We have also included a list of information resources and services that can offer further information, support and assistance (see Part Four on page 13 for details).

Can I talk with someone at Zig Zag about this questionnaire?

Yes. If you would like to talk with a worker at Zig Zag please contact Stephanie or Adela on telephone: 3843 1823. For more information about Zig Zag please visit our website: www.zigzag.org.au

Where do I return the questionnaire once completed?

This questionnaire can be returned by mail **before 31st December 2011** to:

Attention: Stephanie Anne
Zig Zag Young Women's Resource Centre
575 Old Cleveland Road
Camp Hill Qld 4152

Thank you for sharing your thoughts, insight, and ideas about how support services can better meet the needs of mothers whose children have been victims of crime.

Part One

This section asks general information about the nature of the abuse, the age of your child at the time of the offence, and the type of relationship between the child and the offender (e.g. was the offender known or unknown). Please cross the box that best applies to your experience.

1. Please specify *your* relationship with the child (E.g. mother, step-mother, carer, grandmother, aunt): _____

2. Please indicate the age of the child at the time of the abuse. Please select multiple categories if the abuse continued for more than one age bracket, for example 6 - 18 yrs of age.

0-3 yrs of age 6-12 yrs of age

4-5 yrs of age 13-18yrs of age

3. Please indicate if there were *one* or *multiple* offenders involved?

One offender

Multiple offenders

4. Please indicate the gender of the *offender/s*.

Male

Female

Other

5. Please indicate the relationship of the *offender/s* to the child.

Parent Step-Parent

Sibling Other family member

Friend/Acquaintance Religious/Spiritual leader

Neighbour Sports coach/trainer

Teacher Stranger

Other (please describe): _____

6. Please indicate the nature of the abuse.

One known incident

More than one known incident

Part Two

This section asks specific information about your emotional experience on learning about the abuse of your child. Zig Zag understands that each mother's experience is very personal however there are some feelings that are common among many mothers such as shock, disbelief, anger, fear, self-blame/guilt, sadness, and confusion.

Zig Zag is aware that many mothers blame themselves for "not knowing about the abuse" or "not protecting their child from the abuse". It is essential that we acknowledge that secrecy and deception by the offender is what enables child sexual abuse to occur and continue; and mothers are also often victim to the offender's tactics. Offenders are very skilled at exploiting the child's lack of power to ensure the child remains silent about the abuse. The offender will often present a distorted or false view of what is happening to significant others such as the child's mother. The offender may use a variety of tactics to gain opportunities to continue to sexually abuse the child and to ensure that they are not found out or held responsible for their criminal actions.

It is especially painful and difficult to learn that someone known or close to you has sexually abused your child. Whilst it is common for mothers to feel guilt or shame *only the offender can be held responsible for the abuse. It was not your fault!!*

- 1. Please cross the box that best describes how strongly this emotion was felt on learning about the abuse of your child. Please select multiple categories if they apply.**

	Not Significant	Somewhat Significant	Significant	Very Significant
Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disbelief/Denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger/Rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear/Distrust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Blame/Guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grief/Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alone/Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe): _____

Part Three

This section asks specific information about *what support was available to you or accessed by you* at different times. It also includes what support *would have been helpful if it was available* to you at the time. This section also asks you to describe any barriers that you found when trying to access information or support.

1. Please indicate if *you* have accessed any of the following information resources on child sexual abuse. Please select multiple categories if they apply.

- Facts about child sexual abuse
- Myths about child sexual abuse
- How to recognise child sexual abuse (signs/indicators)
- The impacts of child sexual abuse
- The tactics used by offenders of child sexual abuse
- Responding to disclosures by a child
- Supporting children who have experienced abuse
- Protecting children from abuse
- Reporting child sexual abuse
- Criminal justice system proceedings
- How systems* can fail / abuse

*(E.g. child protection, policing, and/or criminal justice systems)

2. Please indicate the type of support (if any) *you have accessed for you* in relation to the child sexual abuse. Please select multiple categories if they apply.

- No support accessed
- Information/resources
- Telephone counselling
- Individual face to face counselling
- Family counselling/therapy
- Group work
- Court support
- Advocacy

Other (please describe): _____

3. At what time did you access the support selected in question two? Please select multiple categories if they apply.

- At initial disclosure/reporting of sexual abuse
- During criminal justice proceedings
- During family law proceedings
- During child safety proceedings
- For continuing, long-term effects of abuse
- At some other time

4. a) How helpful/unhelpful was the support you accessed?

	Unhelpful	Somewhat Helpful	Helpful	Very Helpful
Information/Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual face to face counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family counselling/therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Please describe any *specific characteristics* of the support that was *most helpful* to you (E.g. workers had a high level of knowledge and experience responding to issues of child sexual abuse; workers acknowledged the impact of child sexual abuse; workers were helpful in making a distinction between my needs and my child's needs; workers maintained confidentiality and privacy; workers provided appropriate information, resources and referral; workers supported me to make my own decisions; availability of service after hours; etc):

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This final question *is identifying* and is OPTIONAL. You can return this section to Zig Zag separately from the main questionnaire if preferred. We will ensure that confidentiality of identifying information provided is maintained by Zig Zag and your responses to this final question will be held at Zig Zag separately so that it is not associated with your responses to the main questionnaire.

Are you interested in being involved in:

- **A support group for mothers**
- **Social action, community education activities, or awareness raising events such as writing/talking to the media, or meeting with services/government to talk about the needs of mothers whose children have been victims of crime?**

No

Yes my name is _____ and I can be contacted on telephone: _____ and/or email: _____

Is it safe to identify Zig Zag as a caller? _____

Do you require any language support (e.g. professional interpreter, TTY TDD) please specify:

<p>Thank you for sharing your thoughts, insight, and ideas about how support services can better meet the needs of mothers whose children have been victims of crime.</p>
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Part Four

Information resources that may be of interest to you:

- **Why My Child? Supporting the Families of Victims of Child Sexual Abuse.** Briggs, Freda. 1993. Allen and Unwin, Sydney.
- **Teaching Children to Protect Themselves.** Briggs, Freda. 2000. Allen and Unwin, Sydney.
- **Conspiracy of Silence: The Trauma of Incest.** Butler, Sandra. 1985. Volcano Press, San Francisco.
- **Facing the Unthinkable: A Survival Guide for Mothers Whose Children Have Been Sexually Abused.** Dympna House Inc. 1990. NSW.
- **Father – Daughter Incest.** Herman, Judith. 2000. Harvard University Press, Cambridge.
- **Why My Child? A Guide for Parents of Children Who Have Been Sexually Abused.**
Available at <http://www.kidscape.org.uk/assets/downloads/kswwhychild.pdf>
- **Helping to Make it Better: Helping your Child, Important Information for Parents and Carers about the Sexual Assault of Children.**
Available at www.ecav.health.nsw.gov.au/ecav/pdf/make_better.pdf
- **You and Your Child: For Parents of Children Who Have Experienced Sexual Assault.**
Available at www.cyf.vic.gov.au/_data/assets/pdf_file/0014/335030/you-and-your-child-parents-2009.pdf
- **Reclaiming the Mother-Daughter Relationship after Sexual Abuse.**
Available at www.anzjft.com/pages/articles/958.pdf

List of Support Services that can offer further information, support and assistance:

- **Parentline**
Ph: 1300 301 300, Open 8.00 am-10pm, 7 days a week
- **QLD Statewide Sexual Assault Helpline**
Ph: 1800 010 120, Open 7.30 am-Midnight, 7 days a week
- **National Sexual Assault Support Line**
Ph: 1800 737 732, Open 24 hours a day, 7 days a week
- **Bravehearts**
Ph: 55523000 or Crisis Line 1800 272 831 Website: www.bravehearts.org.au
- **Brisbane Rape and Incest Survivor's Support Centre (BRISSC), Woolloongabba**
Ph: 3391004 Website: www.brissc.org.au
- **Centre Against Sexual Violence (CASV), Logan**
Ph: 3808 3299 Website: www.casv.org.au
- **Immigrant Women's Support Service (IWSS)**
Ph: 3846 5400 Website: www.iwss.org.au
- **Murrigunyah-Aboriginal and Torres Strait Islander Corporation for Women, Woodridge**
Ph: 3290 4254 Email: mmurring@bigpond.net.au
- **Women Working Alongside Women with Intellectual and Learning Disabilities – Sexual Violence Prevention Service (WWILD-SVP), Wooloowin**
Ph: 3262 9877 Website: www.wwild.org