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1 **Non-abusing mothers' formal support needs after child sexual abuse disclosure: The case**
2 **of North Cyprus**

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1 **Abstract**

2 This article investigates the formal support needs of mothers whose child has been
3 sexually abused. Previous research has focused mostly on the provision of support for abused
4 children to the relative neglect of mothers' support needs. Here, formal support refers to
5 resources and services from organisations, professionals and authorities, with a specific focus on
6 social welfare services. This article is based on thematic analysis of semi-structured, in-depth
7 interviews with 15 non-abusing mothers in North Cyprus. Analysis of the mothers' experiences
8 revealed needs of support in four important domains: financial support; child day-care services
9 and social facilities for children and adults; therapeutic services; and improved public knowledge
10 about and trust in social services. Mothers often lacked knowledge about social services, and
11 their most common encounter with the social welfare system concerned financial assistance. The
12 results showed that the social welfare system in North Cyprus is highly bureaucratic, children's
13 long-term needs are usually unmet, and mothers' needs are often ignored by professionals. In
14 sum, developing the quality of social welfare services is vital for sexually abused children and
15 their non-abusing family members, especially mothers.

16 **Keywords:** qualitative research, social services, social support, parent, thematic analysis,
17 gender/feminism.

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2 **Introduction**

3 Non-abusing mothers usually play a significant role in disclosing their child's sexual abuse and
4 in bearing the main responsibility for child-care (Allnock & Miller, 2013). Receiving help and
5 support in the recovery process after disclosure is vital not only for sexually abused children but
6 also for their non-abusing family members (Godbout *et al.*, 2014; Zajac *et al.*, 2015). After
7 disclosure, mothers have to deal with many practical and emotional issues. Researchers report
8 various maternal reactions including clinically elevated levels of psychological distress, intrusive
9 thoughts, somatisation, and posttraumatic stress disorder (Dyb *et al.*, 2003). They also commonly
10 experience secondary victimisation, self-blame and blame by others, social stigmatisation,
11 shame, suicidal ideation, anger, ambivalence, anxiety and shock (McLaren, 2013; van Toledo &
12 Seymour, 2016).

13 Formal support is a significant factor in coping with challenging life situations such as
14 child sexual abuse (CSA) (Sanders *et al.*, 2011). Informal support has been studied more often
15 (see Singh *et al.*, 2017) than formal support (see Hardy & Darlington, 2008). Moreover, previous
16 studies have shown a close association between the child's recovery and maternal reactions and
17 support. However, CSA literature mainly addressed the provision of support for child survivors
18 and and judgement of the abuser (Godbout *et al.*, 2014; McCarthy *et al.*, 2019) and neglected
19 mothers' needs for support. Women were usually presented only in relation to their motherhood
20 identity and perceived as the ones either partially blamed for the abuse or were not recognised in
21 the service system (Stitt & Gibbs, 2007). This article focuses on how mothers perceive formal
22 social welfare support services after CSA disclosure. The findings are based on interviews
23 conducted with non-abusing mothers in North Cyprus.

1

2 **Service systems and women's needs for formal support**

3 Here, formal support refers to resources and services from organisations, professionals
4 and authorities (Boyd, 2002), with a specific focus on social welfare services. There are limited
5 number of studies addressing services for non-abusing parents and their experiences of formal
6 support. These studies refer to group therapies including child survivors and their non-abusing
7 family members, filial therapy, cognitive behavioral approaches, holistic family therapy
8 programmes, family play therapy or peer support groups for non-abusing parents (see Carr,
9 2000; Hill, 2005; Hill, 2012; Rushton & Miles, 2000).

10 Psycho-social or individual support and psycho-educational groups are also cited as other
11 significant services for non-abusing parents (Gibney & Jones, 2014; van Toledo & Seymour,
12 2013). Although such support services exist for non-abusing mothers, they may not always have
13 the option of formal support when the support mainly concentrate on children rather than
14 mother's own needs (see Kotchick & Forehand, 2002; McCurdy, 2005).

15 Several studies from various countries demonstrate that welfare systems and policies are
16 likely to reproduce or impair lives of women in vulnerable situations by not providing them with
17 adequate and women-specific services. Women often find the service system excessively
18 complex and also feel stigmatised and that their needs are ignored by professionals (Kuronen *et*
19 *al.*, 2021).

20 Professionals often fail to recognise that the child's and mother's needs may not be
21 identical. Women are only visible if they have children and usually receive services solely for
22 their children's sake rather than for their own needs. Thus, their needs of support, empowerment,

1 social protection and interventions from the service system remain unmet. Moreover, women
2 frequently feel that professionals closely scrutinise their motherhood in such situations (Kuronen
3 *et al.*, 2021; Mejak & Leskosek, 2021).

4 Women's experiences of service providers have included lack of face-to-face interaction,
5 understanding, trust and empathy, and limited support for their basic needs. Consequently, they
6 have frequently reported avoiding seeking formal support for themselves. Moreover, they have
7 lacked the knowledge and resources needed to receive the relevant services and thus need
8 guidance and information from professionals when encountering the service system (Mejak &
9 Leskosek, 2021; Salovaara, 2021; Virokannas *et al.*, 2021).

10 CSA is prevalent in North Cyprus as elsewhere in the world. Cyprus is a divided island
11 since 1974 and this paper addresses non-abusing mothers' experiences on social welfare services
12 only provided by Turkish Republic of Northern Cyprus (TRNC), but not Republic of Cyprus.
13 TRNC, as a state, is only recognised by Turkey and internationally, North Cyprus is known as
14 illegally invaded area (See Howe 2010). Family harmony, loyalty, and extended family
15 connections are significant values of family life in North Cyprus, and these cultural
16 characteristics are likely to discourage people from reporting abuse cases (Howe, 2010).
17 Moreover, the laws and policies, related to family violence in general and CSA in specific,
18 usually remain unclear and out-of-date. Official reports on child abuse cases rarely exist and
19 comprehensive statistics on such cases are lacking (see Cakici *et al.*, 2004; Cakici *et al.*, 2007;
20 U.S. Department of State, 2019).

21 Disclosing the abuse and seeking support (whether it is formal or informal support) is
22 usually even more difficult when women come from patriarchal cultures with strong family ties
23 (Liang *et al.*, 2005). The mothers of sexually abused children are not the primary victims of

1 sexual abuse. However, in North Cyprus, research with women survivors of domestic violence
2 reveals important outcomes. It has been estimated that 70% of cases of violence against women
3 are not prosecuted in court, as police officers usually tackle this issue either by verbally warning
4 the abuser or persuading the victim to withdraw her complaint (Mertan *et al.* 2012).

5 It has been shown that police officers perceive domestic violence cases as a private
6 family matter that should not be the subject of public intervention. Hence, they do not normally
7 view these issues as serious criminal acts requiring follow-up (Mertan *et al.*, 2012). The
8 interview data in this study also indicate that the police are likely to ignore CSA cases and blame
9 mothers for not taking proper care of their child (Serin, 2020).

10 **Methodological framework**

11 *Studying support needs of non-abusing mothers*

12 This study was conducted in North Cyprus by interviewing 15 non-abusing mothers of
13 sexually abused children, most of whom had a Turkish immigrant background. Women in
14 Turkish society are constrained by the dominant ideologies of family integrity and honour
15 (Kardam & Bademci, 2013). The socio-cultural background of these mothers parallels that of
16 their counterparts in Turkey, as North Cyprus admitted many Turkish immigrants following the
17 war in 1974, when the island was partitioned.

18 These immigrants were generally from a low socio-economic background with few
19 education skills. This group continues to form a large proportion of the North Cyprus population
20 (Besim & Jenkins, 2006). The mothers from impoverished neighbourhoods in my study reported
21 limited access to social resources and social isolation, as their close family members lived

1 abroad. Hence, they were bereft of informal support, especially directly after disclosure when
2 they most needed it (Serin, 2020).

3 As a researcher, I recruited the mothers with the help of local social workers. Prior to data
4 collection, I conducted regular visits to public social services in all districts of North Cyprus. I
5 only interviewed mothers already known to social services. Official social workers identified
6 potential participants and contacted them by telephone. Only two inclusion criteria were applied:
7 fluency in Turkish and having a child with a CSA history. The social workers distributed written
8 information to all eligible mothers and informed them in person about the aims and content of
9 the study. In total, 20 women were approached and 15 of them expressed willingness to
10 participate. I then scheduled interviews, reminding participants that participation was voluntary
11 and that they could withdraw at any time. All interviewees gave their informed consent in written
12 form. The Ethical Committee of the University of Jyväskylä approved the study prior to the data
13 collection. I conducted the interviews between November 2015 and March 2016.

14 Most of the mothers were similar in socio-demographic status, including education,
15 income and family characteristics. Seven reported being either separated or divorced at the time
16 of interview. These mothers had no male partner and thus were the sole breadwinners and
17 caregivers of their children. Further information on the participants is presented in Table 1. In the
18 table, “Mother” refers to the biological mother if not otherwise stated.

19 **[Table 1 to be located here.]**

20 There are two main research questions guiding this report. These consist of “what do
21 mothers tell about their needs?” and “how do they perceive formal social welfare support
22 services after CSA disclosure?” Additionally, the interview comprised three sections, the first on

1 socio-demographic background, maternal and familial reactions to disclosure (CSA history and
2 its effects on daily life and relationships) and the second on interventions and services (legal,
3 health and social services). The third was a debriefing section on participants' experiences of the
4 interview process.

5 I conducted all the interviews, which I audiotaped, transcribed verbatim and anonymised,
6 in Turkish. Interviews lasted from 60 to 150 minutes. I also wrote field notes on each interview. I
7 conducted ten interviews on the premises of public social services, four in the women's homes
8 and one in the participant's workplace. The women were informed that social workers were
9 ready to help on all occasions even if not present at the interviews. This guaranteed that the
10 mothers had access to immediate support from social services especially if they face emotional
11 difficulties after the interview. Moreover, as a social work academic and trained interviewer, I
12 had the professional capability needed to handle possible stressful situations throughout the
13 interviews.

14 ***Data analysis***

15 After completing the transcription process, I started the data analysis by careful inductive
16 reading. I applied thematic analysis to identify main themes and recurring patterns. This method,
17 free from any specific theoretical framework, is useful for exploring a rich and elaborate dataset
18 (Braun & Clarke, 2006). As the analysis was data-driven, it captured the mothers' needs and
19 experiences of formal support without the bias induced by setting theoretical limits (Quest *et al.*,
20 2012).

21 I conducted the analysis in accordance with the guidelines proposed by Braun and Clarke
22 (2006). First, I carefully read the whole dataset and highlighted all parts concerning the theme of

1 support. I manually coded potential patterns and created initial codes based on a preliminary list
2 of ideas emerging from the data. I paid special attention to formal support providers and
3 highlighted similarities and differences between the data. I then categorised the different codes
4 into potential themes, which I subsequently reviewed and refined. I was the single researcher in
5 this study. Thus, I carried out the analysis with no additional raters (see McDonald, Schoenebeck
6 & Forte, 2019). However, I received critical feedback from my two supervisors including coding
7 and interpretation process. Such a debate, also encouraging reflexivity, is known as one
8 important ways of achieving rigor in qualitative research (McDonald *et al.*, 2019; Cowan &
9 Taylor, 2016).

10 This report only addresses the mothers' stated needs for social welfare services. The
11 analysis finally yielded four themes or need domains: financial support; child day-care services
12 and social facilities for children and adults; therapeutic services for abused children and non-
13 abusing family members; and improved public knowledge about and trust in social services (see
14 Figure 1).

15 **[Figure 1 to be located here.]**

16 **Findings**

17 *Mothers' needs for social welfare services*

18 The mothers often lacked knowledge and awareness of social services when they first
19 learned about their child's abuse. Moreover, they seemed largely unaware of their personal needs
20 as they talked more about their children's needs for services rather than their own. Most lived in
21 socially disadvantaged environments where they frequently faced issues such as social isolation,
22 lack of child day-care and social facilities for children and adults.

1 The mothers all reported lack of adequate therapeutic support from social services for
2 themselves or their abused child. In some situations, a child’s sexual abuse was known to social
3 services only after the mother had applied for support for another reason, such as the divorce of a
4 daughter in an abusive marriage.

5 The mothers’ most common reason for contacting the social welfare system was to obtain
6 financial help. Nine out of 15 women reported receiving some kind of financial or material
7 household support, including social assistance, foster care support, partial child day-care support
8 and disability benefit, from public social welfare services at the time of interview. However, only
9 one mother reported receiving shelter services.

10 *Need for financial support*

11 Many women reported that they or someone in their household was receiving some form
12 of financial support from the social welfare system. However, almost all stated that their earnings
13 or financial support did not meet their family’s basic needs. The mothers usually lived in low-
14 income households in which economic tensions arise, especially when they are both sole
15 breadwinners and caregivers.

16 The analysis demonstrated that even the women who received financial support from
17 social welfare services continued experiencing economic hardship. They usually reported either
18 having received partial financial support or still receiving it when I asked what kind of support
19 they received from social welfare services. Material support was also common among the
20 mothers. Nazife spoke about the short-term social assistance she received directly after
21 disclosure and how this money went towards her abused daughter’s needs:

1 I think it was for three months, they provided that money...We were
2 hard up then, I used that money for my child's psychiatrist...Now a
3 day comes when you can't even find the money for transportation or
4 my medication...My husband works on minimum pay, it's barely
5 enough, one day you leave the electricity bill, another day the water
6 bill, market debts mount up... No mother wants her children working
7 while others' play... (Nazife)

8 Nazife added that she could not work both for health reasons and because she had to care
9 for her five-year-old abused daughter. She reported receiving social assistance for three months
10 following disclosure, after which she was left totally unaided. She explained that living on her
11 husband's earnings alone was impossible in a five-member household, and she felt guilty over
12 having to let her two older male children work with their father. In this way, her sons supported
13 the family economy by earning their own pocket money. She also reported needing material
14 support such as clothes for herself and her children.

15 Buket remembered how financial support from social services was inadequate and that
16 she received further material support:

17 I told the social worker, I pray to god that you're helping us because
18 she's the only one meeting all our needs, all my children's clothes are
19 from here because the money I get is not enough...I get everything,
20 everything from here...That's how I manage...(Buket)

21 Buket and her teenage daughter, who was severely burnt after being raped, were
22 receiving social assistance and disability benefit, respectively. However, such financial support

1 does not enable them to live in dignity in North Cyprus. Buket described how they try to manage
2 by seeking extra support from social services or neighbours. They usually receive material
3 support such as food, clothes, household goods or a handyman from social services.

4 Seda also described her financial struggle as a divorced woman and sole breadwinner
5 despite receiving social assistance:

6 This money is not enough! Why? If their father worked and gave his
7 children some, that would be fine, but he doesn't even give them 10
8 TL...Or if government set aside more money for us, it'd be
9 better...(Seda)

10 Seven mothers were either separated or divorced at the time of interview. Seda was just
11 one of those who were both sole breadwinner and caregiver of her children. Her ex-husband was
12 unemployed and took no responsibility for their two children. Thus, Seda underlined the need to
13 finding alternative ways of earning more money despite the fact that in North Cyprus social
14 assistance recipients are not allowed to work.

15 *Need for child day-care services and social facilities for children and adults*

16 According to the interview data, CSA was usually associated with the absence of child-
17 care support, especially when mothers were out working long hours and unable to look after their
18 children. Grandmothers are usually the main caregivers of children in North Cyprus, especially
19 when parents cannot afford private child day-care services. However, most of these mothers
20 lacked such support as their close family members lived abroad. Thus, they were in a vulnerable
21 situation. Their children were frequently left unaccompanied at home for long hours, which
22 enhanced CSA risk.

1 Only one mother, Emel, reported receiving partial financial support from social services
2 to enable her daughter to attend day-care:

3 ...The social worker told us we must take her to day-care and we'll
4 support you financially...Now she goes there after school...I'm happy
5 that we got that because our earnings aren't enough, we rent and I'm
6 the only one working regularly...I told her it's important because I've
7 no one here, and my husband...(Emel)

8 When I interviewed Emel, her husband was not working or taking care of their daughter
9 while she was out at work. The fact that the father was not taking care of his daughter
10 demonstrates the patriarchal structure of families and gender stereotypes in Turkish culture.
11 Caregiving responsibility for children devolves on mothers. No free public child day-care
12 services exist in North Cyprus. In the few municipalities offering day-care, it is supervised by
13 social services and families have to pay for it. Thus, the overwhelming majority of child-care
14 services are private and expensive. Emel shared the day-care costs with social services and was
15 satisfied with this support as it was the only way of ensuring her daughter's safety when at work.

16 Although Meral did not talk explicitly about the need of child-care, she recalled how her
17 son was totally unaccompanied at home:

18 ...The fact that I wasn't home and he was left totally alone...On
19 Mondays my daughters' school lasted until nighttime, one of my
20 daughter is at the university...He was home alone, he was in a void in
21 any case, do you follow me? (Meral)

1 It was clear that the mothers mostly had to work to be able to make ends meet. Even then,
2 according to Meral, no low-cost child day-care services existed in their neighbourhood and she
3 could not afford private services. This situation leaves working mothers, especially those from
4 low-income families, in a vulnerable situation since they usually live in socially isolated
5 circumstances with no informal support from family members. Apart from child day-care
6 services, the mothers also underlined the necessity of local social facilities such as sport groups,
7 educational or play activities for children and parent education or occupational programmes for
8 adults. Meral, for example, stated that:

9 If we had an activity for him somewhere close to here, I'd register him
10 immediately, no, nothing, there's nothing here... (Meral)

11 Tijen spoke more comprehensively and added her own needs as a mother:

12 It'd be better if I didn't raise my children here because we're deprived
13 of everything...There're no educational opportunities for my
14 children...And no courses for parents, no education on how to be
15 better parents for example...It's just from school to home, from home
16 to school, no leisure activities, nothing! (Tijen)

17 These extracts illustrate mothers' desperate need of social activities for their children and
18 adult quality time, including education on parenting. They believed they could improve their
19 relationship with their children and overcome their parenting distress and loneliness if relevant
20 recreational services were available.

21 *Need for therapeutic services for abused children and their non-abusing family members*

1 The interviews with mothers highlighted the lack of long-term, holistic, well-coordinated
2 and accessible therapeutic services. While state psychiatric services for children and adults were
3 offered at public hospitals, they were mainly medical, not specialised or effective, and far from
4 meeting the psycho-social needs of sexually abused children and their mothers.

5 When asked what kinds of formal services they received, the mothers only mentioned
6 their child’s short-term psychiatric support. This testifies to the fact that professionals usually
7 overlook mothers as service users after CSA disclosure. The mothers did not mention using any
8 women-specific services. This suggests a bureaucratic service system that ignores women.

9 CSA investigation begins when the case is reported to the police, who are then obliged to
10 call state social services to access the child’s initial interview. However, the present data
11 revealed that not all police officers acted correctly by contacting social services at the initial
12 interview stage. Professional interventions included repeated interviews with social workers or
13 psychologists and the police and lawyers at different stages of the investigation or trial process as
14 well as an examination by a physician when the abuse was first reported.

15 After the initial police intervention supposedly with social workers, children are referred
16 for examination by a forensic specialist or gynaecologist who issues a report on the severity of
17 the abuse. Social services then offer families an appointment with a child psychiatrist. After
18 arrest, the suspected perpetrator may be detained or released on bail until trial. These procedures
19 were likely to enhance the secondary victimisation and social stigmatisation of the abused child
20 and/or the child’s mother. The mothers usually saw social workers as interviewers or brokers
21 between child and psychiatrist. They also frequently reported lacking the resources or means for
22 long-term regular child psychotherapy.

1 Asya describes her experiences with a child psychiatrist:

2 The only support I got from the social worker, she directed us to a
3 psychiatrist and we went there...once a month...After a while, I
4 realised that my child was disturbed and I didn't take her there
5 again...(Asya)

6 Asya further explained that she stopped taking her child to the psychiatrist as she was
7 concerned that it would trigger her daughter's abusive memories and do her more harm than
8 good. Generally, the mothers were dissatisfied with the psychiatric services provided to their
9 children. This may be explained by the relative dearth of child psychiatrists in the public health
10 sector in North Cyprus. Most public health psychiatrists work in public hospitals, apply medical
11 model, and have an extremely high workload. Consequently, they often fail to meet the needs of
12 children and their non-abusing family members. Clinical psychologists or psychological
13 counsellors specialising in child abuse exist in the private sector but are unaffordable by low- or
14 even middle-income families.

15 Zerda also doubted whether taking her daughter to a psychiatrist would help her:

16 She didn't go to psychologist...I think she wasn't that much
17 affected...If I take her there, she'll live the same things over and over
18 again, she'll talk about it again...Does it help her or not? I also
19 considered that...(Zerda)

20 In North Cyprus, the police, legal authorities, health care services and social services may
21 not always work collaboratively throughout the investigation, intervention and trial. They are
22 more likely to work independently or, if collaboration exists, then it is usually insufficient.

1 Mothers are easily labelled and find it hard to achieve a trusting and empathetic relationship with
2 professionals. Thus, they are likely to drop out of psychiatric support sessions for their child or
3 even avoid seeking formal services.

4 Although they usually talked about their children's therapeutic support needs, the
5 mothers had an unmet need of a professional to talk to and help attenuate the burden of CSA.
6 Several mothers regarded social workers as the best source of formal support even if these
7 services were inadequate. Hatice, the foster mother of a girl who was abused by her father,
8 referred to this need after seeing a psychiatrist:

9 Yes, it wasn't easy for her...But you also get stuck at some
10 point...We finally decided on seeking psychological help at a public
11 hospital...Thanks to the social workers, they facilitated the process
12 and we went...She didn't talk to us like this...She only gave us
13 medication...This isn't what we needed! Even one or two words could
14 motivate me and help me ease this burden...(Hatice)

15 Tijen, in turn, described how she didn't receive what she expected from the psychologist
16 throughout the investigation process and underlined the need of follow-up:

17 He came to my home and told me how children are treated in another
18 country...I don't care how it's there...You can't say something like
19 this to a sorrowful mother! It didn't feel like psychological support at
20 all! I said if this's your support, I don't want it! I expected hearing
21 "pour out your troubles to me, tell me whatever you wish, cry and yell

1 at me, I am here!” But it didn’t happen...They should sometimes
2 come and see how we’re doing and if we need anything...(Tijen)

3 Children were mostly taken to psychiatrists by their mothers, who did so at their own
4 expense. The fact that most experienced economic hardships prevented them from receiving
5 long-term support. The mothers also emphasised their need of having someone from social
6 services to talk to after completion of the investigation process. These experiences all testify to
7 the challenge for mothers of living with the trauma of CSA without long-term therapeutic
8 services for themselves or their children.

9 *Need for improving public knowledge about and trust in social services*

10 The mothers’ knowledge and awareness of social services was mostly inadequate. That
11 is, prior to CSA disclosure, many mothers knew nothing about the role of social workers or the
12 services available to them. Moreover, some mothers were unaware of their need for personal
13 support from professionals in overcoming their sorrow. They usually talked about their child’s
14 needs but not their own, as in the case of Sinem, whose alcoholic husband sexually abused their
15 biological daughter for at least two years until social services intervened:

16 I coped with it...I believed I did because I knew it didn’t happen
17 frequently...I was used to it...I mean I knew that nothing happened
18 when he drank at home, that’s for sure...(Sinem)

19 Sinem was also physically abused by her husband for 13 years but only sought support
20 after her daughter’s CSA disclosure. When I asked if she had ever thought of seeking help from
21 the police or other professionals, she said that she had been to the police station many times, but
22 her experience of physical violence was not taken seriously, and she was always told to return

1 home. She added that because she lacked knowledge about social welfare services, she never
2 contacted them on this issue. She had only learned about social services when referred by her
3 sexually abused daughter's school counsellor. Soon after that, they moved to a women's shelter.

4 Nazife described her first encounter with social services after CSA disclosure:

5 Social workers would help my child, believe me I didn't know
6 that...While police officers were taking us to the forensic specialist,
7 they said social services are also coming...When I saw them, I was
8 both scared and ashamed, I couldn't look them in the eye...I thought
9 they would take away my child...But I'm not a neglectful mother, I
10 asked the police why they are here and he said they would help us!

11 (Nazife)

12 Nazife thought that social workers were present to judge her motherhood skills, unaware
13 that social services have an important role in CSA cases. Many mothers reported blaming
14 themselves, or being blamed, for not being good mothers to their sexually abused children and
15 thus were frequently concerned that social workers would take their child away, especially when
16 the abuser was someone in the family circle.

17 Lack of trust in social services and other professionals was another issue. In Semra's
18 words:

19 I didn't go to the police because it was a holiday and my three-year-
20 old son would have to repeat it all again in September when the court
21 year starts...He'd be asked so many questions all over again...Do we

1 have proper social services? Do we have proper police? We dummied
2 up...(Semra)

3 She was the only mother in my research who had not reported the CSA to the police or
4 social services, as I recruited her via a private sector social worker. The CSA occurred at the
5 beginning of a three-month summer holiday for lawyers. As she did not trust the authorities and
6 did not want to further stigmatise her son, she decided to keep silent and let time heal the trauma.
7 She, did however, take him to a private psychologist for short-term therapy, which was as much
8 as she could afford.

9 The mothers were often unaware of the professional duties of social workers, their own
10 needs, or other social problems such as domestic violence. In turn, for those informed about
11 social services, lack of trust in professionals or not believing they would receive benefits for their
12 children or themselves were significant barriers. Therefore, not all the women were ready to seek
13 formal support for their own or their children's sake. Instead, they preferred either not reporting
14 the abuse to the professional authorities or didn't proceed with the legal procedures related to the
15 abuser's trial, especially when they felt obliged to withdraw their police reports owing to feelings
16 of shame or fear of social stigmatisation.

17 **Conclusion and discussion**

18 This study investigated 15 non-abusing mothers' experiences of formal CSA support
19 services in North Cyprus. The findings show that professionals ignored mothers' needs of
20 support after CSA disclosure and that even their child did not receive adequate, long-term formal
21 support. They reported needs in four main areas: financial, child day-care services and social
22 facilities, therapeutic services and public knowledge of and trust in social services.

1 The analysis of the interviews revealed that the women were in a vulnerable situation, as
2 they usually lived in low-income households in socially deprived areas. Most reported being sole
3 breadwinner and lacking adequate support from social welfare services. Most also felt that the
4 financial support available in North Cyprus was insufficient and lacked the means to access the
5 services they needed. Previous research has also found a need to improve financial support and
6 child-care services, especially for immigrant families (Beyazit & Ayhan, 2018). Moreover,
7 financial support and child-care services could, arguably, be relevant to all mothers in poor
8 socio-economic situation, regardless of whether or not their child had been sexually abused.
9 However, provision of child-care could be regarded as preventive of sexual abuse, as this report
10 correctly points out the vulnerability of unsupervised children to CSA.

11 Lack of resources from family members was another significant issue. Most women were
12 unable to receive informal support from their extended families when they most needed it, i.e.,
13 after CSA disclosure, as they had moved from Turkey to North Cyprus due to marriage. This
14 prevented them from receiving child-care support from close family especially when working
15 long hours outside the home. Free public childcare does not exist in North Cyprus and private
16 day-care is beyond their means. Research findings underline the importance of providing such
17 services especially for mothers lacking informal support (Clark *et al.*, 2017).

18 Social welfare services in North Cyprus are not comprehensive. The service structure is
19 system-oriented, fragmented and regards mothers as important only in relation to their abused
20 children. The present results showed that mothers' and their abused child's long-term needs for
21 therapeutic services were unmet, as short-term interventions services were only available for
22 sexually abused children. Thus, professionals were mostly unaware of mothers' needs as
23 secondary victims of their child's trauma.

1 Women's experiences of social welfare professionals and services have been highlighted
2 in recent research. Studies from different countries have found that service systems are
3 bureaucratic and ignore women in vulnerable life situations. Moreover, professionals have failed
4 to meet women's multiple needs. The interviewees in my study frequently felt rejected or
5 stigmatised by a service system in which they were only visible when they sought support based
6 on their identity as mothers rather than women (see also Ekström, 2017; Salovaara, 2021;
7 Virokannas *et al.*, 2021). It is necessary, therefore, to improve legislation, social policy, and the
8 quality and availability of social services and social work so that effective women-specific
9 services are available to mothers and that social welfare services for children and families
10 properly meet children's needs after CSA disclosure.

11 This study revealed that many women lacked knowledge about social services or were
12 even unaware that they needed individual support. Others knew about social workers but
13 distrusted the service quality or believed that current services would not help their abused child.
14 Researchers have suggested that formal support services must be non-judgmental and
15 empathetic, enabling mothers to cope with CSA trauma and encouraging them to engage with
16 professionals (Leese, 2016; Letourneau *et al.*, 2013).

17 Developing and providing free and easily accessible peer support, group work,
18 therapeutic and counselling services for non-abusing mothers and other non-abusing family
19 members as a part of services for sexually abused children is recommended. It is believed that
20 implementation of such holistic interventions will help professionals see and meet the needs of
21 both sexually abused children and their non-abusing family members, especially mothers.
22 Moreover, support services must be delivered by professionals understanding CSA post-
23 disclosure period and emotional reactions of non-abusing family members.

1 This qualitative study has its limitations. The sample size was small and confined to a
2 specific group of women sharing similar socio-demographic and socio-cultural characteristics,
3 and thus the findings cannot be generalised to all non-abusing mothers. However, this is not to
4 say that women in more ‘advanced’ societies do not face any problems in receiving services.
5 Moreover, maternal experiences on police and legal support service professionals, was not
6 addressed in this article and thus remains for future research.

7 CSA is an under-researched topic in North Cyprus. Consistent with previous findings
8 (see Berkmen & Secim, 2019), this study reveals the urgent need to create a child welfare policy,
9 revise legislation and develop training programmes not only for parents but also for professionals
10 such as health care workers, teachers, lawyers, social workers, psychologists, doctors, and the
11 police. Better multi-professional cooperation is also vital if women are to gain visibility
12 independently of their motherhood identity when seeking formal support services. These mothers
13 can fully support their children only when their own needs are met.

14 **Disclosure of interest**

15 The author reports no conflict of interest.

16

17 **Biographical note on the contributor**

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21 research, gender-based violence, feminist theory, social welfare service systems and social
22 support.

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