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A qualitative analysis of nonoffending partners' experiences and perceptions following a psychoeducational group intervention

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ABSTRACT

The present research is a qualitative study analysing therapeutic letters written by the nonoffending partners of men who have perpetrated child sexual abuse, after completion of a psychoeducational group intervention. It sought to identify themes relating to their experiences post-intervention. Findings indicated that the intervention contributed to women having increased insight into sexual offending, and feeling more confident and empowered. In addition, they displayed an awareness of risk issues, and an intention to play a role in helping to manage their partner's future risk. Implications for research and clinical practice are discussed.

Given their frequent role as a parent and primary caregiver, it is essential to seek to understand the experiences and needs of nonoffending partners (NOPs), whose partners have perpetrated child sexual abuse (CSA). This study seeks to add to the growing literature in this historically neglected area. It focuses on women, all mothers, whose partners have sexually offended against a child, whether intrafamilially, extrafamilially, or non-contact (i.e. accessing child pornography). The paper will explore the experiences of NOPs, as well as their perceptions of themselves, their partner's offending, and their relationships, after completion of a psychoeducational intervention. It will begin with an overview of relevant literature, before the research, its main findings and the discussion are presented.

Literature overview

The legacy of early NOPs literature

Early NOPs literature was situated mainly in the context of father–daughter incest and often propagated mother-blaming hypotheses of the causes of abuse (e.g. Kaufman, Peck, & Tagiuri, 1954; Riemer, 1940). Subsequent research suggests that this literature may have influenced the attitudes and decision-making of professionals (e.g. Dietz & Craft, 1980; Ringwalt & Earp, 1988; Wolfteich & Cline, 2013). There is also evidence that people hold simplistic, stereotyped views of NOPs (e.g. as either fearful/vulnerable, or deviant/predatory), leading to some stigmatisation (Plogher, Stevenson, & McCracken, 2016). Such findings highlight the importance of establishing a broader understanding of NOPs. McLaren (2013) has sought to do this by reframing common mother-blaming myths in the context of dominant heteronormative romantic discourses, based on data from her doctoral research (e.g. that a woman being blinded to her partner sexually abusing a child might reflect the power

differential within that relationship or the fact that she herself has been groomed, rather than being evidence of collusion).

NOPs' responses to disclosure

A woman's perceived capacity to protect her child following disclosure often informs professionals' decisions as to whether the child can remain at home (Bolen, 2002). Furthermore, maternal response can have a significant impact on the child's recovery (e.g. Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Consequently, much research has investigated the responses of NOPs to disclosure. Findings have challenged the historical assumption that mothers do not support their children (e.g. Bolen, 2002), instead highlighting the role of individual factors such as traumatisation and resilience in shaping maternal response to disclosure (e.g. Cyr, McDuff, & Hebert, 2013). A range of additional factors may influence response, including the quality of NOPs' prior relationship with their partner, coping skills and levels of support, and financial status (Hooper, 1992; Johnson, 1992). The higher rates of domestic abuse (Deblinger, Hathaway, Lippmann, & Steer, 1993) and CSA (Kim, Noll, Putnam, & Trickett, 2007; Lewin & Bergin, 2001) found in NOPs relative to other women, and the fact that they themselves have often been groomed by their partners and society's expectations of women and mothers (McLaren, 2016a), may also influence their coping resources, their perceptions of what constitutes abuse, and ultimately their response to disclosure.

Interventions with NOPs

Although it has been argued that involving NOPs in treatment represents a form of blaming by shifting responsibility onto the woman to protect future abuse (McLaren, 2013), it has elsewhere been identified as vital to CSA prevention (Mendelson & Letourneau, 2016). NOPs have been involved in family-based trauma-focused Cognitive Behaviour Therapy (CBT) interventions. The child who has experienced a trauma is the main focus, but the mother is also included in parallel to maximise gains, with a significant emphasis on skills provision (e.g. Cohen & Mannarino, 2008). Much intervention-related literature with NOPs as the main focus has involved group formats. Groups have long been advocated as a means of allowing distressed individuals to realise they are not alone (e.g. Yalom, 1985), and reviews have indicated that they represent both an effective and cost-effective means of treatment (e.g. Burlingame, MacKenzie, & Strauss, 2004). Intervention may have multiple benefits, such as helping NOPs to acquire necessary skills and knowledge (Levenson & Morin, 2001), support their partner in not reoffending (Fairfield, 2001) and reduce distress (Corcoran, 2004).

Relatively few group interventions have been evaluated, and evaluations have generally been limited by the absence of control groups. Nonetheless, available data are promising. In the US, favourable results were reported for a pilot group for NOPs combining trauma-focused CBT with support and education (Hernandez et al., 2009). In the UK, Wager, Wager, and Wilson (2015) used pre- and post-psychometrics to measure attitudinal change in a range of areas following a psychoeducational intervention. They found a number of positive trends, the strongest being an apparently improved relationship between NOPs and Social Services. However, none of the trends were statistically significant.

No interventions with NOPs, to the authors' knowledge, have involved a therapeutic letter-writing component. However, their use with both CSA survivors (e.g. Kress, Hoffman, & Thomas, 2008; White, 2002) and offenders (e.g. Duff, 2010; Webster, 2002) has been documented elsewhere in the literature.

Experiences of NOPs

A number of older qualitative studies explored the experiences of NOPs in incest families and identified themes relating to the process of discovery (e.g. Hooper, 1992), and the emotional turmoil

(Carter, 1993; Humphreys, 1992), multiple enduring losses (Hooper, 1992) and feelings of guilt and shame (Dempster, 1993) that often follow abuse coming to light. NOPs often sought to make sense of the abuse but struggled to reflect on its impact on their child (Hooper, 1992; Hubbard, 1989; Johnson, 1992). They frequently expressed ambivalence towards professionals (e.g. Humphreys, 1992; McCallum, 2001), whom they perceived as blaming and unsupportive (Plummer & Eastin, 2007).

More recent studies have provided further insight into NOPs. Iffland, Berner, and Briken (2014) explored relationship factors in "sex offender couples", hypothesising that the preoccupied attachment style they found in many NOPs may make them more likely to rationalise/deny their partner's offending out of fear of being alone. Relationships tended to be symbiotic, strengthening a mutual need for denial/minimisation. In a related study, Iffland, Berner, Dekker, and Briken (2016) interviewed both perpetrators and their partners. Content analysis revealed that NOPs often see themselves as damaged, and thus feel grateful for their relationship and reluctant to end it. To enable them to stay in their relationships, NOPs use a number of strategies, including minimising, denying/ignoring the offence, and idealising their partner/relationship. Levenson, Tewksbury, and DiGiorgio-Miller (2016) similarly found that NOPs often deny their partner's potential future risk, feel misunderstood and experience a range of emotions, including anger towards the victim. However, the potential for detailed responses was limited by the survey design. McLaren (2016b) analysed interviews with 14 NOPs using a post-structuralist feminist framework. She found that the higher social status linked to being in a relationship, a perceived pressure to maintain appearances, and fear of being alone, led to many NOPs ignoring warning signs, denying the existence of problems, or working harder at the relationship. The reality of being in a dysfunctional relationship created shame, self-blame, and guilt, with the majority of women believing that if they loved their partner enough, the abuse would stop. McLaren (2016b) interpreted these findings to mean that NOPs often internalise the causes of their partner's offending.

Philpot's (2009) book contained interviews with seven NOPs who had attended a psychoeducational group in the UK. The data were not subjected to any form of qualitative analysis; nonetheless, it shed some light on the experiences of NOPs. There were a number of recurrent issues in the interviews, including personal histories of trauma/abuse, a retrospective perception of having been groomed by their partner, being ostracised within their communities, disruption to family relationships, negative experiences with social services, and loss of trust in partners and people generally. Women spoke positively about what they had learned in the group, and the sense of solidarity gained from meeting other NOPs.

A recent study analysed letters, written by NOPs to their partner as a therapeutic task at the beginning of a psychoeducational group, to identify themes related to their experiences (Cahalane, Parker, & Duff, 2013). It found that discovery for NOPs was often a prolonged, painful process that evoked a strong need to make sense of their partner's offending. Few women had prior suspicions and perceived themselves as secondary victims, blamed by professionals and isolated from traditional support systems. The extent of distress and loss experienced meant many women were initially unable to contemplate the full implications of the abuse, such as its potential impact on the victim and their own children, and their partner's potential risk to children. One of the key implications of the study was the need for intervention to help increase women's insight and accept their role in helping to manage risk going forward.

Method

The current study was a follow-up to Cahalane et al.'s (2013) study, and sought to explore how NOPs construct their experiences following completion of a psychoeducational group intervention. The main objectives were to explore any potential changes in women's experiences and perceptions compared to pre-intervention themes, and identify any potential outstanding clinical issues.

Design

The study was conducted using thematic analysis through a social constructionist lens. Thematic analysis is a flexible qualitative method, which allows themes to be identified at both a manifest and latent level (Braun & Clarke, 2006), and means it can be applied to a range of theoretical frameworks (Braun & Clarke, 2013). Social constructionism was the framework chosen in the current study. It is concerned with the way people describe their world (Gergen, 1985), and sees each person's reality as shaped by their experiences, historical and cultural factors. Language is seen as crucial as it mediates each person's knowledge and understanding of the world (Burr, 2003). This is relevant to the area of CSA, where terminology varies widely. This is likely to influence women's understanding of CSA and thus how they conceptualise their partner's offending. A hybrid approach to analysis was used, being both data-driven and driven by social constructionism theory.

Participants were recruited from a 16-week psychoeducational group for female NOPs in a community forensic psychology service in the Northwest of England. It aims to provide women with the skills and knowledge to protect their children and supervise contact between their partner and children. As a therapeutic task, group members write a letter to their partner at the beginning and end of the group, describing their feelings about his offending. The letters are not shared with the perpetrators: they supplement psychometric assessment data and help facilitators to determine whether there has been any shift in women's perceptions over the course of the group. In the present study, the post-group letters were analysed to examine the perceptions and experiences of NOPs following intervention. Due to the anonymised nature of the data and a number of new participants, the current study did not provide a direct comparison with Cahalane et al.'s (2013) analysis of pre-group letters. Rather, it sought to explore generally changes in themes between the two data sets.

There is a precedent within qualitative research for analysing letters written by participants (e.g. Bletzer & Koss, 2013; Duff, 2010, 2011; Webster & Beech, 2000). In the current study, the fact that they were written as part of the group was felt to minimise the risk of causing unnecessary distress to the women. It was also consistent with the study's social constructionist framework as it was felt the letters would contain women's own language, rather than being potentially shaped by interview questions.

Participants

Twelve women were recruited from four groups run consecutively over a 24-month period. The group has its own clinical exclusion criteria, for example: ongoing custody cases, evidence of significant mental health or interpersonal issues, and significant cognitive problems. Any woman who met the group's clinical inclusion criteria and had completed the post-group letter-writing task was deemed suitable for the study. Researchers were not aware of the offences of individual participants' partners.

Procedure

This study was approved by the NHS Trust Research and Development department and the local Research Ethics Committee. Women from the first three groups were approached by facilitators and asked if they would be willing to receive an information packet detailing the research. Women interested in participating were given three weeks to return the signed consent form. For the fourth group, the process was changed to maximise recruitment, and an opt-in clause was added to the clinical consent form which women signed prior to the group. The clause explained that research was carried out on an ongoing basis in the service, and that women should tick a box if they were willing for their anonymised data to be used in research. In both processes, it was explicitly stated that participation was voluntary and that refusal would not affect the treatment women received. Administrative staff anonymised relevant letters and passed them on to the researchers. Participants were allocated pseudonyms to protect confidentiality.

A variety of means was used to guard against researcher bias throughout the analysis and to ensure reflexivity in the research process. Half of the letters were coded independently by each author, both of whom were experienced in using the methodology, after which the two sets of codes were discussed to ensure consensus that they accurately reflected the data. The second author worked in the service where the group was run and therefore had a good knowledge of the context of the group. Initial themes were subsequently extracted from the coded data and revised based on discussion, and finally, thematic maps were developed and reviewed.

Results

Data were analysed following the steps of Thematic Analysis laid out by Braun and Clarke (2006): familiarisation with the data, generating codes, searching for themes, reviewing themes, and defining and naming themes. A social constructionist framework was used, paying attention to the language used, as well as potential personal, and wider historical and cultural, factors that might shape women's understanding of their experiences.

Themes

Four main themes emerged from the analysis. Firstly, women identified a number of positive changes and factors, which they attributed to the group. Secondly, women's partner's offending continued to have a pervasive influence on their lives. Thirdly, women explicitly considered their partner's potential risk to children and ways in which they could fulfil their safeguarding responsibilities. A final theme related to how women envisioned their futures.

Intervention-related gains

All women conceptualised the group in a positive way: "Since starting this, which … was just an inconvenience, I have so many positive feelings" (P10) in spite of the emotional challenges that accompanied it: "It was hard to speak about your offence … reliving the shame" (P7).

Peer support. Numerous women referred to the "emotional support" (P3) and solidarity they obtained, and the experience of meeting other NOPs: "There are others out there like me!" (P10) and "It's also been great to meet the partners of other offenders" (P12). There was a sense that the women were strong as a group, which helped the therapeutic process: "We were all in the same boat; same risk affecting our lives" (P7) and "The girls I have met are as fragile as me, and yet altogether we seem to have helped each other move on" (P10).

Confidence and empowerment. The majority of women made reference to increased feelings of confidence and empowerment: "I feel so much more confident now and ready to face things" (P1) and "I do feel very empowered … much better about being able to protect the kids from you or any other sex offender" (P12). There was also a sense of increased personal strength, which had prepared them to deal with the challenges ahead: "It has made me a much stronger person and more able to protect our son" (P3) and "I feel much better … which will help me to keep our son safe" (P5).

Knowledge. Obtained knowledge had two strands: increased insight and general information about offending together with practical skills, to allow NOPS to fulfil safeguarding responsibilities. The former was mainly concerned with women's understanding of their partner's offending: "My understanding of how and why has altered" (P6), but also in some cases on the possible role of underlying pathology: "I've learned a great deal … of you and your offending and our relationship … and what your being 'schizoid' means" (P12), with one woman realising that previously, "I was naive for a long time – maybe always" (P1). For some, enhanced insight brought increased negative emotions towards their partner. In addition, there were limits to women's insight: "I've reached a point

where I really understand what led up to the abuse but I will never understand why you didn't say no" (P4). For one woman, inconsistencies in the professional reports and her partner's ongoing denial and minimisation prevented her from gaining deeper insight, and instead, she remained in a state of uncertainty. Several women expressed increased awareness of the impact of the abuse for victims, although it was not perceived as welcome knowledge: "The biggest change occurred … when we read the victim impact statements. Since then, my mind makes up pictures of what those girls described and I hate that I have those images in my head" (P8). In the majority of letters, however, victims were not considered explicitly.

In terms of general information and skills, women referred to the fact that they had "come to know a lot" (P12), had become "aware of the various signs of offending behavior and the different stages that occur" (P11), and had "gained protective skills" (P7), all of which would allow them to "spot changes … in how you are feeling" (P1) and "put into practice what I have learned" (P9).

Legacy of partner's offending

Women alluded to the enduring repercussions of their partner's offending: "Our lives will be different forever" (P6) and "The sentence given by the court … does not end there, it has a knock on effect and is there for life" (P9).

Real vs. ideal partner. Women had to come to terms with the fact that their partner was not the person they thought they had fallen in love with: "I still don't know how the man I thought you were could even have contemplated doing what you did", (P8) and "I know that you gain sexual pleasure from behaviour which is abusive and severely damaging to children" (P12). This contrast was particularly incomprehensible where a previously long and happy relationship had existed: "It is so difficult after knowing you for 40 years" (P9). The loss of trust that came with these realisations was profound: "I will never be able to trust you again" (P3), and sometimes went against the woman's instinct: "I am still working through the loss of being able to trust you … my head now has to rule my heart" (P9). In contrast, one woman seemed to hold an idealised view of her partner, despite his treatment still being in the early stages: "All I can say is how much you have moved on, that ashamed, lost, lonely little boy has changed into the man I could always see in you" (P10).

Loss of previous life. There was a strong sense among women of a loss of their previous lives, particularly the loss of the family unit: "Your offence has almost destroyed our family" (P6). For most, there was at least a temporary period where their partner left the family home, sometimes to serve a prison sentence. This was a source of significant stress, particularly if women had previously been dependent on their partner, and coming at a time of increased emotional vulnerability: "When you were first arrested I was very scared of doing everything on my own, of being a single mum!" (P8). Separation of the family unit meant that one young child had "nearly two years of her life not knowing her dad's face, your voice or your love for her" (P11). There was also a loss of "normality" and of things that women had previously taken for granted, due to the increased involvement of external agencies, which meant that they were no longer "able to do the things that 'normal' families do" (P4). This created a perceived loss of control over their own lives. For example, one woman had not yet been allowed to communicate with her partner despite him having been released from prison months ago: "It makes me so angry that we're still waiting for permission from Social Services" (P12). The perception of having "lost out on a normal family life" (P11) was referred to repeatedly by women.

Emotional repercussions. For many of the women, their partner's offending continued to be associated with strong negative emotions, from revulsion ("I still feel sickened and horrified by your offences" (P11)), to emotional strain on the family ("The strain has been enormous … the boys and

me going through all this loss and pain" (P6)), to sadness ("It broke my heart" (P9)), and ongoing anger towards their partner ("I still feel very angry and distressed" (P12)).

The experience of negative emotions was not universal, however: two letters did not indicate any current emotional distress. Furthermore, several letters captured a process which might be likened to post-traumatic growth. These women acknowledged that they had suffered but perceived that they had survived, grown and learned as a result of their experiences, becoming better parents in the process. For example: "I have lived alone as a lone parent for over a year now and so know that I'm very capable of doing it" (P1) and "After doing everything on my own for the last 18 months … I know I can do it by myself" (P8). Similarly, another woman had sought professional help for her children and this had helped "them and me be even more in touch with each other" (P12).

Managing risk

Although none of the women defined it, a number of different components appeared, together, to represent women's understanding of the concept of "risk", and the steps that needed to be taken to manage it: accepting the presence of risk and its nature as pervasive and enduring, assigning responsibility (to their partner for his past behaviour and to themselves for future safeguarding responsibilities), taking control, and establishing/maintaining communication.

Facing the reality of risk. The majority of women appeared to view risk management as necessary and inevitable: "It's got to be done 'coz of what you've done with your secret life" (P1). They recognised risk as something enduring ("The risk … is never going to go away" (P7)), dynamic and unpredictable ("That's not to say things couldn't change again" (P1)), and pervasive ("If I have any concerns it will be discussed … whether this behavior be outside the family or within" (P2)). This acceptance came at a significant emotional cost: "One of the hardest things is that I can never leave any of our grandchildren alone with you" (P9)). Among the women, there were two exceptions, one who did not refer to risk, the other because she viewed her partner's risk as historic and static. This was the woman whose partner continued to deny some of his offences: she wrote that "I know that these offences are part of your past, that you have changed your life" (P11), rejecting the possibility that her partner might have the potential to reoffend in the future.

Assigning responsibility. Women clearly delineated responsibility, identifying their partner as responsible for the offending, while acknowledging their own responsibility for keeping their children safe now and in the future. With the former, some women acknowledged their partner's current suffering but noted that he had created the situation: "I realize how difficult it must be for you … but I also realize now that it's no one else's fault but yours" (P4) and

> You have spoken about how it makes you feel seeing the boys and me go through all this loss and pain … that … is your true and deserved punishment. I know you understand this but I hope you hold onto it and never expect it to change. (P6)

Women, in contrast, saw responsibility for future safeguarding as partially theirs due to the knowledge they now possessed. Safeguarding would take the form of both supervising contact between their partner and child and monitoring, and acting on, any risk indicators: "I'm fully aware I must act on what doesn't seem right" (P1), and "I'm going to be constantly vigilant … If I have any doubts or concerns I will not hesitate to take relevant actions" (P5).

There was an awareness that external input might be required to support women. Some perceived an obligation to maintain contact with services: "If at any point either of us have concerns … we must go to a third party" (P2). Others conceptualised it as a positive source of additional support: "There are people that can help and we can talk to" (P5), "My parents … will give us both help and support" (P11), and "I've now got a good network of professional help I can access" (P12).

Taking control. It was apparent that women were planning to take control of the situation in order to manage their partner's risk to children. This was illustrated by the use of non-negotiable, definite language throughout most of the letters, for example: "I'm in charge of the kids" (P1) and "Don't expect that we can continue to act as before" (P12). In addition, many women referred to "rules" which they expected their partner to abide by: "Rules will have to be sorted for do's and don't's" (P2), "The rules are to be obeyed/followed at all times" (P5), "We will [move forward] slowly, using a very strict routine following the rules we have set" (P6).

Maintaining communication. Communication was conceptualised as a key element in managing future risk, with expectations for full and honest communication: "I will be demanding that you talk to me a lot more about your feelings … you must tell me everything" (P1), "We must be open and honest with each other" (P2), and "We should always talk to each other at all times" (P7). Some women contrasted these expectations with the previous status quo in the relationship: "I'll be pushing you to communicate … and wanting you to explain and account for everything … not just putting up with stuff unchallenged as I did before" (P12).

The fragile future

Women's attempts to contemplate the future appeared fragile and had a number of different components.

A "normal" family life. As a result of the perceived loss of normality in their lives, half the women referred to their desire for a "normal" family life: "I want an element of normal for [children]" (P8) and "We need to move forward as a family and get the life we all deserve" (P10). However, within this, there was a belief that complete normality was probably no longer possible: "An element of normal is all we are ever going to get" (P8).

Children as priority. Their children's needs and wishes were a priority for most women, for example: "Damien is … the most important thing in my life and always will come first in any decision I make" (P3). This was the case even if the perceived need for their child to maintain a relationship with their father conflicted with their own personal wishes: "We have to move forward for the sake of the boys" (P6) and "As long as the kids want you around we can try to be a family if not a couple" (P8).

Uncertainty. Despite women's hopes to establish a normal family life and their focus on looking after their children, the most dominant sub-theme in the context of the future was that of uncertainty. This seemed to reflect women's acknowledgement that nothing could be certain, and that plans could collapse if their partner reoffended. While some women articulated a future conditional on their partner not reoffending, others referred to an unconditional shared future regardless of what might happen. The majority of women belonged to the former group, exemplified by a "One day at a time" approach that took into account of their adjusted expectations: "I have to see if there is a future for you as you are, not the you I thought you were" (P8). Despite some of these women having hope for the future, sometimes reinforced by evidence of positive changes in their partner as a result of his own treatment, this hope was fragile: "You've got everything to lose if you slip back" (P1) and "I don't know where [these changes] will lead us but if you keep going straight then we can keep going forward" (P6). Four women made explicit commitments to their partner, although one emphasised that she would still act on any suspicions in future: "I made a choice to stay with you … and will stick by that but if there is any hint of you doing it again … I will have to report it" (P9). One woman felt the positives of her relationship outweighed her partner's offending: "When I met you my life changed forever … it has been and still is very difficult … but I don't think I'd ever change meeting you if I did our beautiful little girl wouldn't be here" (P4).

Discussion

In considering the study's findings, there is, within a social constructionist framework, a range of individual, social, historical, and current factors that could have influenced women's construction of their experiences at the time the letters were written, for example: their places as women in society; literacy levels; socioeconomic status; their own experiences of being parented; their relationship history; their own experiences of trauma/abuse/victimisation; their roles as mothers; their roles as partners in possibly dysfunctional, unequal relationships; their interactions with family, community, and professionals in their roles as "NOPs" since the abuse came to light; their experience in the group. Findings are considered below according to each of the four main themes.

Intervention-related gains

Findings suggest that, overall, the intervention was a positive experience for women and helped to create a strong sense of peer support and solidarity, a finding consistent with the literature on group therapy (e.g. Yalom, 1985). Women predominantly noted changes in the areas of knowledge and insight, and confidence and empowerment. This echoes Philpot's (2009) findings.

The increased knowledge and insight women described seem to indicate that the group was effective in enhancing safeguarding skills among NOPs, and helped to address a core need identified pre-intervention by Cahalane et al. (2013): helping NOPs make sense of their partner's offending. However, many women used clinical language, for example, referring to "risk", "protective skills", and "offending behaviour". This could be an indicator of how strongly NOPs had internalised what they learned, or that they were merely echoing the language of facilitators. The absence of reference to victims in the majority of letters mirrored pre-group findings (Cahalane et al., 2013) can be interpreted in several ways. Women may not have considered it as relevant to the task, perhaps reflecting a flaw in the instructions given to them. However, the fact that even among those who referred to their increased insight, it was not perceived as welcome knowledge, highlights the strength of the conflict it can create in women to have to reflect on the harm caused to victims at the hands of their partner, particularly as mothers themselves and for women wishing to remain in their relationship. Thus, it would be understandable if the findings represented a form of the minimisation, as found in other research (e.g. Iffland et al., 2016).

The findings of increased empowerment suggest that NOPs previously felt disempowered, whether as a woman, or as the weaker partner in an unequal relationship, or in some other way. It lends some support to McLaren's (2013, 2016a) emphasis on the need to understand the heteronormative discourses within which women's relationships exist. Perhaps ironically, two letters indicated that the women were currently being disempowered (albeit necessarily) by Social Services. One woman had been waiting months for permission to meet with her partner, and another was waiting for Social Services to impose ground rules for her supervision of partner's contact with his grandchildren. This highlights the potential for professionals to inadvertently re-enact and repeat problematic patterns from NOPs' lives.

The only negative aspect alluded to by some women was the shame evoked when they initially spoke about their partner's offending. This may support McLaren's (2016b) finding that some NOPs internalise the causes of their partner's offending. Of course, this does not mean that the women did not perceive or experience any other negatives in the group. An inevitable power differential exists between NOPs and group facilitators, and NOPs may therefore not have wanted to criticise the group lest it influence the outcome of their end-of-group report.

The findings contribute to the existing literature relating to psychoeducational groups with NOPs, which points to positive, if tentative, outcomes in a range of areas (e.g. Hernandez et al., 2009; Wager et al., 2015). Given that the majority of outcome literature is quantitative, the current study provides a more detailed understanding of how and why an intervention may be useful for NOPs.

Legacy of partner's offending

The consequences for women of their partner's offending were significant, wide-ranging and endur-ing, continuing post-intervention and, in some cases, years after the abuse had come to light.

Many women were still struggling to reconcile their partner's offending with their prior knowl-edge of him. The fact that many seemed to previously hold such a positive view of their partner may be consistent with findings reported elsewhere that offenders often groom their partners in order to reduce the likelihood of discovery (e.g. McLaren, 2016a). Women also continued to experi-ence a range of losses, particularly that of a "normal" family and "normal" life. Normality is a socially and culturally constructed concept and women's repeated references to it, and their assumptions that it exists, highlight the strength of societal discourses in influencing how each person constructs and judges their reality. The impact of the disruption to women's previously "normal" family life was exacerbated in some cases by the need to suddenly "do everything" their partner had previously done. Thus, although normality was not defined by any of the women, it seems that some NOPs had previously had a passive, dependent role in their relation-ships and had regarded this as normal. The emotional suffering of women did not seem dimin-ished by the intervention. Conversely, it may be that increased insight actually magnified the intensity of women's losses. The absence of current emotional distress in two letters might indicate ongoing minimisation, as reported elsewhere (e.g. Iffland et al., 2016). There were differences in tone between these letters and the ones that demonstrated a sort of post-traumatic growth. The former letters had an almost unrealistically positive tone. In contrast, the latter letters recog-nised the hardships experienced by NOPs, but also reflected the realisation that they were able to cope effectively with things they had not imagined they would be able to – particularly if their partner had been dominant/controlling and they had held a passive/dependent role – and a per-ception that they had come through the experience changed for the better as women and mothers. Post-traumatic growth has not, to the authors' knowledge, been explicitly touched on in previous NOPs literature, but it has been widely discussed in the context of response to trau-matic events more generally (e.g. Calhoun & Tedeschi, 2013). It was not clear what distinguished these women from the others.

Managing risk

Findings suggest that women's understanding of the concept of "risk" comprised a number of differ-ent components. Most women demonstrated self-reflection, but ultimately differentiated between the offending (for which they attributed responsibility to their partner) and future risk management (for which they assumed a share of responsibility). In contrast with Cahalane et al.'s (2013) findings, women addressed the issue of risk explicitly. Repeated reference to future "rules" (not defined) may have been a further indication of women's increased confidence and empowerment, but also perhaps echoed the language of facilitators. One woman referred to waiting for Social Services to inform her what the "rules" would be, suggesting significant external influence in shaping these. Women's ability or willingness to assert control marks a shift away from the more passive victim pos-ition displayed by many pre-intervention (Cahalane et al., 2013).

Given that safeguarding is a key focus of the group, these findings regarding risk are perhaps not surprising. However, they contrast with Levenson et al.'s (2016) study, in which none of the 31 NOPs in the sample believed their partner would reoffend. This discrepancy could be evidence for the effec-tiveness of the current intervention in educating women about risk. However, it is also possible that more women may have believed that their partners would not reoffend, but did not want to admit this in case it affected the outcome of their assessment.

The importance NOPs attributed to future communication is also not surprising, given that many women in Cahalane et al.'s (2013) study retrospectively identified poor communication as having been present in their relationships pre-discovery. However, it differs from Iffland et al.'s (2016)

finding that many couples have a tacit agreement to maintain a lack of communication even after the offence has come to light, in order for the relationship to survive.

The fragile future

The study found that women longed for the "normal" family life they felt they had lost as a result of their partner's offending. Again, "normal" was not defined, but women's language indicated that it involved living under one roof with their partner and children. Most held out hope that their relationship, or at least some form of family life, could be salvaged, although there was a greater acceptance that the future was uncertain and conditional upon their partner not reoffending than there was pre-intervention (Cahalane et al., 2013). One possibility is that increased insight made it more difficult for women to minimise their partner's offending and potential risk of future reoffending, although it may also be that natural changes in their relationships over the course of the group had contributed to their changed perceptions. There remained a small number of women who expressed an unconditional commitment to their partner. It was not clear what distinguished these women from the others, at least in terms of their view of themselves. However, the language used to describe their partners and pre-discovery relationships was overall more positive and affectionate, and references to the abuse and risk issues were fewer, than in the other letters. It is therefore possible that these women resembled the NOPs described in Iffland et al.'s (2016) study, who saw themselves as damaged and thus clung to their relationships, idealised their partners and ignored/minimised the abuse, out of fear of being alone. Women's children were more explicitly present in their consideration of the future than pre-intervention (Cahalane et al., 2013), with their needs and wishes taking precedence over both their own and their partner's needs. As with women's apparently increased ability to consider issues such as risk, it is possible that over the course of the group they were able to sufficiently process their own distress and loss to focus more on their children.

Overall, findings seem to point to the usefulness of psychoeducational intervention as one component of CSA prevention. In particular, there was evidence of increased insight and knowledge, as well as confidence and self-belief, in NOPs. This translated to women being able to acknowledge and conceptualise risk issues, shift from perceiving themselves as secondary victims to individuals capable of playing a role in future safeguarding, and identify strategies for achieving this. Women were still experiencing emotional distress and loss, but showed a greater ability to self-reflect and refocus on their children's needs and risk implications. However, many still appeared to struggle to explicitly contemplate the victims.

Although the findings are encouraging, the study had a number of potential limitations. Firstly, although gains were attributed by women to the group, it is also possible that other, unidentified changes in their lives over the 16 weeks contributed to these. Secondly, as reflected in the language used by some women, it is possible that the group unduly influenced their construction of their experiences, whether at a conscious level (e.g. a perceived need to create a good impression) or even unconsciously (by internalising the language of the group without a deeper understanding of its meaning and/or the need for it). Thus, perhaps the letters, although insightful, were limited in their ability to reflect women's own perceptions of their experiences. In addition, they only represent a snapshot immediately after women completing the intervention in a safe group environment, with ready access to both peer and professional support. It is possible that the women will encounter more challenges as they move on from the group and try to apply their theoretical knowledge. Their assertiveness and intentions may be resisted by their partners, they may lose motivation, or they may slip back into old roles and patterns (e.g. the disempowered, dominated, weaker partner) in their relationships. However, an alternative method such as interviews would have had its own limitations. Recruitment issues may also have been relevant: it was not possible to contact some NOPs from early groups and these women may have been different in some important way from those who participated (e.g. perhaps having more chaotic lives). In addition, recruitment was limited to the groups run in the service within the timeframe of the study, which limited the final

sample size. Finally, the design of the study precluded a direct pre- and post-comparison of individual NOPs' letters, which limited its scope.

Findings point to a number of clinical issues for professionals. Post-group assessment should probe areas such as: women's beliefs about their partner's risk, the depth of their understanding of key issues discussed in the group, and their perspective of the victims. Intervention may need to focus more on victim impact to reduce the risk of ongoing minimisation. Women's perception of having felt disempowered before the group, and the negative experiences some described with professionals, underscores the need for those working with NOPs to be aware of the potential to inadvertently re-enact this pattern in an already vulnerable group of women. This is particularly important when one considers McLaren's (2013) argument that the very fact of instructing NOPs to engage in treatment starts a process of shifting responsibility onto them. This is a delicate ethical issue, and one for which there is no clear resolution given the need for an integrated and effective approach to CSA prevention. Establishing a thorough and accurate understanding of the dynamics of each woman's relationship, as well as available protective factors (e.g. intact support structures) is also vital. Tailored, coordinated multidisciplinary care is necessary in order to support women to maintain gains and make further necessary changes in outstanding areas of concern. Inter-agency cooperation will also be important to support the mother–child relationship where concerns are identified, particularly when, as was the case with the current study, the service providing intervention to NOPs is not funded to do this work.

It is important to bear in mind the exploratory nature and relatively small sample size of this study. To build on these findings, it may be useful for the service to consider them in the context of the corresponding psychometric data gathered, for example, to see whether there is broad consistency between both sources. A direct pre- and post-comparison of individual NOPs' letters would also be useful in contributing to the outcome literature. More generally, future research would be important to determine whether similar themes are found in different/larger samples of NOPs. It is also hoped that the current findings might contribute to the development of standardised quantitative tools to identify specific factors to help measure the change in NOPs, something that is largely lacking at present. Finally, it may be beneficial for future research to explore the tentative finding of post-traumatic growth. This may help to identify the factors contributing to it, which could then be targeted more explicitly in intervention.

Disclosure statement

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