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**CONTEXTUALIZING MATERNAL RESPONSE TO INTRAFAMILIAL
CHILD SEXUAL ABUSE: AN EXPLORATORY STUDY**

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**A thesis submitted in conformity with the requirements
for the degree of Doctor of Philosophy**

**FACULTY OF SOCIAL WORK
UNIVERSITY OF TORONTO**

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ABSTRACT**CONTEXTUALIZING MATERNAL RESPONSE TO INTRAFAMILIAL
CHILD SEXUAL ABUSE: AN EXPLORATORY STUDY****by****Ramona Alaggia
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1999**

This study was conducted to explore the responses of mothers whose children were sexually abused by the mother's intimate partner. The study examined the association between emotional and behavioral experiences of mothers, and their responses to their children's experiences of being sexually abused. Eight mothers of sexually abused children, constituting a theoretical sample, were interviewed using an in-depth interview guide to elicit how they responded affectively and instrumentally to their child's sexual abuse experience when the perpetrator was a parent, step-parent or in a parent-like role. A qualitative study utilizing grounded theory strategies and techniques was conducted to generate hypotheses from observations of a population of mothers who are not well understood. Research questions were developed from an extensive review of the literature, with input from experts in the field. Measures for establishing and ensuring trustworthiness were adhered to throughout the study. A computer automated method of qualitative data analysis, NUD*IST, was used for coding and theme development. Constant comparative analysis was employed to distinguish factors contributing to more and less supportive responses.

The study revealed a number of factors that distinguished mothers who were fully supportive of their abused children from mothers whose support of their abused children was compromised. Issues concerning the contextualization of the mothers' experiences emerged as important factors for explaining variation in response. Compared with the mothers' individual characteristics, the contexts of the mothers' lives were more critical to understanding their responses. Specifically, the role of wife/partner abuse, the influence of cultural and religious/spiritual belief systems, and the impact of the mothers' own early life experiences, emerged as important factors that shaped the mothers' responses and ultimately affected the decisions they made. These factors have been largely ignored in previous formulations about the aftermath of child sexual abuse.

The findings also suggest that the current service delivery systems marginalize and alienate mothers of sexually abused children. The treatment needs of mothers are viewed as secondary to the treatment needs of the child victim and the perpetrator. In addition, clinicians are influenced by theoretical frameworks in which factors contributing to less supportive maternal response are not clearly identified, and therefore not well understood. An integrated theoretical model is proposed for understanding factors contributing to maternal response. Included in the model are developmental and environmental factors that affect the child victim. Marginalization and alienation by service providers of mothers affected by intrafamilial child sexual abuse can be prevented when the mothers' responses to their children are understood within the context of their cultures and current and past relationships.

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CHAPTER 1

INTRODUCTION

STUDY OVERVIEW

This study was designed to examine the responses of mothers to their sexually abused children. The primary aim was to identify factors that influence the responses of mothers to children who were sexually abused by the mother's partner. In-depth interviews were conducted with mothers to elicit how they respond emotionally and behaviourally to their child's sexual abuse experience where the perpetrator is a parent, step-parent or in a parent-like role. Given the lack of investigation in this area, it has been difficult for the social service sector to develop intervention programs that respond effectively to the needs of the mothers. The secondary aim of this study was to contribute to the development of intervention programs that might meet the needs of mothers of sexually abused children more effectively. A qualitative research design utilizing grounded theory strategies was conducted for the study.

THE AFTERMATH OF CHILD SEXUAL ABUSE

Research has established that child sexual abuse (hereafter referred to as CSA) occurs with alarming frequency (Bagley & King, 1990). In Canada it is estimated that between 16% and 25% of children and adolescents are sexually abused (Badgely, et al., 1984; Bagley, 1987; MacMillan, Fleming, Trocmé, Boyle, Wong, Racine, Beardslee & Offord, 1997; Trocmé, McPhee, Tam & Hay, 1994). Similar rates of prevalence are

reported from other countries (Anderson, Martin, Mullen, Romans & Herbison, 1993; Fergusson, Lynsky & Horwood, 1996; Finkelhor, 1994; Finkelhor, Finkelhor & Hotaling, 1984; Hotaling & Smith, 1990; Russell, 1986).

Sexually abused children are known to be affected in numerous areas of functioning -- psychological, emotional, sexual, cognitive, physical, familial and academic. The traumatic event of sexual abuse disrupts the child's developmental course, often arresting or accelerating various stages (Bagley & Ramsay, 1986; Beitchman, Zucker, Hood et al., 1991, 1992; Briere & Elliott, 1994; Browne & Finkelhor, 1986; Cornman, 1997; Fergusson, Lynsky & Horwood, 1996; Mian, Marton & LeBaron, 1996; Stern, 1995; Wells, McCann, Adams, Voris & Ensign, 1995). Range and severity of symptoms are broad and far-reaching, affecting the individual across the life span. Documented symptoms and behaviours include anxiety, depression, regressive and aggressive behaviour, sleep disturbances, phobias, sexualized behaviour, learning disabilities, drug/alcohol abuse, and eating disorders (Beitchman et al., 1991; Briere & Elliott, 1994; Cornman, 1997; Einbender & Friedrich, 1989; Finkelhor, 1986; Friedrich & Reams, 1987; Friedrich, Beilke & Urquiza, 1987, 1988; Mullen, Martin, Anderson, Romans & Herbison, 1996). Adult survivors of CSA have been found to be at higher risk for anxiety, depression, low self-esteem, suicidal behaviour, substance abuse, personality disorders, sexual dysfunction, and revictimization (Briere & Runtz, 1993; Conte & Schuerman, 1987; Herman & Hirschman, 1981; Mullen et al., 1996). A Canadian study found that of adult psychiatric patients sexually abused as children, 22% had multiple personalities, 95% had poor self-esteem, 58% were sexually avoidant, and 84% had

attempted suicide (Williams, 1988). Some child victims require treatment to resume more adaptive pathways in their developmental growth, and to assist them in the recovery process. If left untreated, symptoms persist into adulthood, often in serious and intense ways (Briere & Runtz, 1993; Green, 1993; Herman, 1992; Peters & Range, 1995; van der Kolk, 1996).

THE ROLE OF SUPPORT BY MOTHERS

The study of mothers of children who are victims of intrafamilial sexual abuse¹ is important because almost 50% of all sexually abused children are victims of a male member of the family (Badgley et al., 1984; Finkelhor, 1986; Russell, 1986). These cases are perhaps the most challenging for practitioners to respond to and provide effective service for. Family disruption and loyalty binds (conflict of allegiance between family members) experienced after disclosure sometimes result in parental reluctance to enter treatment. In addition to dealing with the family's affective distress, clinicians are required to counsel mothers and their sexually abused children around ensuing legal issues, victim witness preparation, possible re-location of the remaining family unit, and diminished financial resources.

¹ Within an historical context, the changing structure of families in North America has required that familiar terms, such as "incest", be re-defined. In the truest sense of the word "incest" refers only to sexual relations between blood relatives (e.g. Criminal Code of Canada). In recent times of changing family structures, which include blended and reconstituted families, a child who is sexually abused by a step-parent or mother's partner can be equally traumatized because of the position of trust that member of the family holds in relation to the child and the mother. Feminist scholars and practitioners advocate for the use of the term intrafamilial abuse in place of incest. The term incest, as constructed in the literature vis-à-vis family systems formulations, suggests the complicity of all members of the family in the abuse (Libow, Raskin & Caust, 1982). Victim-advocates reject these formulations and view the act of incest as being the sole responsibility of the perpetrator. However it is difficult to totally avoid the use of the term incest as it is so deeply embedded in past and current clinical/research literature.

Research findings indicate that maternal support is important in ameliorating the deleterious effects of CSA. Parental emotional support has been found to be related positively and significantly to the child's post-abuse functioning (Conte & Schuerman, 1987; Everson, Hunter, Runyan, Edelsohn & Coulter, 1989). Spaccarelli (1994) proposes a transactional model in which personality and environmental factors may act as moderators in predicting how victims appraise and cope with an abusive situation. In the transactional model, family variables are considered in a victim's symptoms and coping abilities. For example, family problems that are associated with negative symptoms in abused children may increase the effects of abuse-related stress or restrict the victim's coping options. On the other hand, "a warm and supportive relationship with a non-offending parent may protect children from risks associated with abuse by minimizing perceptions of threat associated with the abuse (e.g., loss of family relationships) and by fostering the use of active or emotionally expressive coping strategies" (Spaccarelli, 1994, p. 357). Moreover, support of the child is diminished when she/he is not believed or is blamed by the non-offending parent upon disclosure (deYoung, 1994; Everson et al., 1989; Faller, 1984; Salt, Myer, Coleman & Sauzier, 1990; Summit, 1983).

While some children receive adequate support from mothers in the aftermath of CSA, others do not. This may have long-term negative implications when sexually abused children who require treatment for problems associated with the sexual trauma, do not successfully enter or complete treatment because they are not supported by their mothers. In two recent studies (Haskett, Nowlan, Hutcheson & Whitworth, 1991; Tingus, Heger, Foy & Leskin, 1996), reasons cited for children failing to enter treatment were

factors associated with age, socio-economic status, race and ethnicity, whether child welfare authorities were actively involved in securing treatment *and* whether the parent supported treatment. Victims from economically disadvantaged families and minority groups, pre-schoolers, adolescents, and children whose mothers did not support professionals' recommendations were less likely to begin treatment. Inadequate maternal support for their sexually abused children and the mothers' subsequent reluctance to enter treatment create challenges for clinicians in providing appropriate services to child victims (Friedrich, 1990; Gelinas, 1988; Giaretto, 1982, 1989; Meyer, 1985; Sirles & Franke, 1989; Summit, 1983).

Although one would expect mothers to be immediately supportive of their offspring in the aftermath of disclosed sexual abuse, studies to date report wide variability in maternal responses. It has been reported that between 27% and 87% of mothers are supportive of their sexually abused children upon disclosure (Adams-Tucker, 1982; Everson et al., 1989; Meyer, 1985; Salt et al., 1990; Sirles & Franke, 1989). Few studies have specified which factors lead to supportive versus less supportive responses by mothers. Given the paucity of information, some mothers are not well understood by professional clinicians and thus fail to obtain the support and treatment they need (Strand, 1990). Consequently, their children do not receive the treatment they may require.

INTERVENTION MODELS FOR MOTHERS COPING WITH INTRAFAMILIAL CSA

Although perpetrators of intrafamilial sexual abuse are undeniably responsible for the criminal acts they commit against their children, social work interventions focus

almost exclusively on treatment for child victims and mothers. Less attention is paid to the rehabilitation of the perpetrators. When treatment is made available to the perpetrator it occurs under the auspices of the criminal justice system. In contrast, mothers and their abused children receive treatment through children's mental health services. In Ontario, for example, child welfare policy governs this dichotomy of services, placing responsibility on "non-offending" parents to protect their children from abusive acts of the perpetrating parent and prevent re-abuse (Eichler, 1997). Treatment approaches are influenced by the assumption that the mother has failed to protect her child from abuse by her partner and she is deemed an unfit parent. Moreover, mothers of children who have been sexually abused have been regarded as a homogeneous group (Joyce, 1997) which results in the selection of a narrow range of practice approaches.

Typical treatment models for the mothers and sexually abused children include family therapy, and combinations of group treatment and individual therapy for both the "non-offending" parent and children. These models are eclectic in nature and simultaneously draw upon systems, psychodynamic and cognitive theories without examining whether such viewpoints are consistent with one another (Joyce, 1997). Evaluation of the effects of therapeutic interventions is rarely conducted; thus criteria for matching optimal treatments with family needs are unknown.

Family therapy focuses on the prevention of revictimization, family restructuring and assessing the possibilities for family reunification (Friedrich, 1990; Furniss, 1984; Giarretto, 1982; Maddock & Larson, 1995; Saunders, 1991). Although family therapy has been widely recommended since 1982 to address several problems in the aftermath of

CSA (Friedrich, 1990, 1991; Furniss, 1984; Gelinias, 1986; Giaretto, 1982; Sgroi, 1982) little was initially written on the subject of family therapy interventions for CSA. Wheeler (1989), in a review of the family therapy literature, observed, “. . . an odd and pervasive silence among family therapists with regard to this topic [CSA in families].” Moreover, family therapists were assessing and ascribing meaning to intrafamilial sexual abuse wherein, “each member has a role in initiating, tolerating, and perpetuating the abuse” (Wheeler, 1989). Over the past decade, clinicians have begun to question perceptions of mothers as co-conspirators to the sexual abuse (Faller 1988; Salt et al., 1990). Focus has shifted to investigating more fully the influence of the perpetrator on the family unit (Dadds, Smith, Murphy, Webber & Robinson, 1991; Saunders, Lipovsky & Hanson, 1995; Smith & Saunders, 1995).

Despite calls from clinicians for an integrated approach to assessment and treatment of families that have experienced intrafamilial abuse, there has been a dearth of research in the area of family interventions in general (Finkelhor & Berliner, 1995; Friedrich 1990, 1992) and specifically, studies have not focused on factors that may influence mothers' responses. As a result, it is possible that some family treatment models have continued to rely on out-dated assumptions about the role of the mother in intrafamilial sexual abuse. As well, researchers contend that there are a number of important, “so-far unevaluated options about what the focus of family intervention should be” (Finkelhor & Berliner, 1995).

One of the currently utilized approaches is parallel group treatment models for child victims and for their parents in post-disclosure crises. Research on the response of

“non-offending” parents to their child’s disclosure has shown that parents undergo significant levels of distress which are manifested in sleeping and eating disorders, tension headaches, anxiety, fatigue, guilt and intrusive imagery (Regehr, 1990). As well, they experience relationship stress, preoccupation with their child’s sexual development, conflict with their adolescent children, over-protectiveness of their younger children, mistrust of people, and isolation due to loss of friends and family, especially when the perpetrator is a family member (Davies, 1995). Some clinicians have even suggested that the trauma experienced by parents of sexually abused children may be more significant than the trauma to the child (MacFarlane & Waterman, 1987). This emotional distress may be understood within the context of secondary traumatization (Figley, 1990). It has been recognized that parents need to be supported through their distress in order for them to be able to respond to their child’s victimization. Group support programs for parents, combined with parallel group treatment programs for the child victims, have been developed to address family response to CSA.

Evaluations of effectiveness of these treatments show some promising results (Celano, Hazzard, Webb & McCall, 1996; Damon & Waterman, 1986; Deblinger, Lippman & Steer, 1996; Hall-Marley & Damon, 1993; Hyde, Bentovim & Monck, 1995; Stauffer, 1994). For example, the combination of a cognitive behavioural group intervention for the children with a supportive, psycho-educational approach for the mothers resulted in decreased symptomology in the children, decreased parental distress, and increased parental effectiveness (Deblinger, Lippman & Steer, 1996; Hall-Marley & Damon, 1993). In contrast, Winton’s (1990) evaluation of the effectiveness of an

educational/therapeutic support group for parents showed that, while a positive effect on the child's treatment outcome was found, and the parents reported that the group experience was helpful and supportive, the parent's stress levels did *not* decrease. In making sense of these findings Winton speculated that the needs of the "non-offending" parents had not been accurately identified, and thus the program goals did not meet client needs.

Problems in evaluating interventions developed for parents (and other family members) stem from lack of clarity in identifying what interventions parents are actually receiving. Parents might be receiving either treatment or support (e.g., non-therapeutic, information-based interventions). Either might include: encouraging the expression of feelings about the abuse; the giving of information about perpetrators; and the correction of misinformation regarding abuse and its consequences. In addition, some clinical researchers have suggested that mothers with a history of CSA need abuse-specific treatment for their own childhood abuse experiences (Stauffer & Deblinger, 1993). Interventions for the mothers in this approach occur concurrently to their victimized children's treatment. Others maintain that although these historical abuse issues should be identified, the mother's childhood abuse issues should only be addressed to the degree needed to assist in the child's recovery (Celano, et al., 1996). In this latter approach, the child victim and mother are seen separately as well as conjointly. The parent in this treatment model is viewed as a "partner" in treatment. Celano and her colleagues (1996) found that their use of a theoretically based (Finkelhor's Traumagenic Model, 1984), structured treatment model (Recovery from Abuse Program - RAP) for mothers ensured

that the parents' needs were not overlooked in the midst of concerns for the child victim. This program showed promising results (over treatment-as-usual) but produced modest effect sizes.

It appears that for a number of parents interventions are limited to the immediate crisis period after disclosure and are provided only on a short-term basis. Parents have reported that follow-up services on a long-term basis are difficult to secure for both themselves and their abused children (Rivera 1988). Fourteen families were followed through the maze of health, legal and social services that dealt with their child's disclosure of sexual abuse. The majority of these parents (primarily mothers) reported that once child welfare authorities and the police had completed the investigation, they discovered a lack of on-going treatment services and experienced isolation and frustration in their search for long-term services. In the United States similar findings are cited wherein parents report that in many cases the police contact they experienced was the only form of help they received. Only when their child later exhibited problematic behaviour did they receive a referral for specialized treatment (Davies, 1995).

Most approaches for CSA recommend that supportive family members take part in treatment to address problems in family functioning. Studies have identified familial factors of cohesion and healthy conflict management as consistent predictors of level of distress in children and speed of recovery (Conte & Schuerman, 1987; Finkelhor & Berliner, 1995). Family therapy is suggested to address these factors when they are problematic in a family's functioning. If involving mothers is one focus of treatment for CSA, what do clinicians do in instances when mothers are not amenable to treatment?

Barriers that prevent mothers from participating in appropriate services, and from supporting their children in treatment, have not been extensively examined. Marital and parental role conflict experienced by mothers affected by intrafamilial CSA is an area which has received some attention in understanding why a number of mothers do not enter treatment. Individual therapy for mothers of children sexually abused by the mother's partner has been recently examined to help resolve marital and parental role conflict in women (deYoung 1994; Strand, 1990). However, outcome research has not been conducted to establish whether individually based interventions do in fact promote supportive maternal response. Until more research is conducted regarding the identification of obstacles that prevent mothers from entering treatment and being fully supportive of their sexually abused children, effective interventions to eliminate these barriers cannot be designed, implemented or evaluated.

Finally, there is an interesting discrepancy between the reports of mothers who have sought services for themselves and their sexually abused children (Davies, 1995; Rivera, 1988), and service providers' reports of the mothers' willingness to engage in treatment (deYoung, 1994; Gelinas, 1989; Sgroi, 1982). While some studies report mothers' difficulties in locating and gaining access to appropriate treatment for themselves and their abused children, other research points to problems in the mothers' abilities to engage in available treatment programs.

Clearly, treatment evaluation research on CSA is in preliminary stages. Very few studies use control groups or randomization. Sample sizes are often small. Moreover,

services are often designed and provided in the absence of comprehensive information about mothers' experiences and responses.

STUDY RATIONALE

It is important for social work practitioners to fully understand the experiences and responses of mothers to their sexually abused children. Undoubtedly mothers whose children have been sexually abused by their intimate partners are confronted with a host of intense emotions that include betrayal, guilt, self-doubt, isolation, and anxiety. Yet, they are expected to make decisions that will ensure the well-being of the abused child and the future of the family. When the alleged perpetrator is an intimate partner who denies the offence, the crisis is exacerbated and reverberates throughout the entire family structure.

With mothers who are supportive to the abused child, social workers need to reinforce their positive responses to ensure that the child receives the recommended treatment. In cases where mothers are less supportive, their children would benefit if social work practitioners could design interventions to foster more positive responses. Examination of these issues from the perspective of the mothers will: a) contribute to knowledge about the range of maternal response; b) contribute to knowledge about the factors that contribute to maternal responses and; c) inform practitioners about possible approaches for delivering more effective services to sexually abused children and their families.

CHAPTER 2

THEORETICAL FRAMEWORKS AND EMPIRICAL RESEARCH

CONCEPTUALIZING MATERNAL ROLE AND MATERNAL RESPONSE IN CSA

Themes of mothers assuming a collusive role in intrafamilial CSA have dominated family theory development for the last three decades (Faller, 1988; Giaretto, 1982; Justice & Justice, 1979; Matchoka, Pittman & Flomenhaft, 1967; Wattenberg, 1985; Wheeler, 1989). Notions of the mother's complicity in sexual abuse and ineffective actions after disclosure, are rooted in a literature that provides information about women which is vague, ambiguous and biased (Nakhle Tamraz, 1996). From these earlier viewpoints mothers were conceptualized as morally suspect and ineffective parents. This biased perspective influenced how clinicians assessed and treated mothers of sexually abused children (Giarretto, 1982; Justice & Justice, 1979). Mothers affected by intrafamilial CSA have been characterized as passive, weak, dependent, hostile toward their daughters, immature and irresponsible (Herman & Hirschman, 1981; James & Nasjelti, 1983; Justice & Justice, 1979; Lustig, Dresser, Spellman and Murray, 1966). The mother has been described as "the cornerstone of the pathological family system" who consciously or unconsciously pushes her daughter into the act of incest (Lustig et al., 1966; Rist, 1979). Mothers of sexually abused children have been portrayed as not meeting the needs of either their partners or their children due to their own problems with alcoholism, mental illness and absence from the family (Herman & Hirschman, 1981). They have been characterized as sexually frigid and responsible for frustrating their

partners' sexual needs (Dawson, 1982). Sexist bias in conceptualizing the problem of CSA accounts for the blame lodged against mothers (Conte, 1982; Joyce, 1997; Wattenberg, 1985). These skewed perceptions of the mothers of sexually abused children were based on patriarchal definitions of gender roles. From a patriarchal perspective of families, males are in dominant positions and females are in passive or submissive positions, yet are expected to provide caretaking. When problems occur in the family, mothers are most often blamed and held responsible regardless of the nature or source of the domestic problems (Braverman, 1989; Caplan & Hall-McCorquodale, 1985; Hare-Mustin, 1989; Rich, 1976; Surrey, 1990; Wheeler, 1989). Typologies of mothers of sexually abused children that are based on these biased theoretical frameworks have not been empirically validated. Critiques of these frameworks reveal that little is known about the actual experiences of mothers (Hooper, 1992; Nakhle Tamraz, 1996; Wattenberg, 1985). Although recent trends in the field have shifted from earlier descriptions and opinions about the role of mothers in families in which CSA has occurred, biases in these original theories have delayed the advancement of rigorous study.

The study of maternal response to CSA has been problematic. Literature on mothers falls into two distinct categories: opinion-based and research-based, with the former category yielding a higher proportion of publications (Nakhle Tamraz, 1996). Profiles of the "non-offending" mother have been largely constructed through clinical observation and anecdotal notes. The vast majority of studies to date have based their findings on the opinions of professionals who work with this population. This has produced limited findings because professionals are influenced by theoretical frameworks

that have not been empirically tested. Where quantitative approaches have been employed, research is in preliminary stages and findings are inconclusive. In a review comparing the two literatures, Nakhle Tamraz (1996) prescribes vigilance in separating opinions from empirical findings and concludes that neither literature has provided an integrated perspective of these women.

DEFINING SUPPORTIVE RESPONSES

Studies that have examined maternal reaction to intrafamilial CSA have isolated the following variables: support, belief, affective and instrumental response by mothers to their sexually abused children. Everson and his group (1989) identified two variables in determining supportive versus less supportive maternal response - - belief and affective response. They measured maternal response using the Parental Reaction to Incest Disclosure Scale (PRIDS), an instrument developed by the researchers. Sirles & Franke (1989) measured the mother's belief or disbelief of the child's sexual abuse report. Salt and her colleagues (1990) defined support as follows: whether mothers protected the abused child, punished or displayed anger toward the child, and whether mothers removed the offender. The researchers viewed those mothers who showed more concern for themselves (over that of the child victim) as lacking supportive response.

Mothers' positive reactions to the abused child occur when the mothers believe their children and provide unconditional protection against further injury, even when this protection means temporary or permanent dissolution of the family (Deblinger, Stauffer & Landsberg, 1994; Salt et al., 1990; Sirles & Franke, 1989; Summit, 1983). Mothers'

unsupportive responses include disbelieving the child altogether, or alternatively, believing but also blaming and displaying anger toward the child for disclosing. Salt and her colleagues (1990) have observed these troubling responses.

Variability of response has been described by Strand (1990) as best understood when maternal response to the abused child post disclosure is viewed on a spectrum, within which lies ambivalent responses. For example, some mothers believe the child but do not insist that the perpetrator leave the home (Salt et al., 1990). These mothers instead develop strategies to protect the child within the family, such as deciding never to leave the child alone with the partner-perpetrator. Humphreys (1992) has observed mothers' changing responses during the investigatory and therapeutic process -- at times showing ambivalence about believing their children and at other times displaying unconditional belief in their children. In some ways this behaviour parallels the process that the children experience when they disclose abuse. Children may be either forthright or tentative in disclosing the abuse, but almost all will recant if they anticipate or experience negative consequences. Recanting by the victim is reported to signal perceived or actual threats from the environment (Summit, 1983). Similarly, mothers who waver in their responses may be perceiving threats to the family unit or receiving inadequate resources from service providers to continue supporting their children (Davies, 1995; Pelletier & Handy, 1986; Summit, 1983).

Research studies suggest that less supportive maternal responses may be the result of complex relational issues, such as the mother-child relationship and the mother-partner-perpetrator relationship. Also, internal defences such as denial, minimization and

displaced anger may be operative (Everson et al., 1989; Salt et al., 1990). In other cases some parents have been found to be more concerned with self-protection and with protection of the family unit rather than with the psychological well-being of the abused child (Davies, 1995; Pelletier & Handy, 1986).

These results, combined with the paucity of investigation into maternal response, leave us with more questions than answers. While providing a useful starting point, prior research offers limited descriptions and explanations of maternal response to intrafamilial CSA. For example, disbelieving or believing the child appears to be one dimension of support but does not constitute a comprehensive definition of support. Although each study examined important variables of maternal response, a multi-dimensional definition of maternal support has not been articulated. In addition, there are gaps in the research about exactly how and in what ways relational and situational factors have an impact on the mother's ability to support her abused child. The interplay of these factors and their interaction with maternal support has not been understood in relation to the mother's mental and emotional adjustment to her child's disclosure.

FACTORS THAT CONTRIBUTE TO MATERNAL RESPONSE: RESEARCH FINDINGS

A small number of studies have made contributions to understanding maternal responses to intrafamilial CSA. These studies report the following variables as having an impact on these responses:

- mother's relationship to the perpetrator
- mother-child relationship
- abuse of mother by partner
- maternal history of CSA
- degree of trauma bonding in the mother
- mother's emotional and financial dependency on the partner-perpetrator
- degree of social supports (family, friends, community)

Relationship to the Perpetrator: Some research points to the mother's relationship to the perpetrator as having the strongest bearing on her ability to support her child. Everson and his colleagues (1989) found that if the mother was currently in an intimate relationship with her partner, she was less likely to accept the child's report. Overall, mothers are more likely to believe and support their child when the perpetrator is a relative and not a partner. Belief and support decreases slightly when the perpetrator is the biological father and decreases significantly when the perpetrator is a stepfather or boyfriend (Salt et al., 1990; Sirles & Franke, 1989). In Sirles and Franke's (1989) sample the mothers were most likely to believe the child when the perpetrator was a relative (92%); more likely to believe the child when the perpetrator was the biological father (86%) and; less likely to believe the child's report if the perpetrator was a step-father or common-law partner (56%). The believability of the child's report appeared to change when the perpetrator was the mother's partner. In terms of affective response, Salt et al.

(1990) found mothers to be least protective and most angry and punitive toward the victimized children when the perpetrator was a stepfather or boyfriend (Salt et al., 1990).

Role conflict has been proposed as one way to understand these findings.

deYoung (1994) found moderately high conflict between the mother's marital and parental roles. The mother's conflict of allegiance between two beloved people might influence how and in what ways she supports the child (Salt et al., 1990). Faller (in Everson et al., 1989) found maternal support to vary in predictable ways according to the intensity of the mother's relationship with the perpetrator. Mothers were most supportive of the child when they were no longer in a relationship with the partner-perpetrator.

In large part, studies dealing with the mother's relationship with the perpetrator have focused on determining the association between the status of the relationship (e.g., partner, husband, boyfriend, married, separated), maternal response and how this has an impact on support. Only a few studies have begun preliminary exploration into the nature and quality of the relationships in order to understand how specific relational dynamics affect how mothers respond to their victimized children.

Mother-Child Relationship: Most studies examining maternal response in relation to the mother-child relationship, focus on characteristics of the child to explain variance in maternal responses. Findings from these studies indicate an association between maternal support and the abused child's age and gender. Researchers report that mothers are more protective of their sexually abused sons than of their sexually abused daughters, and of younger children than of older children (Sirles & Franke, 1989; Tufts, 1984). While some investigators report that younger sexually abused children tend to be

believed more readily and more often than older children (Sirles & Franke, 1989; Tufts, 1984). another study found that adolescents experience the highest levels of support from their mothers (Everson et al., 1989). Investigators make sense of these findings in different ways. On the one hand, younger children are regarded as more vulnerable and are perceived as needing immediate protection even when doubt exists. As well, some of these young children exhibit sexualized behaviours which are readily acknowledged as outside the range of normative sexual development. On the other hand, because adolescents are better able to articulate allegations of sexual abuse and can provide compelling details of the molestation, they are more likely to be believed than younger children who cannot adequately describe the sexual abuse experience (Everson et al., 1989; Sirles & Franke, 1989; Tufts, 1984). Discrepancies in these findings will be difficult to clarify until further investigation is undertaken. As well, the vast majority of the research has been done with sexually abused female adolescents while few samples have included younger children and males overall.

Beyond the study of child characteristics, only one study examines the association of the quality of the parent-child relationship with maternal response (Faller, 1988). The study was designed to elicit the mother's feelings towards the child before and after the disclosure as a possible factor affecting maternal response. The findings indicated that mothers who had warmer relationships with their children displayed protective behaviours toward them after disclosure. Of significance, all of the mothers had separated from their partners prior to the disclosure. Research on the quality of the parent-child

relationship in cases of CSA is in formative stages and therefore, it is difficult to draw conclusions from such limited findings.

Presence of Wife Abuse: Other factors contributing to maternal response, which have been suggested as important to consider in the relational domain, include: fear of physical abuse; disruption of family life; financial dependency of the mother on the partner; and a satisfactory relationship with the perpetrator as perceived by the mother (Forward & Buck, 1978; Kempe, 1978; Meiselman, 1978). Although these factors have been identified as warranting further investigation, the majority of studies examining maternal support have not obtained sufficient information about the nature of the partner relationship, the presence of wife abuse, and the family's economic conditions.

Three studies have attempted to establish the incidence of wife abuse in families where CSA has occurred. The findings show that between 40% and 78% of mothers are physically abused by the partner-perpetrator (Dietz & Craft, 1980; Tormes, 1972; Truesdell, McNeil & Deschner, 1986). The use of small clinical samples limits the generalizability of these findings. Nonetheless, the incidence of wife abuse in these families is remarkably high and represents a family dynamic that has not been fully pursued as a factor in maternal response. For example, two studies (Salt et al., 1990; Sirles & Franke, 1989) sought information about the presence of abuse in the mother's relationship with her partner, and discovered that between 40% and 45% were physically battered. However, these data were not included in the analysis. Moreover, the handful of studies that consider wife abuse as a factor in maternal response elicit information pertaining only to physical abuse and do not examine other forms of abuse such as sexual,

emotional, psychological or social. While some mothers fear physical retaliation by partners if they support their children's claims of sexual abuse (Browning & Boatman, 1977; Dietz & Craft, 1980) other forms of abuse may contribute in similar ways to the responses of mothers.

Preliminary research into wife abuse as a factor in maternal response has been limited to establishing incidence of wife battering in clinical samples. Research to date has not examined how all forms of abuse contribute to the mothers' reactions. The quality and exact nature of the mother's relationship with the partner-perpetrator have not been explored, especially in relation to partner abuse.

Maternal History of Trauma and Abuse: Data suggest that roughly half of mothers whose children have been sexually abused were also themselves sexually abused as children (Bagley, 1987; Gelinas, 1983; Goodwin, McCarthy & DiVasto, 1981; Meiselman, 1978; Salt et al., 1990). Recently, studies of the psychiatric syndrome, post-traumatic stress disorder (PTSD) have begun exploring the sequelae of untreated trauma in adults (Briere & Runtz, 1988; Finkelhor, 1990; Herman, 1992). "Complex PTSD", as proposed by Herman (1992), is the result of historic chronic childhood abuse that manifests in adulthood and is characterized by diffuse and tenacious symptoms. These symptoms include disturbances in relatedness and identity among abused and neglected children who are now adults. On-going investigations into PTSD report disorganized attachment patterns and impaired capacity to express emotions. Chronic, repeated childhood traumas are reported to have far-reaching effects into adulthood including

affect dysregulation (problems controlling emotional expression), dissociation and somatization (van der Kolk & Fisler, 1994; van der Kolk, 1996).

Clinical accounts of mothers with past histories of intrafamilial abuse report difficulty in specific areas of parental functioning. One study (Cohen, 1995) that compared maternal functioning among mothers who had experienced intrafamilial sexual abuse with a control group who had not, found a significant difference between groups. Cohen (1995) found that mothers who had been sexually abused as children showed underdeveloped social skills, and related their problems in social functioning to the secrecy, shame and self blame often associated with CSA. Additionally, researchers report that mothers who were survivors of CSA were more likely to expect considerable autonomy from their children (Cole & Woolger, 1989).

Mothers with a sexual abuse history reportedly have higher distress levels, heightened feelings of isolation, and delayed onset of post traumatic stress symptoms upon the child's disclosure of sexual abuse (Deblinger, Stauffer & Landsberg, 1994; Green, Coupe, Fernandez et al., 1995). In Deblinger's study these mothers did not differ from a control group in terms of level of support for the abused child. However, they needed more support post disclosure than the mothers in the non-abused group. Other studies show that a number of mothers with a history of CSA exhibit highly disturbed responses to their children's disclosure (Goodwin, McCarthy & DiVasto, 1981) with some mothers requiring hospitalization (DeJong, 1986). This group of mothers is susceptible to being thrown into a state of psychological crisis precisely at the time when their children need them to be emotionally available. It is a vulnerable period for both

mother and child. Hiebert-Murphy (1998) found that mothers with a history of CSA displayed greater use of avoidant coping strategies. This finding is explained by the emotional turmoil that is triggered from the mother's past by the child's current disclosure. Avoidant strategies in coping with their own distress extend to their responses to their child's victimization.

Trauma Bonding: The study of early infant-mother attachment issues and the developing literature in the area of trauma share intersecting theoretical constructs. This has resulted in some preliminary ideas about a clinical construct, "traumatic bonding" and its association with the effects of CSA. For example, in her work with 543 sexual abuse victims, Hindman (1988) noted the association between traumatic bonding and severity of post-abuse symptoms. The concept of traumatic bonding is based on research that utilizes the Stockholm Syndrome to understand the captive-captor relationship (Graham, Rawlings & Rimini, 1988; Symonds, 1982). In situations where a victim is held hostage by a perpetrator certain psychological mechanisms, motivated primarily by the victim's need to survive, emerge in response to being in captivity. These defence mechanisms are not well understood but the syndrome involves processes in which the victim incorporates the worldview of the aggressor. This has been referred to as "pathological transference" (Symonds, 1982). Upon release from the captive situation, traumatic depression and posttraumatic stress disorders are experienced. If the trauma is not resolved, the person's future behaviour is affected by symptoms of posttraumatic stress, and interpersonal relationships are shaped by traumatic bonding (Graham, Rawlings & Rimini, 1988).

In cases of CSA, it is postulated that trauma bonding occurs when the child victim fails to see the offender as dangerous and solely responsible for the abuse and, feels loyalty toward the offender (Hindman, 1988). The relationship that occurs between the victim and perpetrator in CSA is viewed as sharing characteristics similar to the captive-captor situation with comparable long-term effects. It is theorized that traumatic bonding occurs when any one of the following issues is present: a) sexual responsiveness by the victim was an element in the abuse (Hindman, 1988); b) the victim was rewarded for his or her participation in the sexual acts (Browne & Finkelhor, 1986); c) these rewards included parental affection by the offender and; d) the victim believed he or she was equally responsible for the abuse (Hindman, 1988). Other factors such as the relationship of the perpetrator to the child, duration of the abuse and age at onset determine the intensity of the traumatic bond. For example, when a very young child is sexually abused by a parent, traumatic bonding is intensified because of the attachment issues present at this and subsequent stages of development.

When a mother has responded to her own early sexual abuse experience by forming a traumatic bond with the perpetrator, then relational patterns with current adult male partners are understandably compromised. Mothers with histories of sexual abuse who find themselves in relationships with abusive men may be less clear about the pervasive harmful effects of such relationships to themselves and their children. As a result, a range of responses can be anticipated following disclosure that a child has been sexually abused by an intimate partner.

Opinions differ on the role that maternal history of sexual abuse plays in the mother's relational patterns in general, and in her specific responses to the victimized child. While some researchers reject the claim that these mothers have histories that predispose them to enter into relationships with men who sexually abuse children, other evidence points to the types of relational patterns that traumatized women develop in general, and the impact that these patterns have on all aspects of their lives. The adult survivor of CSA may be affected in her choice of partner because of her previously experienced trauma, thus choosing a partner who abuses her and her child (Alexander, 1992; Herman, 1981; van der Kolk, 1987). The construct of traumatic bonding may provide clues for understanding the mother's inability to view her own abuse (past and current) as damaging. This may in turn have an impact on some mothers' responses to their sexually abused children.

Economic Considerations: The need for emotional and financial security, along with apprehension about facing single parenthood, have been found to weigh against the mother's acceptance of the child's allegations (Mian, Marton, LeBaron & Birtwistle, 1994). In some cases researchers who found that mothers deny the abuse altogether attribute this denial to fear of social stigmatization, impending divorce, and the loss of financial support that acknowledgment would bring (Forward & Buck, 1978; Kempe, 1978; Meiselman, 1978). This area has been difficult to investigate because clients from lower socio-economic groups have been under-represented in studies (Deblinger et al., 1994; Salt et al., 1990) and their children do not enter treatment as often as middle-class children do (Haskett et al., 1991).

In a study of the influence of economic conditions, Faller (1988) examined maternal financial dependency on the perpetrator. The results indicated that mothers who were no longer with the perpetrator were much less dependent on them financially or emotionally. However, the data were unclear about the mother's economic and emotional status before entering the relationship with the perpetrator.

Social Support: Research findings indicate greater than average social isolation in families where intrafamilial sexual abuse occurs (Alexander, 1985; Herman, 1983; Herman & Hirschman, 1981; Saunders, Lipovsky & Hanson, 1995; Sgroi, 1982; Zuelzer & Reposa, 1983). These families have been characterized as adhering to rigid traditional structures wherein husbands are the head of the household and wives and children are in subordinate positions (Butler, 1982; Herman, 1983; Russell, 1986). Within this type of family structure, coupled with the high incidence of wife abuse (Dietz & Craft, 1980; Salt et al., 1990; Sirles & Franke, 1989; Tormes, 1972; Truesdell et al., 1986), it is not surprising to discover the existence of social isolation. Social isolation is one form of control used by abusive men who often make deliberate attempts to cut their wives and children off from extended family members (Walker, 1984).

The availability of support for mothers and their sexually abused children is a crucial issue in the aftermath of disclosure. Insufficient support for individuals after a negative life event can result in distress, and negative psychological states such as anxiety and depression (Billings & Moos, 1985; Mitchell & Hodson, 1983; Vinokur & van Ryn, 1993). Availability of support (emotional, informational, social and instrumental) can provide buffering effects for negative life events (Cohen & Wills, 1985). Upon disclosure

of intrafamilial abuse. several of these buffering supports are predictably diminished when the perpetrator is the mother's partner and has been providing financial or emotional support (Forward & Buck, 1978; Kempe, 1978; Meiselman, 1978; Mian, Marton, LeBaron & Birtwistle, 1994). Extended family members related to the perpetrator, who were once supports for the nuclear family, might become adversaries to the mother and child victim if the allegations are not believed. In addition, support from social and health services for mothers and child victims has been reported to be unavailable or inadequate which further increases feelings of isolation (Davies, 1995; Rivera, 1988). Lack of support, isolation and under-developed social skills in mothers have been identified as problematic and needing to be addressed in the therapeutic encounter (Hiebert-Murphy, 1998).

DIRECTIONS FOR RESEARCH

Available information about maternal response in families in which intrafamilial CSA has occurred is incomplete. Quantitative approaches have been used most frequently to investigate mothers' responses. Although these efforts have advanced understanding of maternal response to CSA, some of the findings are contradictory. The few qualitative studies that exist have limited investigation to only one aspect of maternal response, that is, whether the mother believes or disbelieves the child's disclosure (Carter, 1993; Hooper, 1992; Humphreys, 1992; Johnson, 1992). These results contribute to understanding the range of responses but fall short of examining the multiple factors that contribute to types of response.

There is wide variability in maternal response to a child's disclosure of sexual abuse, ranging between 27% and 87% in supportive response (Adams-Tucker, 1982; Everson et al., 1989; Meyer, 1985; Salt et al., 1990; Sirles & Franke, 1989). This variability may be due to problems in research design and methods. For example, in the studies cited, mothers who agreed to participate in the research were not representative of all mothers of sexually abused children. In one study, only mothers of abused children who continued to live at home participated in the research. This means those families in which the sexually abused children were removed from the home were under-represented.

Studies measuring the incidence of wife abuse in families where the child has been abused by the mother's partner report that between 40% and 78% of the mothers are physically abused by the partner-perpetrator. These results are based on small clinical samples or derived from reports by clinicians (Dietz & Craft, 1980; Torne, 1972; Truesdell et al., 1986). Rarely have the mothers been asked in detail about their experiences of psychological, physical and sexual abuse by their partners.

There are few conclusive findings about the features of families in which CSA has occurred. The findings that are available present a confusing picture. "Incest families" have been alternately described as being enmeshed and distant (Mrazek & Bentovim, 1981; Zuelzer & Reposo, 1983); experiencing role confusion and adhering to rigid hierarchies; displaying normal levels of family organization (Saunders, Lipovsky & Hanson, 1995; Dadds, Smith, Webber & Robinson, 1991; Hoagwood & Stewart, 1989); and having higher marital breakdown and higher unemployment (Stern, 1995). Findings from the study by Saunders, Lipovsky & Hanson (1995) of families in which CSA has

occurred indicated greater than average social isolation, higher levels of family control and moral-religious emphasis, and lower emphasis on personal independence and individuation. Significant levels of distress and sexual discord have been reported in the marital relationship (Dadds, Smith, Webber & Robinson, 1991; Lipovsky & Hanson, 1995; Saunders, Lipovsky & Hanson, 1995). Although the marital dyad has often been viewed as consisting of the domineering-aggressive father coupled with a submissive-colluding mother, one recent study has found no evidence to support this hypothesis (Smith & Saunders, 1995). This particular study may have used a sample atypical of incest perpetrators because the majority of fathers (77%) acknowledged the sexual abuse and admission of abuse is unusual for incestuous sexual offenders (Groth, 1979, 1982).

Variables that have been typically examined include child characteristics, relationship of perpetrator to mother and child, and personality characteristics of the mother. As mentioned earlier, the child's age as a factor in maternal response is inconclusive. While some studies have found younger children to be more likely to be believed (Sirles & Franke, 1989; Tuft, 1984), one study reports adolescents were more often believed (Everson et al., 1989). In this sample the adolescents, who were supported by their mothers, were sexually abused by biological fathers from whom the mothers had separated. Thus the mothers may have been more open to accepting the child's allegations. As noted, studies on younger children and male victims of all ages are lacking.

The mother-child relationship in cases of disclosed CSA has been largely neglected in investigations to date. A small number of studies used retrospective designs

to examine the mother-child relationship from the perspective of the adult (grown child who was sexually abused in childhood). The vast majority of respondents described their mothers as passive while at the same time acknowledging the mother's disempowered position in the family where she was often also the victim of abuse by the perpetrator (Herman & Hirschman, 1981; Russell, 1986). However, these studies offer a limited understanding of the experience of the mother and factors that contributed to her responses to the sexually abused child.

Issues of empowerment (and disempowerment) in mothers are often referred to in the CSA literature (deYoung, 1994; Faller, 1988; Herman, 1983). Empowerment has been defined as the "process of increasing interpersonal, or political power so that individuals, families and communities can take action to improve their situations" (Gutierrez, 1994, p. 202). And that empowerment work "shifts the client's perspective from that of self as powerless, to that of self as a member of a valued group using effective strategies to acquire the necessary resources to meet his or her goals" (Pinderhughes, 1989, p. 111). deYoung (1994) examined coping strategies of mothers faced with conflicting allegiances to their partner or to their child, and found that the more empowered the mother felt, the shorter the duration and severity of the abuse of the child victim. In these studies the definition of empowerment for mothers specifically included access to financial resources and positive self-esteem and identity.

While feminist perspectives emphasize societal forces as shaping maternal response, other perspectives suggest that the complexities of human behaviour such as character traits and personal histories need to be assessed in order to understand the

responses of mothers of sexually abused children (Joyce, 1997). A number of studies have indicated that mothers exhibit personality disorders, depression and poor reality testing (Peterson, Basta & Dykstra, 1993; Wagner, 1991; Wald Archer & Winstead, 1990). In contrast, a number of investigators have found personality characteristics and psychological functioning to be within the normal range in mothers (Friedrich, 1991; Scott & Stone, 1986; Wilson, 1995). How these psychological problems are associated with maternal response remains unclear.

A further focus of investigation has been the examination of maternal history of CSA. In general, these studies have found that half of the mothers of sexually abused children have been victims of CSA themselves, and, while their responses toward their children do not vary significantly from mothers who have not experienced CSA, mothers who have been sexually abused in childhood exhibited more emotional distress after their children's disclosure (Deblinger, Stauffer & Landsberg, 1994; Goodwin, McCarthy & DiVasto, 1981; Meiselman, 1978; Salt et al., 1990). Earlier studies suggest that emotional reactions based on historic CSA on the part of the mothers do not interfere with their ability to believe and support their sexually abused children. However, a more recent study (Hiebert-Murphy, 1998) found that mothers with a history of CSA use avoidant coping strategies in dealing with their children's disclosures.

As researchers and clinicians we do not know a great deal about the full range of maternal responses, or the factors that have an impact on these responses. Overall, there has been a paucity of research in this area, and study findings are not well integrated. Theories that have been offered contain biases. Gaps in the research are significant.

Current models of intervention with mothers are evaluated infrequently for efficacy. It is premature to develop profiles of mothers involved in intrafamilial abuse. In conclusion, it appears that exploratory studies are needed to contribute to knowledge about the mothers' responses in intrafamilial CSA. A fuller picture of the experiences of these mothers will make it possible to generate new models of practice.

CHAPTER 3

STUDY METHODOLOGY

RESEARCH DESIGN

The primary aim of the study was to advance understanding of mothers of sexually abused children by examining factors that influence the ways in which they support or fail to support their children post disclosure of the abuse. The secondary purpose of the study was to link these observations to the development of effective social work practice approaches for this population of clients. A qualitative study utilizing grounded theory strategies was conducted to generate hypotheses from observations of a population of mothers who are not well understood. This exploratory study was conducted to examine the associations between the emotional and behavioural experiences of mothers and their responses to their children's experiences of being sexually abused. A theoretical sample of mothers was interviewed using an in-depth interview guide. The research questions were developed from an extensive review of the literature and interviews with experts in the field.

RESEARCH QUESTIONS

The following questions guided the research:

What is the range of responses of mothers to their children's experiences of being sexually abused by the mothers' partners? What factors affect these responses? How do

these mothers perceive and respond to their children's abuse experiences? A subset of questions defined the boundaries of the study and formed the basis of the interview guide:

- What have been the initial and subsequent reactions of mothers to their children's experiences of sexual abuse?

To clarify the range of responses, each mother was asked about her perceptions of the child's account of the abuse and how she reacted both emotionally and behaviourally over time.

- What is the nature and quality of the mother-child relationship?

A history of the relationship between mother and child was examined to determine pre- and post-abuse relational issues which may have affected the mother's initial reactions and subsequent actions.

- What factors specific to each mother's current life circumstances are associated with her responses to her sexually abused child?

The mother's relationship to the perpetrator, the mother's experience of wife abuse (including past abuse) and general perceptions of her needs for emotional and economic support, as well as whether these needs have been met and by whom, were explored.

- What factors specific to each mother's life history are associated with her responses to her child's disclosure of sexual abuse?

In answering this question, detailed histories of mothers whose children have been the victims of intrafamilial abuse were sought. Data was collected to include information on each mother's family of origin, any history of abuse, and her recent economic situation.

- What factors pose barriers to the mother's support for the treatment for her sexually abused child?

Exploration focused on the mother's perception of her child's victimization, whether she perceived treatment as necessary, and her perception of the availability of support systems (institutional and personal such as confidants, friends and family).

Grounded theory techniques were employed to generate hypotheses from analyses of interview content. This process, which builds on both induction and deduction, and

constant comparative method, shaped the research design over the course of the study. Moreover, grounded theory strategies and techniques were chosen because of the complex, systemic nature of intrafamilial sexual abuse. Nonlinear systems often behave unpredictably or chaotically but may have an underlying order that cannot be described quantitatively. A qualitative approach accommodates nonlinear associations (Gilgun, 1992; Glaser & Strauss, 1967; Stiles, 1993).

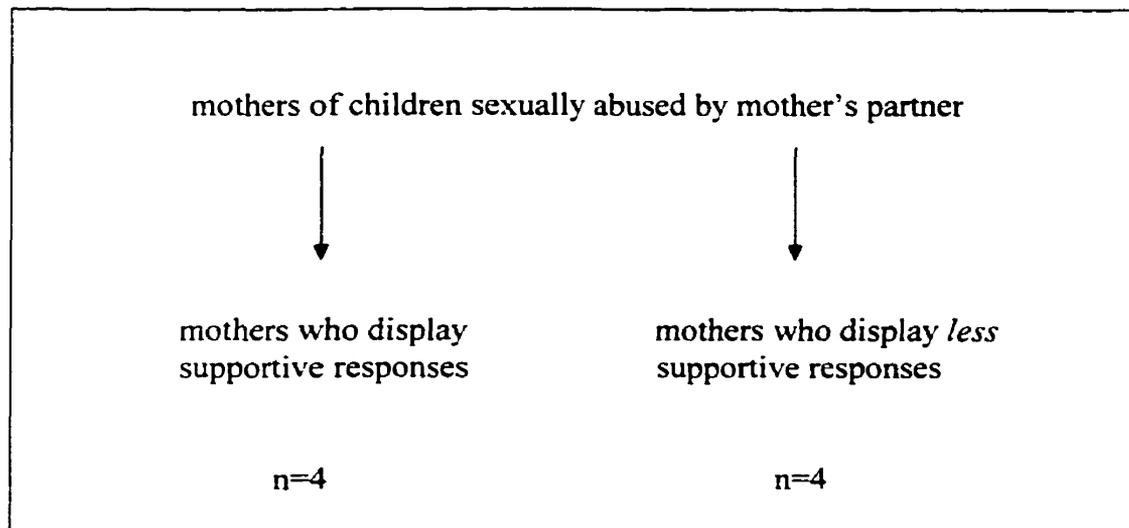
In-depth interviewing made it possible to fully explore factors that contribute to the responses of mothers of sexually abused children, and to identify additional factors previously undocumented. As well, data were collected to expand knowledge about mothers' potential for supporting their victimized children. The use of open-ended questions allowed for detailed tracking of factors from the perspectives of the respondents. Because the study was grounded within an emerging research design, modification of the research questions and changes in design were anticipated, and accounted for subsequent analyses of preliminary observations.

SAMPLE

For the purposes of this study families in which the child had been sexually abused by the mother's intimate partner were the focus of investigation. Schecter and Roberge's (1976) widely accepted definition of CSA was adopted: "CSA is the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, and which violate the social taboos of family roles."

Theoretical sampling was employed to select the participants. To begin, the sample was drawn from those mothers whose children had been sexually abused by the mother's partner. Two sub samples were identified and defined as follows: a) mothers who were *supportive* toward the sexually abused child and; b) mothers whose responses were *less supportive*. *Supportive* mothers were defined as mothers who believed their children's account of sexual abuse, took effective actions to protect the children from further victimization, and offered positive emotional support. *Less supportive* mothers were defined as belonging to any one of three categories: 1) mothers who disbelieved the children's accounts altogether; 2) mothers who believed the accounts but blamed the children for the sexual abuse event or; 3) mothers who believed or disbelieved their children but displayed anger toward the children for disclosing the abuse. An initial sample of six participants was selected as a starting point. However, two additional participants were recruited for the study as new dimensions became apparent following earlier interviews. Sampling ceased at the point of theoretical saturation.

Figure 1: Sample



ETHICS PROTOCOL

The participants were recruited through various agencies in the Greater Toronto Area whose mandate is to service children and families in the aftermath of disclosing sexual abuse. Key agency personnel, often intake workers, were identified and trained by the researcher to approach participants for the study. Criteria for selecting the participants were explained to agency personnel as follows: mothers of children who were sexually abused by the mother's intimate partner. To ensure that the mothers were not the perpetrators, or involved in perpetrating sexual abuse against their children, cases were chosen in which the allegations had been investigated by child welfare authorities and/or the police, verified, and the perpetrator was identified by the authorities as the mother's partner².

Once the agency worker secured permission from the participant, her name was passed on to the researcher and initial contact was made by telephone. The study objectives were explained to the participant and information was given regarding procedures, confidentiality, risks and benefits and legal implications (Ethics Protocol and Consent Forms attached in Appendices 1 and 2). The voluntary nature of participation was emphasized. When the mother agreed to participate in the study a meeting was arranged to take place in a location of her choice. Written materials were provided, which included a description of the study objectives and a consent form. The consent form statements were read to the participant. Once these materials had been reviewed, and all questions answered, the participant and researcher signed the consent form.

² Mothers in this study will be hereafter referred to as mothers (of sexually abused children). Because the investigator establishes that the mothers in this sample are not offenders it is redundant, and serves no purpose, to repeatedly refer to them as non-offenders.

DATA COLLECTION METHODS

In-depth interviews were conducted with mothers, and each participant was interviewed for an average of two to three hours, sometimes over two sessions. The primary purpose of the interviews was to permit mothers to speak for themselves. Although the interview guide was developed based on factors identified in the research literature, an open-ended portion of the interview guide was included to provide “space” for the participants to introduce and elaborate on factors they believed had a bearing on their situations. Because the mother’s perspective was of primary importance, the interviewer left ample room in the interviews for the participant to inform the researcher.

Pilot Study: The interview guide (Appendix 3) lists the topics that were pursued with the respondents. Due to the sensitive nature of the topics to be covered and to ensure that the procedures for addressing risk for participants were sufficient, the investigator interviewed one mother in a pilot phase before proceeding with the study. The mother who was selected had a child, sexually abused by her ex-partner, and this mother was working as a peer support counsellor with other parents of sexually abused children. The purpose of the pilot phase was to identify potential areas of discomfort by eliciting feedback from the perspective of a mother. The information provided through this pilot interview ensured that helpful responses from the investigator would be implemented so that risks to the respondents would be minimized and benefits maximized. In addition, questions were expanded upon, refined, and re-worded based on feedback from the mother who participated in the pilot interview.

Once the interviews were completed, audio-taped and transcribed into a word processor they were eventually analyzed using NUD*IST, a qualitative data analysis software package.

METHOD OF DATA ANALYSIS

The use of thick description, memos and reflexive journal were maintained for documentation of research decisions, data collection and analyses of the data. Data collection and analysis proceeded simultaneously in order to facilitate theoretical sampling. Analysis was conducted in two stages. In the first stage coding was completed on hard copies of the transcripts. Open, axial and selective coding as described by Strauss and Corbin (1990) was conducted in order to develop categories. This coding procedure served several functions. In the initial stages it allowed for breaking down, examining, comparing, categorizing and conceptualizing the data. In the next stage the data were reassembled by making connections between categories and contextualizing the information. The final procedure involved validating connections between categories and refining and enhancing those categories. These steps were followed independently by two individuals (researcher and research associate) and subsequent agreement was obtained through discussion and consensus.

A computer-automated method was selected for the second stage of data analysis. NUD*IST is a computer package designed for qualitative analysis of unstructured data which allows for indexing, searching and theory speculation. The design and method of

analysis was chosen for its compatibility with the study goals, which were to develop new ideas about the study group based on the analyses of the transcribed interviews.

TRUSTWORTHINESS

Reliability issues for the study included ensuring *credibility, transferability, dependability and confirmability* (Lincoln & Guba, 1985). Several techniques to ensure trustworthiness were achieved through:

- prolonged engagement
- persistent observation
- peer debriefing
- member checks

Prolonged engagement was achieved in two ways. First, the investigator gained familiarity with the population by interviewing three key informants who were social workers specializing in the area of CSA and currently working with mothers. Second, the investigator met with mothers in their support groups to introduce the study. In-depth interviewing ensured prolonged engagement with the participants and was necessary to developing rapport with the mothers. Persistent observation occurred both within the structure of in-depth interviewing and in the analysis of the participant's response.

Engagement commenced through preparatory telephone contact and was central to the interactive process throughout the interviewing phase. Follow-up calls were made to debrief the participants and respond empathically to the highly personal and sensitive issues that the participants had been asked to discuss.

Peer debriefing served to test working hypotheses through the process of introducing alternative explanations and exploring emerging issues. The investigator

chose key experts to review the method of data analysis and on-going interpretations of the narrative data. These experts were selected for their acknowledged openness to considering the multiple factors which may influence the responses of mothers.

Member checking was conducted with three participants. The investigator gave feedback to selected mothers about interpretations of their interview data in order for them to elaborate further and clarify issues. The feedback loop between researcher, participants and peer debriefers supported the interpretations of the data. As mentioned previously, thick description to increase transferability, and utilization of systematic data analysis for dependability, were adhered to for establishing trustworthiness in the study.

Finally, in addition to the theoretical literature and findings from prior research, the design of the present study has been informed by the investigator's clinical experience in counselling families of sexually abused children, co-facilitating therapeutic groups for sexually abused adolescents, and counselling adults who have been sexually abused as children. Mothers have reported inadequacy of social work response for parents who are expected to be supportive of the abused child. Specifically, some mothers have felt misunderstood by service providers and received treatment which assumes that they are unsupportive (or at least ambiguously supportive) to their children's sexual abuse experience. This investigator has observed in her clinical practice that some mothers are not successfully engaged in treatment, and therefore their children do not receive the treatment they need for their victimization. Ultimately both the mothers and their sexually abused children may benefit from the results of this exploratory research.

CHAPTER 4

CONTEXTUALIZING MATERNAL RESPONSE TO INTRAFAMILIAL CSA

DATA ANALYSIS

Data analysis was conducted in two stages. Interviews with the eight participants were audio-taped and transcribed into a word processor by the investigator. During the first stage, four interviews were independently coded by two individuals (researcher and research associate) using hard copies of the transcripts. Subsequently, agreement on code development was obtained. The preliminary codes were based on interview data elicited from questions in the interview guide and based on responses to open-ended questions. For example, questions about culture and religion were originally excluded from the interview guide. They were subsequently included when the analysis of the first two interviews revealed the importance of cultural issues in the mothers' lives. Thus, a section about culture and religion/spirituality was added. A number of important themes emerged after open, axial and selective coding was completed. These themes were initially labelled: *mother in relation to self and others; past and current abuse/neglect of mother; cultural issues; social supports; mother's coping strategies*. Each theme subsequently formed the basis of a more detailed coding system which allowed for an exhaustive search of relevant factors in understanding the mother's responses. Following this preliminary phase of data analyses, the interviews were imported into the computer automated system NUD*IST.

In the second stage of data analysis, twenty four codes generated from the preliminary analyses were used as key words which NUD*IST organizes for analyses of the interviews. Memos which were generated by the investigator were added into the automated system to record coding decisions, observations about interviews, and information about participants. As analysis of the interview data proceeded, new codes continued to be developed when additional underlying factors contributing to mothers' responses became apparent (65 codes in all). For example, an unexpected issue on which mothers focused was the quality of their relationship with the partner-perpetrator. Although the interview guide included questions about partner abuse, coding for their responses in this area needed to be expanded to include, in detail, the various forms of abuse they experienced. Specifically, codes for psychological abuse, (emotional, social, financial, and stalking behaviours) by the partner-perpetrator were added. As well three more themes emerged: *mothers' interpretations of sexual abuse event; mothers' ideas about family preservation; control issues.*

While the initial coding phase on hard copies of the transcripts generated preliminary ideas of themes from the interview data and identification of a number of factors contributing to maternal response, the NUD*IST system advanced analysis of the interview data by bringing forward and clarifying the *context* of the mothers' responses. This was achieved through cross-referencing of codes and locating co-occurring codes, while searching for patterns and additional themes within interviews *and* between interviews. Because of the program's capacity to search a large number of codes between interviews of all the respondents, identification of factors that distinguished responses of

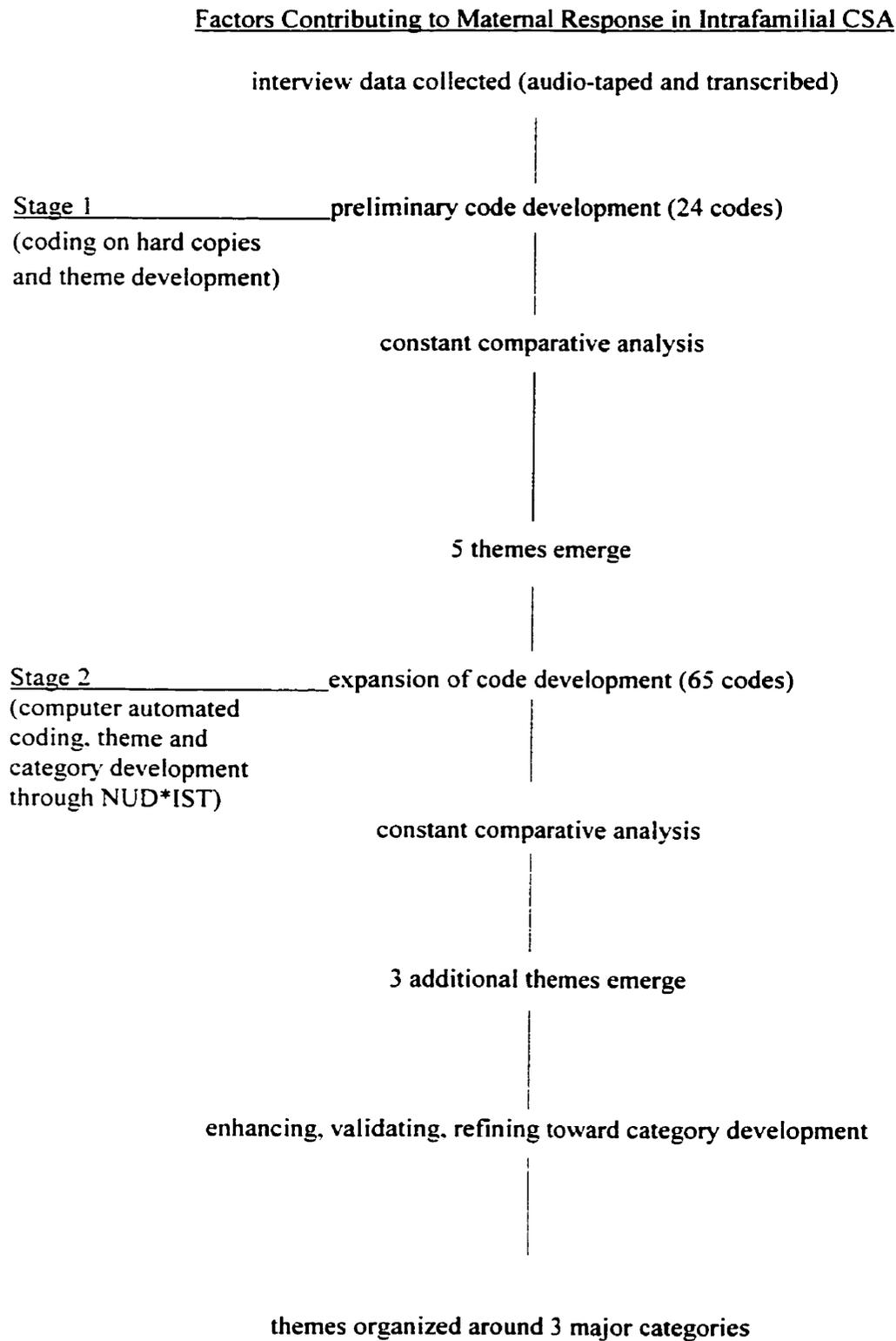
less supportive mothers from more supportive mothers was made possible during this stage of analysis. This method of constant comparative analysis, between all cases, was central in examining differences across respondents.

The overall process enabled the investigator to conceptualize and build categories in a systematic fashion by helping to organize and analyze the information. As mentioned previously, investigation of each code allowed for examining, comparing and categorizing the data. Conceptualization of the data occurred by making and validating connections between categories, refining and enhancing those categories, and contextualizing the information. Through the final phase of analysis, three broad categories that contextualized the responses of mothers emerged:

- relational context
- ecological context
- cultural context

All themes were eventually collapsed into these categories. The process of analysis is illustrated in the following diagram:

Figure 2: Process of Data Analysis



SAMPLE CHARACTERISTICS

The Mothers: Eight mothers whose children had been sexually abused by the mothers' partners completed in-depth interviews developed by the investigator to explore responses to their children's disclosure of sexual abuse. Eleven mothers were referred to the study by service providers in the Greater Toronto Area, however two decided not to proceed due to concerns about legal implications in on-going child access proceedings. One participant withdrew from the study because she had to re-locate suddenly.

All of the cases of alleged sexual abuse were investigated and substantiated by child welfare authorities and each perpetrator was identified by the authorities to be the mother's partner. All the mothers in the study group had completed at least one eight-week cycle of a crisis support group from two agencies and, at the time of the interviews, half were receiving follow-up support counselling from other agencies in their catchment areas. Mothers were seeking counselling for problems associated with secondary traumatization in parents of sexually abused children (Carter, 1993; Davies, 1995; MacFarlane & Waterman, 1987; Regehr, 1990). These included sleep disturbances, anxiety, headaches, intrusive imagery, depression and disruption in family relationships.

Mothers ranged in age from 25 to 43 years and there was an average of two children per family. In terms of education, two had not completed high school, two had high school diplomas and four had community college diplomas. The socio-economic status of the mothers varied, with three of the mothers being dependent on Family Benefits Allowance (FBA), one was seasonally employed as an unskilled labourer, and four were professionals working in nursing, social services and food services. The sample

represented families who were experiencing varying degrees of financial hardship. The participants came from culturally diverse backgrounds and included one Asian, one Caucasian American, three Afro-Caribbean women, one Afro-Canadian woman, one Canadian aboriginal (maternal side), and one French-Canadian. Five of the women had immigrated to Canada within the last seven years. Although the sampling strategy was not designed to select participants on the basis of ethnicity and race, the resulting sample was considerably diverse on a number of dimensions: race, ethnicity, country of origin and religious affiliation.

The Child Victims: Each of the eight children was sexually abused by the mother's intimate partner - three by fathers of the child victim, two by stepfathers and three by the mothers' common-law partners. The child victims ranged in age from 1 1/2 to 12 years at onset of the sexual abuse. At the time of the interviews the average age of the child victims was ten. All the child victims were the eldest in the line of siblings (one was an only child).

The sexual abuse allegations were substantiated by child welfare authorities, medical professionals and/or the police. Thus, all of the children received professional intervention for problems related to the sexual abuse. In one case, the child victim was taken into the care of Children's Aid Society (C.A.S.) for seven months. She was removed from her mother's care because the agency deemed the child to be at risk due to the mother's inability to leave the perpetrator immediately.

The children's post-disclosure problems, as reported by the mothers, included emotional and behavioural symptoms. Sexualized behaviours, arrested sexual

development, sleep disturbances (night terrors and nightmares), eating disorders, phobias, anxiety attacks, academic under-achievement and depression were among the chief complaints identified by the children's mothers. Only one mother reported her child as being asymptomatic. One mother reported problems with her daughter three years prior to the disclosure that included defiance at school and stealing. She attributed the child's problems to the break-up of her first marriage. They had sought family therapy and the child's problems receded over the next year. Half the children were receiving on-going treatment after initial crisis intervention following disclosure of the sexual abuse. The mothers of these children also continued in some form of follow-up counselling. The symptoms exhibited by the children are consistent with documented negative effects of CSA.

The Perpetrators: Six of the perpetrators were charged with offences related to the sexual abuse of children as outlined in the Criminal Code of Canada. Two were convicted, four cases are still before the courts, one case is still under investigation, and one perpetrator avoided charges by enrolling in a sexual offender treatment program. It is not unusual for this number of cases to still be before the courts because legal proceedings are often protracted and defence lawyers will remand a case so that details of the case, and memories of the children can be more readily challenged. The case that was still under investigation will remain so until the child victim is emotionally strong enough to provide verbal evidence. One case is being heard in the child's country of origin, and is further complicated by logistical issues. The lengthy process involved with the court proceedings had produced a significant degree of stress for the children and mothers, and

prevented them from moving on and dealing with the emotional aspects of the sexual abuse.

The perpetrators ranged in age between 23 and 48 years. The incidences of sexual abuse against the children involved some form of sexual contact but it is unclear in which cases penetration occurred. Three of the perpetrators admitted to the sexual abuse allegations, although one alleged offender retracted his admission on the advice of his lawyer. One perpetrator was a known pedophile. Four of the eight perpetrators had reported to their partners that they had been sexually abused as children. The mothers had this information prior to their children's disclosure of sexual abuse. The focus of the interviews did not include collecting extensive data on the perpetrators, however in the course of discussing the abuse event, relational issues and historical information were offered by the mothers.

CONTEXTUAL FACTORS

The following major themes emerged from analysis of the data. Although presented as separate entities, these themes intersect with each other and converge to produce unique situations and responses for each mother toward her child. First, the mothers were remarkably similar in their life experiences prior to the children's disclosures. Historical issues, specifically in terms of family history, family-of-origin dynamics, events leading up to the child's disclosure, level of support from friends and family, the nature of their relationships with their partners, and socio-economic status did not differ significantly across respondents. All of the mothers were raised in

dysfunctional families. They all experienced some form of abuse from the partner-perpetrator. They were all socially isolated to varying degrees and they were struggling financially. However, upon closer examination subtle but distinct differences were uncovered about their past and current life experiences.

Second, the mothers displayed different cognitive schema for developing strategies to deal with the sexual abuse of their children. Their *initial* responses to their children's disclosures were not dissimilar. Except in one case, the mothers unequivocally believed their children's disclosure of sexual abuse. However, *enduring* responses described by the mothers in terms of support for the child victim changed over time. This was particularly evident with regard to how each mother processed the information about the sexual abuse over time, and the decisions they made about their relationship to the partner-perpetrator. Although all of the mothers immediately, or eventually, separated from their partners in order to keep custody of their children and avoid the actions of outside authorities (e.g., police, C.A.S.), some chose to maintain contact with the partner-perpetrator sometimes with the view of re-unification. Cultural values and religious/spiritual beliefs about forgiveness and notions about family preservation influenced the decisions they made about their intimate relationships with the perpetrators.

Third, there were distinctly different reactions as to how helpful social services were in responding to their needs as mothers coping with the trauma of intrafamilial CSA. A group of four mothers perceived the clinical interventions received to be helpful and supportive. The other four mothers felt blamed and completely misunderstood by the

service providers. This latter group of mothers was labelled by service providers as being unsupportive of their sexually abused children.

Compared with the mothers' individual characteristics, the contexts of the mother's lives were more critical to understanding their responses to their sexually abused children. The mothers' responses were shaped by a complex interplay of powerful relationship issues (both to the child victim and the partner-perpetrator), cultural values, and social conditions. These combined factors determined the level and type of support they were able to offer to their children. Each of the mothers operated within a specific set of circumstances when responding to her child's disclosure. Their current situations were influenced by historical events, and the actions they took were guided by anticipated outcomes for the future. These elements formed the contexts - *relational, ecological and cultural* - which influenced each mother's response to the sexual abuse of her child. The following table details demographic information about the mothers at the time of the interviews. Noted are their initial responses, supportive or non-supportive, to their sexually abused children as labelled by the service providers who referred them to the study.

Table 1: Tentative Profiles* of the Mothers						
	Age	Education	Employment/Financial Status	Cultural/Ethnic Background	Partner Abuse	History of Childhood Abuse
Participant 1 (P1) Supportive	43	college	professional social services worker - some social assistance (day care & housing)	American/ Caucasian	physical abuse, psychological abuse and stalking by partner	physical abuse neglect, parental substance abuse, family violence
Participant 2 (P2) Supportive	25	high school	homemaker -Family Benefits Allowance (FBA)	French-Canadian/ Caucasian (Canadian born)	sexual abuse and psychological abuse	neglect, parental substance abuse, extrafamilial child sexual assault
Participant 3 (P3) Supportive	38	high school incomplete	student (upgrading)-Family Benefits Allowance (FBA)	Afro-Caribbean (Grenada)	physical abuse, sexual abuse and psychological abuse	physical abuse, neglect, parental substance abuse, intrafamilial child sexual abuse
Participant 4 (P4) Supportive	37	college	professional chef -some social assistance (housing)	Afro-Caribbean (Jamaica)	psychological abuse	physical discipline
Participant 5 (P5) Non-Supportive	39	high school incomplete	homemaker -Family Benefits Allowance(FBA)	Afro-Canadian (Canadian born)	psychological abuse	neglect
Participant 6 (P6) Non-Supportive	32	college	student (upgrading)-child and household support by separated partner	Filipino-Asian (Philippines)	psychological abuse	neglect, emotional abuse
Participant 7 (P7) Non-Supportive	38	college	professional social services worker- some social assistance (housing)	Anglo-Canadian (paternal) & Aboriginal (maternal)	psychological abuse	neglect, parental substance abuse
Participant 8 (P8) Non-Supportive	32	high school	part-time seasonal employment as labourer -some financial assistance from parents (housing)	Canadian/Caucasian (Dutch) (Canadian born)	psychological abuse and stalking by partner	none reported

* Demographic information is only suggestive of possible profiles of mothers but does not clearly differentiate supportive from non-supportive mothers.

RELATIONAL CONTEXT

Intrafamilial CSA occurs within the context of family relationships. Based on the literature, previously identified factors affecting maternal response are the mother's relationship to the perpetrator, the mother-child relationship, and social supports available to the mother (Everson et al., 1989; Faller, 1988; Herman, 1983; Salt et al., 1990; Saunders, Lipovsky & Hanson, 1995; Sirles & Franke, 1989; Tufts, 1984). Information in each of these relationship domains was elicited through the interview questions and examined to identify the dynamics that operated prior to and after the child's disclosure.

Partner Relationship: The most striking feature of the sample was that all the mothers reported abusive relationships with their partners. Physical battering, sexual abuse and/or psychological abuse (non-physical abuse) by their partners was present in each of the relationships. Definitions as to what constitutes wife abuse vary, although physical battering is most clearly defined (Dobash & Dobash, 1979; Straus & Gelles, 1980). For the study the following definitions were used to categorize the forms of abuse. The definitions chosen were ones most consistent with the forms of abuse described by the respondents. *Physical battering* included having objects thrown at the women, being pushed, shoved, grabbed, slapped, hit, punched and threatened with weapons (Dobash & Dobash, 1979; Straus & Gelles, 1980). Definitions of *sexual abuse* for the study included forced or coerced sex: physically forced sexual relations and threats of violence to force sexual activities as defined by Finkelhor & Yllo (1985) and; interpersonal coercion when the partner used overt verbal and implied threats to force the mothers into unwanted sexual relations (Finkelhor & Yllo, 1985; Russell, 1990). Forms of non-physical abuse

by the partners of the mothers were defined as *psychological abuse* and included emotional abuse, social isolation, economic abuse and financial exploitation (Dobash & Dobash, 1979; Miller, 1995). Examples of psychological abuse included the male partners' verbal degradation of the mothers (in private or in front of others including their children); active interference in the mothers' relationships with their children; persistent criticism of the mothers' behaviour, appearance and accomplishments; neglect or withholding of affection; accusations that the women were engaged in sexual liaisons outside of the relationship; yelling and screaming; control of the women's eating, sleep and bodily functions; control of the women by making them feel crazy; brainwashing; and punishment of them; use of intermittent rewards for the women's behaviour; destruction of property and possessions; threats of physical violence; isolation of the women from their family and friends; withholding of money and/or financial exploitation. Based on these definitions, forms of abuse were clustered for the study respondents as follows:

Table 2: Types of Partner Abuse

Respondent	Physical Battering	Sexual Abuse	Psychological Abuse
<i>P1</i>	✓		✓
<i>P2</i>		✓	✓
<i>P3</i>	✓	✓	✓
<i>P4</i>			✓
<i>P5</i>			✓
<i>P6</i>			✓
<i>P7</i>			✓
<i>P8</i>			✓

The mothers who were physically battered and/or sexually abused by their partners were able to clearly identify that they were living in abusive relationships. Prior to the disclosure of CSA these mothers had attempted to leave or eject their partners. Three had used the battered women's shelter system and all had gone through an arduous cycle of separation, reconciliation, repeated separation and so forth. They lived in fear for their lives as demonstrated by the following respondent statements in references to their ex-husbands:

P1: "When my son was born and I came home ten days later, there was a machete on the kitchen table. He told me at the time that machete was for me. That it was just a matter of time . . . and he said to me. 'It's just, it's just a matter of time now. I cannot take this any longer. I am going to kill you.' "

P3: "Yeah, yeah, I, happy [sic] because I think of where I was . . . I may not have made it. I may not be alive today."

Mothers who reported acts of sexual abuse by their partners were clear in describing these in the following terms:

P2: “Yeah, if I didn’t want to ‘have fun’, as he called it, uuhm, it was like pressure. He would say, ‘OK. You don’t want to have sex with me, you’re a bitch, you’re a slut, you’re cheating on me!’ And really, really badger me until I would finally say, ‘Fine’ and just lay there.”

P3: “Well, he forced me sexually. Like, take if I didn’t want to give. I’ll be sleeping and he’ll have sex with me, you know, in my sleep.”

The mothers who were psychologically abused, but not physically abused by their partners, ambiguously acknowledged living in abusive relationships. Non-physical abuse is an insidious process that manifests in less visible ways but serves to erode the self-esteem of women, and affects their reality testing. As with physical abuse, men use non-physical forms of abuse to control women. Identifying non-physical abuse is more difficult because there is no physical evidence (Miller, 1995). Often the women in the study only came to realize that they were psychologically abused when an outside person made the observation. Also, when the women were out of the relationship they were able to reflect on the psychological abuse they had sustained. For example:

P6: “Definitely not verbal or physical but I’m not sure about emotional because we’ve been going through, you know, family therapy and we just find out. I think a lot of times he had, uuhm, emotionally abused me that I didn’t realize.”

P8: “So he kind of pushed us away from my family. He kept us sort of isolated. But like you don’t notice it when you’re in it until after when you step out and you’re looking in.”

Psychological abuse was described as extremely controlling behaviour as reported by the following respondent:

P2: “Like when I went to the bathroom he had to see it before I flushed . . . It didn’t matter what I wanted. And I had to do what he wanted. I had to smoke a cigarette when he told me to, how many I could have in a day . . . I was only allowed to watch the shows he told me I could, wasn’t allowed to wear make-up, I had to part my hair on the side, I couldn’t wear spandex pants. I could only wear jeans and sweatshirts. Wear a *white* bra not a *black* bra - the *black* bra could only come out at night . . . I was so controlled. But. uuhm. I couldn’t . . . I was hopeless. I was helpless, I was a nobody.”

In addition, one alleged perpetrator engaged in stalking behaviour after the disclosure of sexual abuse and after the mother had left him. This behaviour included harassing her and her friends by telephone, and harassing her at work where they were both employed:

P8: “Like the one time he was waiting for me in the parking lot and I came racing down through the back way and he followed me and I ran back to the office and I was shaking. I got sick and tired of him catching me everywhere. We locked the doors and windows and everything. Like I can’t put me and everyone through that.”

Maternal response to the abused child among the mothers who were abused in non-physical ways differed from the mothers who were physically abused. The psychologically abused mothers displayed an avoidant coping style in dealing with the sexual abuse of their child. This stance appeared to parallel the denial, minimization and rationalization they used in coping with their abusive partner. This style of avoidance was expressed in both the lack of details they had about the physical aspects of the child’s sexual abuse and a lack of awareness of the emotional impact that the abuse had on the child. The mothers described memory loss, reluctance in talking about the abuse, and

minimized the emotional effects on their children. This was clearly exemplified in one case where the mother did not report the child's first disclosure of fondling by her partner because the perpetrator agreed to go into therapy. Consequently, the child was not assessed for possible problems and did not receive intervention of any kind. Examples of avoidant coping styles follow:

P7: "Oh yeah, he was charged with uuh, with child abuse. Four counts of, of sexual something. I'm not sure. Four counts of sexual . . . you know I can't really remember or I don't want to really know."

P6: "But anyway I refused to meet with them cause it was too much for my daughter already at the time. She wasn't very comfortable talking to the social worker, talking to a stranger, right? So as much as possible I was trying to minimize that, you know, to avoid that situation for her. The police said, 'Do you want an interview?' I said, 'No, I don't want that.' "

Mothers who were non-physically abused displayed prolonged struggles in identifying and acknowledging the abuse being perpetrated on them by their partners. The net effects of all forms of partner abuse can lead to cognitive processes where the woman's judgement and decision-making abilities are distorted in all areas of her life (Walker, 1992). Specifically, the psychologically abused mothers were unable to clearly define the relationship with their partner as abusive, which paralleled their inability to acknowledge the full impact of the sexual abuse on their children. In particular, these mothers tended to focus on penetration as the most serious form of sexual abuse and minimized other forms of sexual abuse. The following statement exemplified how some of the respondents defined and interpreted the forms of sexual abuse:

P5: “We started the group in the summer about a month after T disclosed. I actually got off light because my daughter’s still intact, we can go on . . . like for me if there was penetration that would have been the ultimate . . . But from my [sic], from what can happen or from the little bit I picked up from her they both got naked and probably he rubbed himself up against her passage but not enough to do any damage.”

Although all but one of the mothers unequivocally believed their child’s allegations, the meaning that they attached to the type of abuse shaped their responses and subsequent actions. When penetration had not taken place, the mothers of these children were caught in a conflict of loyalty to the child versus the partner-perpetrator. They maintained contact with the partner-perpetrator and believed that they could control the situation following disclosure by mediating the needs of both the victim and perpetrator. Although they protected their children by separating from the perpetrator, the child victims were aware of their mother’s on-going contacts with the perpetrator. In these cases mothers were seeking family re-unification, following rehabilitation of the perpetrator. The mothers were cognizant of the emotional distress inflicted on their children by their choices and reported the feelings of betrayal and mistrust experienced by their children:

P7: “I find it extremely difficult to support him (referring to her son) now because I know he found out I communicated with M and he feels betrayed. He feels very, very, very betrayed. It’s going to take us a lot of time to build that trust back up again.”

P6: “. . . she does know there is a plan of going back together except that we’re just waiting for her to be ready but I don’t want to force her. You know, every time I ask her, uuhm, ‘How do you feel?’ she says, ‘I don’t know.’”

In contrast, the physically abused mothers viewed as serious all sexual transgressions by the perpetrator toward their child. These mothers had no conflict of loyalty and chose to support their child unconditionally by reporting the abuse, separating from the offender, and cutting off all contact. Until the time of disclosure the physically abused mothers had believed that the abuse had been confined to the marital relationship. The child's abuse appeared to help them make the final decision to evict the partner.

P4: "The police said this man (mother's partner) said it only happened three or four times and he went only as far as he could! I was sick to my stomach. Because here's a man who is 36 years old saying he penetrated as far as he could go on an 11-year-old child . . . Not in my wildest nightmare would I let this man anywhere near my girls again!"

P1: "She had told me everything. She had been there from 3:00 to 7:00 (at her grandparents). About four hours. By the time I got home it was about 9:00. And it was around 11:00 when I called the police. So I sat there and all of a sudden I stood up from my chair and called the police immediately . . . so I told the police exactly, I gave them the layout of the house, and told them exactly where all the weapons were and they called the SWAT team and, uuhm, they took my keys. One set went in the back door, one set of police went through the front door and they arrested him . . ."

Mothers who were psychologically abused expressed more confusion about the nature of their relationships with their partners. They were also less clear about the seriousness of the sexual abuse perpetrated against the child, especially if penetration had not occurred or could not be confirmed. For the physically abused mothers the child's disclosure was the last straw in having witnessed a series of behaviours by the partner which they could readily identify as criminal. The various ways in which the mothers defined sexual abuse determined the meaning they assigned to the seriousness of the event, which in turn influenced how they responded to their children.

Mother-Child Relationship: Information collected about the mother-child relationship prior to the sexual abuse disclosure yielded limited data. Thus a comprehensive analysis of the nature of the mother-child bond prior to disclosure could not be completed. Whereas data on their relationships post disclosure yielded more definitive information about the impact of the sexual abuse event on the mother-child relationship. This analysis was challenging because all of the respondents were invested in perceiving themselves as caring mothers. Indeed, there was no evidence that the mothers were abusing their children, although there was evidence of neglect by one of the mothers (inadequate supervision). Even from this mother's point of view, the level of supervision she provided was sufficient given her shift work (at minimum wage) and lack of financial resources for child care. Some would define her children as "latchkey kids".

Despite the meager information available about the dynamics of the mother-child relationship prior to the sexual abuse disclosure, two of the less supportive mothers revealed that some relational problems with their children had existed historically and that these had had an impact on their actions during post disclosure. For instance, one mother admitted long-term problems with her 12-year-old daughter:

P6: "We were not really close . . . I was highly critical of her because most of the time, because she's exactly like her father. So every time I see her do things like her father I get mad at her because I can't get mad at him otherwise he would fight with me. So to avoid her father I just let him be that way and I go to my daughter and pick on her."

However, this mother perceived their relationship had changed after the disclosure:

P6: ". . . after disclosure I should say a good thing came out of a bad thing is we became close. Like she can tell me anything and we talk about everything."

This passage represents complex relational dynamics wherein the mother displaces feelings about her husband onto her child. Yet when the perpetrator is out of the home, the mother and child are brought closer together. Despite these new insights, this mother was seeking re-unification with the perpetrator and was waiting for her daughter's psychological readiness. Added to the complexity of the intrafamilial relationships, were the mother's ethnic and religious values which placed a high premium on keeping families together. Thus, her daughter's specific needs were secondary to family. This mother firmly believed that her daughter would benefit in the long term:

P6: "I tell her I'm doing this because I've been through it with a family that got broken (referring to mother's death). She knows about it. I just do my best to avoid repeating history again . . . I just assured her that I want to do the best, that she is my priority and I don't want to do anything to harm her. I know it could be harmful to put her father back in the house. It's a big risk because there are no guarantees even if everything gets better and it's no guarantee that the person is ever risk-free."

This mother had developed an elaborate plan in anticipation of re-unification, the focus of which was to never leave her daughter and husband alone together.

A problematic parent-child relationship was evident in one other situation.

Although the respondent did not report problems prior to the disclosure she only ambivalently believed her daughter's allegations. This ambivalence may have indicated some prior problems in the relationship as demonstrated by the following passage:

P5: "OK. The first time it was said I just flat out thought she was lying. There is no way in hell, you know? M? Hell no, it's not possible. And I actually held onto that feeling for quite a while. I think it was easier to handle when I thought she was lying. And then the mother part came out, you know? And I actually believed her the day I took her to the doctor . . ."

There was a part of me that loved this guy and I thought he loved and respected me enough to not go that route with my daughter. And then there was the mother part that thought, 'You gave birth to this child, you raised her to this point, you've taught her right from wrong, you know? She understands the difference between the truth and a lie. She wouldn't stick to this story if it wasn't true especially since you've given her a way out.' "

Some of the supportive mothers also alluded to relational problems with their children prior to disclosure. For example, one mother had been separated from her daughter between the age of 7 and 15 when the mother came to Canada to forge a new life for herself and her family. Prior to this planned separation this mother and her children had been well bonded.

P3: "You know I couldn't go anywhere, I couldn't do anything, you know, because she was very attached to me . . . So, uuhm, even then, even after I come to Canada it wasn't easy. She didn't accept that. She never did."

After the sexual abuse disclosure, the Canadian immigration authorities intervened to reunite the mother and daughter. She described their relationship in the aftermath of disclosure as follows:

P3: "Yes, I nurtured her. I look at her and I realize that she was just a child in a woman's body. Cause I lost her at a very young age (crying). At an age where she needed nurturing, as a mother, as a daughter and I left all that time. It was robbed from her at a very young age. Her womanhood, everything was taken away from her when he had the first contact with her and, uuh, and I just had to, to uuh, change my way of dealing with her."

In the course of re-establishing their relationship mother and daughter had to deal with issues of acculturation, problematic behaviours on the part of the daughter due to the

sexual abuse, and poverty. Also, at the time of the interview, there were outstanding legal-immigration issues.

In other cases the perpetrator had covertly or actively interfered in the mother-child relationship by trying to create distance between them. Some of the mothers reflected on this aspect of the relational dynamics:

P4: “You know, even the kids were too close according to him. There would be a fight, an argument because if I was spending time with the girls that was time away from him. Because I could have been spending time with him! That was his attitude.”

Further, in relation to withheld disclosures, this mother reported:

P4: “Yeah, she was scared of him. I know how he could threaten . . .”

P8: “. . . at one point he wrote a letter to say he wanted me all to himself. He didn’t want to share me with anyone else and C was the block between us, between me and him. I think it was his way to get her out of the picture . . . Like I said he wanted me to be with him only and he tried to push C out so he could have me by myself. Nobody, nobody else but me.”

The context of the mother’s relationship with the perpetrator also complicated the perceptions of her relationship with her child as described by the following respondent’s statement:

P1: “. . . she and I were really tight. She started doing things like, she actually slept on the floor with us . . . She told me she was sleeping on the floor because she missed me because I worked so much. Because the more he beat me the more I worked. So I had thought she was there because she missed me. But after, I found out she told me, she was there because she was afraid he was going to murder me.”

The mothers' relationships with their partners were intricately interwoven with the mother-child relationship. This caused the mothers to distort the meanings of their children's actions and behaviours before the disclosure. There were numerous examples of distorted perceptions of the mother-child relationship, all of which caused the mothers emotional distress and tremendous guilt.

Characteristic of parental secondary traumatization (Davies, 1995; Regehr, 1990), most of the mothers cited incidences of intrusive imagery and guilt about the sexual molestation of their children, which was very upsetting for them. Their emotional responses to these experiences needed to be factored into their behaviour toward the child victim. One mother who was sexually abused by her husband struggled with a multitude of intense feelings:

P3: "I picture myself when I used to be with him sexually and I look at my daughter everyday and I hoping [sic] it didn't happen and everyday she'd be standing there and (speaking softly) but I see him standing there . . . and it is disturbing because how do I get over something like that? Uuuh, I always wonder how I can get those images out of my head . . . I tell myself to close my eyes. I close my eyes, you know, and block it out with positive thoughts."

Another mother who had few details about her daughter's abuse stated:

P5: "I think the hardest part to go through after you're told . . . the anger that you feel is nothing compared to what you think, what you envision, everything that's been done. At night is the worse. Let me tell you I have had some sleepless nights over that one."

These types of reactions may help to explain why some mothers minimized or completely avoided eliciting details of their children's victimization.

For other mothers, the struggles of mother-child relationships post disclosure exacerbated the normal stresses of parenting children manifested in the ordinary

interactions that come up in the course of raising children. One mother of a five-year-old described this:

P2: “One of the hardest things is, well, she looks like him. You know it makes me feel bad . . . when I look at her sometimes and see him. Like when she’s bad, well not bad, like any child acts up and I see him or I think, ‘Look what he did to her. It’s all his fault she acts up.’ And, you know, it’s not really him, so I try to be patient. I’ll sometimes get angry and go to the bathroom and look at myself in the mirror and try to make myself laugh. And the next thing you know I say, ‘Don’t be ridiculous. How can you be angry at her?’ ”

Raising children under normal circumstances is a stressful task. For the families studied, the task became daunting in the face of complex affective responses related to the traumatic event of sexual abuse. Although the mother (P2) had some strategies for dealing with her emotional responses, she also had to cope with new realities after separating from her partner. She was now a single mother living in a small one-bedroom apartment, while trying to manage on social assistance. These added stresses were difficult to manage.

In one family, removal of the child became necessary because the mother feared for her life if she left the partner-perpetrator. When she attempted to initiate a separation process he threatened suicide with a gun. He threatened her physically, and later threatened to hurt her daughter by finding the foster home where she was residing. This particular mother felt that she had to develop a safe escape plan which took two months to execute.

P8: “. . . that morning he was so upset and that’s when he punched a hole in the wall. Then I knew, that’s it. And that was because he was angry because I was leaving and all that. I thought, ‘Shit, that could have been my head or any part of my body.’ ”

And this:

“I did it in a certain way that didn’t show that, I did it in a way that I said, ‘I still love you.’ Like reverse psychology. Like I said, ‘I love you, I’ll be back. This is the only way I’ll get C back if I leave you.’ . . . So I kind of did it in a way not to fight, not to say, ‘It’s all your fault and I gotta get the hell out of here before you maybe do something to me!’ ”

Because the situation had become so adversarial between herself and the child welfare system, the mother shared this plan with only her lawyer who coached her through the separation. The child welfare authorities interpreted her behaviour as supporting the partner-perpetrator. Seven months passed before she regained custody of her child. The consequences to this mother and child were immense because of the prolonged and painful separation they experienced.

Regardless of the quality of original attachment between the mothers and their victimized children, they all confronted the reparation of that relationship due to the harm resulting from the sexual abuse perpetrated by their partners. All the mothers reported a sense of responsibility for having failed to protect their children despite the fact that they had no way of predicting or detecting the sexual abuse:

P4: “You know, you can’t help but blame yourself . . . They were well adjusted, fine kids. Then I start to doubt and wonder about myself, like, ‘I chose this person. I brought this person into their life and to think!’ And when I stop to think about all things that have been taken away from her (crying) . . .”

P5: “. . . I actually blamed myself. I thought, ‘My God I brought a pedophile home! I exposed him to my kids! I sent her to his house.’ And then the guilt, at that moment I felt the guilt . . . I actually felt guilty that I should have known.”

Influence of Mother's Early Childhood: Childhood histories for seven of the mothers were fraught with abuse and traumatic events. All the mothers were raised in moderately to severely dysfunctional families. The dysfunction was characterized by neglect, inter-generational physical and sexual abuse and substance abuse by a number of parents. Two of the women had lost their mothers through death before the age of seven. Another was in foster care for the first four years of her life. Four came from divorced families, and two had absent fathers (moved in and out of the family in a transient fashion). One mother came from a moderately dysfunctional family where-in her mother had been physically abused by her parents and the respondent described her upbringing in such a way as to suggest she was over-protected and that the family dynamics were enmeshed. Collectively, respondents used words such as "dysfunctional", "screwed up", "unstable", "chaotic", "unloving", "harsh", "critical", "broken", "unfit" and "unsafe" to convey the nature of their childhood experiences.

Six mothers reported histories of neglect, three were physically abused and two were sexually abused in childhood (one was sexually abused by her step-father in her late adolescent years and the other was sexually assaulted at the age of 13 by a male teenage acquaintance). Other traumatic events marked the mothers' childhood histories as described by the following respondent:

P2: "Oh, you know, drug overdoses in my house. I really don't want to get into it. But cocaine, people swallowing their own vomit, however it was that they did it. I don't . . . I was pretty young and it was shocking. Like there's a dead person in the ditch, just keep going."

For many, these hardships persisted into adulthood and some made connections between their negative childhood experiences with their current circumstances. When asked about how these childhood experiences affected them in adulthood they attributed their relationship patterns to events of the past:

- P1:** “Four to fifteen prepared me for what life was like in abusive relationships. Certainly it was pretty familiar. So did it prepare me? In a negative way - yes! Yes, I’d been raised in a violent house and to have that violence minimized.”
- P3:** “I was physically abused by my mother. As long as, hmmm. I have known my mom she was an alcoholic. And I been the bigger one so I had to take everything. Then I was sexually abused by my step-father, and uhh. I left my mother’s home and met my husband and he sexually abused me.”

Although the respondents all reported difficult childhoods, some displayed greater awareness of the impact of personal history on their current situations. This insight contributed to how they interpreted and acted on their child’s victimization. In particular, the mothers who displayed more insight described how their upbringings influenced their relationships with their partners. Interview data with the mothers whose support of their children was diminished, provided less information about their childhoods, except for generalized statements they made about family dysfunction. Mothers who acknowledged painful childhood incidences integrated historical events into the present and used these reflections to make change:

- P2:** “It’s like, it’s had a huge impact on my life. I’m not going to be a victim. I’m never, ever going to allow myself to be a victim of anything. I’m a survivor . . . I am strong because I choose to be strong. You are weak because you choose to be weak.”

On the other hand, mothers who displayed less supportive responses to their sexually abused children minimized painful events of the past:

P7: “Well I know what kind of effect it’s had because I have two older sisters who were sexually abused by my father . . . the *positive* thing is that nothing was ever done to my father. This came out twenty years after the fact and it’s hard to prove.”

Mothers displaying less supportive responses tended to avoid, through minimization, dealing with and processing their negative childhood experiences.

ECOLOGICAL CONTEXT

Respondents were asked about various social factors that were at play before and after the abuse was disclosed. Support from friends and family, social services received in the aftermath of the disclosure, and the socio-economic conditions of their lives emerged from the interviews as important factors in how they responded to their children.

Socio-Economic Issues: The mothers suffered serious economic consequences when they separated from the partner-perpetrator. Two had been financially dependent on the partner and upon separation had no alternative but to go on social assistance. Due to the fact that three of the perpetrators had been periodically unemployed the mothers had provided financial support. Following separation these mothers had the additional burden of paying their partners’ debts. Four of the families had to re-locate due to limited financial resources following separation. In the course of re-locating, two had to give up well-paying jobs and one mother had to leave her job because her ex-partner worked in the same company and persisted in harassing her. The company management did not

support the idea of a restraining order and eventually her lawyer advised the mother to leave the company:

P8: “ . . . you know my lawyer said that, ‘I think it would be a good idea to leave the company that you’re dealing with and just move back home and stay there for a while.’ ”

Only in one situation did socio-economic influences appear to play a role in the mother’s decision to re-unite with her husband. While separated, he continued to support the family financially. However, this was not the sole reason for re-unification. It was apparent that cultural and religious factors also supported her plans for family preservation.

Social Supports: The mothers described varying levels of support from family and friends. The degree of dysfunction that was experienced in their families of origin had a bearing on the availability of support from family members. In two cases, the mothers chose not to have contact with their parents and siblings. One of the mothers had family who lived overseas and she rarely saw them. Two of the mothers were in caregiving roles with their own mothers who were chronic alcoholics (continuing a long-standing pattern of role reversal since childhood). One of the mothers had not told her mother of the abuse because she felt that she was too emotionally fragile. Two of the mothers had families who provided instrumental support but were limited in the amount of affective support that they could provide. Of the respondents who still had contact with their families, all reported feeling blamed by at least one parent for the abuse their child had sustained. Some grandparents assigned some responsibility for the abuse to their daughters and their hours of work outside of the home. One grandfather questioned the

veracity of his grandchild's allegations even though the perpetrator had been charged and convicted. He wondered if perhaps his daughter had coached her daughter to make the allegations. These mothers were not surprised by the meager amount of support they were offered, primarily because they had learned to expect little from their families. In previous crises, their families had responded in similar ways. It was difficult to distinguish the more supportive mothers from the less supportive mothers by the type or degree of familial support available to them.

Despite the reported lack of familial support available to the women overall, some mothers were able to draw on other sources of support. The mothers who were more supportive of their children had strong connections to professional service providers, as well as to clergy, and one or two close friends. The less supportive mothers had few sustaining friendships at the time of their children's disclosure. The paucity of available friendships related to the dynamics of the relationships with their partners. Typically, in abusive relationships, one pattern of control exerted by partners is to isolate the mothers from friends and family. Most of the respondents reported this as a dynamic in their partner relationship prior to their child's disclosure. The following statements typify this dynamic:

- P2:** "Yeah, I wasn't allowed to see my mom, my friends, he controlled everything. Like whether to wear a maxi pad that day or a tampon. Everything was documented in stone . . . everything was regimented according to him."
- P6:** "He is, uuhm, emotionally unstable and I would say psychologically he's unstable . . . Like you know, you're married, you're not supposed to see anybody, or like go out. Just talk to each other."

Following separation from their partners, mothers needed to rekindle friendships from the past or forge new relationships. The crisis support groups that the mothers attended proved to provide a source of new friendships. Although all of the participants who were interviewed attended an eight-week cycle of a group, their impressions of the support group varied. For example, mothers who were deemed less supportive by social services (they still had contact with the partner-perpetrator) felt misunderstood, judged and further isolated. This is exemplified by the following statement from a mother who wanted to maintain contact with the partner-perpetrator:

P7: “I felt completely attacked. I, I felt so uncomfortable in that group. I just, I feel like not going back to be completely honest with you. I don’t ever feel validated or heard in that group . . . I think my position, my situation is different and I’m not getting the support I need from where I need it.”

The mothers’ desires to balance the needs of their children with those of their partners were called into question by the service providers and the other group members. Thus engagement in the group became problematic and for some impossible. The more the group tried to highlight problems associated with mediating the competing needs of the child and perpetrator, the more the mothers defended their positions. These mothers seemed unable to think outside of the schemas from which they were operating, and the group failed to appreciate their dilemmas. For example, the fact that their interpersonal schemas were much influenced by their cultural/religious beliefs appeared to be ignored by both the service providers and group members. Yet the mothers who did not respond positively to the crisis group intervention were able to identify these beliefs in the research interviews. They stated these omissions clearly:

P6: “I was in a group where I didn’t have a sense of well-being because this is a cultural issue. And I think the leader forgot to consider that. Well I think it’s important for the ones that are doing the counselling or the leaders of the groups to ask about the background of the people - the cultural issues and religion. Because sometimes instead of helping, you know, there’s more remorse than comfort because I was hoping to get comfort, you know, because I really opened up a lot during that group. I didn’t have anyone to talk to. I didn’t have any friends to tell what happened to me.”

Support Services Intervention: Perceptions and impressions of the services received by the mothers were elicited through in-depth interviewing. Considerable time was spent exploring and examining the experiences of the mothers in terms of the services they received after their children’s disclosures. The mothers and children had all been referred to and had attended support groups designed to address the crisis after sexual abuse was disclosed and investigated by child welfare authorities. The children participated in a children’s groups. The mothers attended a group for mothers whose partners were the perpetrator. These groups ran concurrently for an eight-week cycle. Each group session was co-facilitated by two group leaders, and topics for discussion pertaining to CSA were prepared in advance by the group leaders. The first part of every meeting included a “check-in” wherein each mother had some time to recount any pertinent events that had occurred over the past week. The remainder of the meeting focused on giving mothers information followed by group discussion.

Motivation for attending the group varied. Some were attending on a voluntary basis, while others were there on the recommendation of child welfare workers. In some cases, a supervision order required attendance due to outstanding child protection concerns. Members were informed that the group leaders had a “duty to report” any

protection concerns about their children if raised during the course of the group. With three of the mothers interviewed for the study, there were occasions when the group leaders contacted their child welfare worker regarding issues of child protection.

Key informant service providers were interviewed in order to explore their perceptions of the mothers and the services provided. The key informants included one group leader, one clinician experienced in sexual abuse treatment, and one clinical supervisor. Information from the interviews with professionals elicited service providers' perceptions about mothers of sexually abused children, the mothers' circumstances, and their responses to their children's victimization. The interviews also obtained information about the theoretical orientations that guided interventions in working with this population. Finally, detailed descriptions of the services provided to mothers was elicited.

Professionals reported that in the best of circumstances the mothers' groups are challenging to facilitate because of the: a) nature of crisis work, b) relationship of the group administrators to the child welfare system and, c) emotional content of the group dialogue. Service providers believed that the "easiest" and most successful cases involved mothers who were clear about the need to separate from the perpetrator and whose actions reflected the best interest of their children. These mothers were viewed as being attuned to their children's needs and thus were more supportive. These views were reciprocated by the supportive group of mothers interviewed. Mothers who were perceived by the service providers to be supportive reported having positive experiences in the support group sessions. They felt validated in the group and were connected to the other group members. They found the information they received to be useful and

enlightening, and they more frequently followed up on subsequent treatment recommendations for their families.

In contrast, service providers described problematic relationships with mothers they viewed to be less supportive of their sexually abused children. They identified less supportive mothers as those who maintained contact with the partner-perpetrator after the child's disclosure, and those who minimized the seriousness of the abuse. One mother was identified as less supportive due to the fact that she continued to display in her home, family photographs that included the partner-perpetrator. From the mothers' perspectives, they were dissatisfied with the information and type of support they received. One mother admitted she abdicated her role in the group by remaining silent, and another requested transfer to a different group. Overall, service providers experienced conflicts with the less supportive mothers due to: a) belief systems, b) a preferred focus on intervention for the abused child and, c) not knowing the mothers' worldviews.

Value-system conflicts between the clients and professionals appeared to spring from approaches employed by the service providers in the treatment of CSA. Approaches used by the professionals were value-laden in how family structure was viewed and support was defined. The value-laden nature of these approaches resulted in a type of "culture clash" among group members of diverse backgrounds and different value systems. Mothers whose internalized cultural value systems conflicted with the value systems of the service providers, were dissatisfied with the services they received. Although varying opinions and tensions are to be expected in group interactions, the value systems that predicted members' responses to their children were not addressed or

resolved. Specifically, tension arose from divergent values about the institution of marriage and attitudes toward divorce. Key informants from the social service sector viewed clients who held fixed religious and cultural attitudes around preservation of the family unit as being among the most difficult and frustrating to help. Since supportive mothering was defined as being able to separate from the perpetrator, mothers who refused to separate were viewed as failures and therefore non-supportive of their children. In contrast, these mothers viewed success in terms of re-unification with their partners. Thus, in the group the mothers and the service providers worked at cross purposes. The mothers wanted to focus on strategies for keeping their children safe in the context of re-uniting with their partners. The service providers instead focused on helping them make realistic decisions that would result in the child's safety and mental health.

The mothers' groups are intended to deal with the mothers' issues only insofar as they contribute to treatment of the children. From the perspective of the service providers, less supportive mothers were described as "self-focused" rather than focused exclusively on the child. Indeed, the mothers who reported being less satisfied with the group intervention felt that their issues as parents and individuals were not equally addressed. Thus, they felt that their positions and needs were neglected. These disappointed clients had expected that the mothers' group would focus solely on their struggles and dilemmas, and that their issues would have importance apart from relevance to their children's treatment. Instead, they reported feeling that they were being "lectured" to about the needs of their children, which they felt they already understood. Rather, they needed help in sorting out specific personal dilemmas. The mothers who were dissatisfied with the

support group experience felt that some mothers needed more “air time” to really delve into their personal issues, ventilate confusing feelings, and problem solve with regard to their conflicts. Some of the mothers suggested that one-on-one sessions might have helped to address differences in opinions about how to best respond to their children. In contrast, clinicians voiced concern that mothers who were less supportive of their children exhibited two patterns indicative of unhealthy boundaries: a) role reversal between the mother and child victim and, b) the mother’s stress was more important than the child’s.

Group leaders appeared to have insufficient information about the mothers in the group. Since the group structure was educational, the mothers were not encouraged to discuss their unique life experiences. For example, most of the abused mothers did not disclose partner abuse in the support group format. The group leaders concurred that the format of the groups precluded discussion of the mother-partner abuse dynamics, or childhood abuse and neglect. Professionals stated that they avoided inquiring about partner abuse because they felt that the limited time available during the psycho-educational approach was inadequate for processing highly emotional issues.

Because the professionals avoided the topic of partner abuse it was not surprising that the referrals to the study had all experienced abuse despite the fact that the investigator had requested referrals of some non-abused mothers. In addition, the professionals may have interpreted partner abuse in its physical form, and overlooked non-physical abuse. By ignoring all forms of partner abuse the professionals were lacking information that could have informed different approaches to the group process. Without

information of partner abuse dynamics the professionals might have misinterpreted the attitudes and behaviours of the mothers.

CULTURAL CONTEXT

The respondents came from a wide range of ethnic backgrounds. Most of the mothers spoke at length about their cultural values and, in particular, the religious/spiritual beliefs that guided the actions they took after their children's disclosures. Culture and religion/spirituality, were not areas that were initially included in the interview guide, but were subsequently added once the participants began to identify these as relevant factors in their responses.

Religion and Spirituality: In terms of religious affiliation, six of the mothers had been raised Roman Catholic, one converted from Catholicism to Fundamentalist Christianity, one practised a holistic faith based on aboriginal and personal beliefs, and one mother did not identify herself as practicing any formal religion. In addition to being raised as Roman Catholics, two of the mothers also practiced alternative methods of spiritual guidance such as Tarot card readings, astrological charts and the use of crystals and Reiki (New Age religion). The analysis of the influence of religious and spiritual beliefs on their responses to their sexually abused children provided numerous insights into their problem-solving and decision-making processes. Although seven of the mothers operated from specific religious schemas, the ways in which these schemas were interpreted and integrated into their lives differed. Worldviews concerning issues around family values, sacrifice, forgiveness and redemption figured prominently for a number of

the mothers. Mothers who experienced intense loyalty issues between their children and partners displayed a more rigid adherence to traditional religious structures. Specifically, for these mothers separation or divorce was not an acceptable outcome for their situations. This value system was operative prior to their child's disclosure. Thus they would have had difficulty leaving their abusive partners under any circumstances. The following statements illuminate the value conflicts the mothers experienced:

P6: "Is it a sin to (starts crying) . . . because I'm Roman Catholic and there's kind of a conflict there . . . because in our country divorce or separation is never accepted in the society. There is never, you know, exceptions . . . it is very difficult for me to think that I'm in that situation. And I'm not supposed to be in that situation."

P7: ". . . and I really feel caught in the middle. And I really feel in a hard position and I have to stand alone because people keep telling me how important it is that I need to focus and support all my energies on my son, which I have been doing. And he's got my 100% support and guidance, uuhm, you know. A part of me wishes the perpetrator wasn't somebody I know. But it is somebody close to my heart that's been, uuuhm, you know a friend . . . I'll always hate what he did to A, but I don't know if I could hate him as a person because we all have bad sides to us, you know? And I want to see him get help, you know?"

A further dynamic that emerged through examination of religious beliefs related to how the mothers viewed issues of forgiveness. Mothers who believed that they could support both the partner-perpetrator and the child victim maintained strong beliefs about forgiveness. They were guardedly optimistic about the perpetrator's ability to change and this was related to the perpetrator's admission to the abuse. On the surface, the wish to keep the family together by forgiving the perpetrator could be viewed as a "good Christian act". However, their hopes seemed unrealistic in the face of the traumatic

experiences that the family would need to resolve. For example, one mother advocated for the perpetrator by ensuring that he receive treatment. However, the perpetrator had previously gone through a course of sexual-offending treatment that had obviously failed because he re-offended against her son two years later. Despite this poor prognosis the mother maintained a firm position that supported his ability to overcome his sexual problems:

P7: “. . . M’s discussed this with me and you know, like how he wished he wasn’t dealt these cards. I know there’s no cure for it, you know, on the way he thinks. But I do believe there’s hope. Like it’s the same with, I can identify with him in a sense. I’m a recovering alcoholic, you know? I’ll never be cured. It’s a disease I’ll have for the rest of my life but I have a program of recovery that helps me to live happy, joyous and free.”

This mother also believed in the doctrines of Alcoholics Anonymous (AA), a particular belief system, which she credited to her own recovery from alcohol abuse. She used the AA approach for sustaining a relationship with the partner-perpetrator. For mothers with strong viewpoints about rehabilitation of the perpetrators disclosure of their children’s abuse did not challenge their belief systems.

For other mothers, the discovery of the child’s abuse provided a catalyst for re-framing their religious schemas. Indeed, they sought to alter their beliefs or converted to other forms of religion that more closely reflected their changing worldviews. Although these mothers tried to make sense of the perpetrators’ actions by using a religious framework, they were flexible and could shift their thinking in order to maximize support for their children. The primary shift occurred in terms of beliefs about their relationships to men in the past and their resolve to make different choices in the future.

P3: “I was abused because I wasn’t spiritually educated . . . I was on the other side, which was before I became Christian, I would find somebody, another stepfather for my kids (pause) it’s natural to have somebody who would abuse them. Without being spiritually educated it tends to, uuh, like when you’re lonely you want to find somebody to comfort you and that person comes into your home and you have daughters . . . they don’t show respect, you know? I still have that want, it’s in here (points to her heart) and it’s not going away. But I know where to find my comfort now. I have my spiritual community to comfort me.”

This respondent converted from Catholicism to Fundamentalist Christianity after her child’s disclosure. Another respondent described the way in which religion negatively affected how she perceived her role in life. On reflecting upon a series of abusive relationships in her life she concluded:

P1: “I always fit into other people’s stuff. I, uh, uh, my Mother Teresa role, my good Catholic precious upbringing has always been (pause) and this has always been what I struggle with today in relationships, I mean in the roles, is that I was raised that everybody else comes first and I don’t get considered. And, and it’s a battle I struggle with inside me on a daily basis.”

The mothers differed in their approaches to religion and the role it played in how they processed the abuse event. Mothers who experienced value conflicts and conflict of allegiance between the partner and the child, also held fatalistic ideas about life; that is, that many things in life were out of their control:

P7: “I choose to call him God. I do believe there is a higher power to give us strength to tap into. I, uuhm, pray a lot and I always tell myself, cause I don’t always understand why things happen, you know, I don’t. And I know there is a lesson in it. There’s something to be learned here. I don’t know why I’m supposed to be learning it. I have no idea but I believe it’s happening for a good reason you know. That I am going to get through it and that I’m going to be OK, uuhm, my son is going to be OK and the faith is going to be OK.”

Another mother struggled with how to interpret religious beliefs bi-culturally:

P6: “Well, it’s not the way it was in the Philippines. Like in the Philippines . . . a Filipino priest he would have told me to forgive him (the perpetrator), or this is a trial, or things like that. But when I talked to the Canadian priest, he told me forgiveness doesn’t mean that. . . . Their ideas here are quite liberated.”

In contrast, mothers who were able to re-evaluate their religious beliefs often altered their worldview in significant ways. Although they believed in the spirit of forgiveness, they did not take this to mean that they had to maintain a relationship with the perpetrator. They may have rejected the idea of separation or divorce as a solution to relational problems earlier in the relationship, but they revised their beliefs once sexual abuse was disclosed. In other words, these mothers were not dogmatic in their religious convictions but rather, retained a flexible framework.

THEORETICAL SUMMARY

The analysis showed that mothers display a range of emotional and behavioural responses, and that the type and intensity of response varies according to the level of support these mothers were able to provide to their abused children. A continuum of response, of instrumental and affective support was found. The mothers could not be differentially categorized as either supportive or non-supportive. Rather, the study analyses revealed a multi-factorial range of responses that included varying levels and types of support.

Definitions of support in previous studies have been limited to two or three dimensions: belief or disbelief, degree of protectiveness, and quality of affective and instrumental support (Everson et al., 1989; Faller, 1988; Salt et al., 1990; Sirles & Franke, 1989). In contrast, this study found five dimensions of maternal response to their child's sexual abuse. The range spans from Level I (the highest level of support exhibited by participant mothers) to Level V (the lowest level of support displayed by participant mothers). The chart below summarizes each of the five levels:

Table 3: Level of Support

Level I	believes child's report provides instrumental support displays affective support	protects child from re-abuse acknowledges and responds appropriately to emotional/ psychological distress of child
Level II	believes child's report provides instrumental support displays inadequate affective support	protects child from re-abuse minimizes seriousness of abuse does not fully acknowledge or respond to emotional/psychological distress of child
Level III	believes child's report provides inadequate instrumental support affective support is compromised	believes abuse occurred but disbelieves identity of perpetrator child is at risk for re-abuse acknowledges child's emotional/psychological distress but response is inadequate
Level IV	ambivalently believes child provides instrumental support displays inadequate affective support	wavers in believing the child's report protects child from re-abuse angry at the child blames the child withdraws from or rejects the child
Level V	disbelieves or dismisses the child's report provides no instrumental support provides no affective support	child is at risk for further abuse denies child's emotional/psychological distress

These levels of support more accurately reflect the range of maternal response each mother was able to offer their child after disclosure. Levels of support comprised three constructs within which different levels of supportive response are identified as follows:

Dimensions of Belief

- mother's unconditional belief of the child's report
- mother questions veracity of the child's report (overt or covert)
- mother questions identity of the perpetrator
- mother relies on physical evidence to fully believe the child's report
- mother questions some aspects of the child's report

Dimensions of Behavioural Response

- mother takes action to protect the child from re-abuse by the alleged perpetrator
- mother insists perpetrator leaves the family and a restraining order is secured
- mother insists perpetrator leaves the family but mother maintains contact with her partner
- mother permits perpetrator to have access to the child, therefore child remains at risk

Dimensions of Emotional Response

- mother acknowledges seriousness of abuse and psychological distress of the child is recognized
- mother seeks and supports post-disclosure counselling for psychological problems when indicated
- mother minimizes seriousness of abuse and dismisses the child's psychological distress
- mother assigns a measure of blame to the child for the abuse
- mother assigns a measure of blame to the child for delayed disclosure
- mother exhibits anger at the child for disclosing
- mother displays rejection of the child

Each respondent's narrative was categorized as to level of supportive response. Examples follow. The responses of the more supportive mothers (P1 to P4) rated high in support and the support was maintained over time. The less supportive mothers (P5 to P8) were categorized in the lower levels and their responses shifted over time. For example,

the one mother who did not initially believe her child's allegations, accepted the child's report only after the medical examination and after charges had been laid against her partner. The other three mothers in the less supportive range believed their children's reports, but their emotional and behavioural reactions were not completely supportive.

The least supportive responses were easily identified:

P5: "T told a friend of hers that M (mother's partner) was molesting her. And I thought, 'That lying little bitch!' I think if I was at home I would have, I probably would have hit her just for saying it . . . anyway I ended up not coming home because if I had come home I think the scene right here would have been pretty bad. I think I was angry that she actually said it. That it was actually said . . . Well OK, when I came home that night I got here pretty late and they were already in bed, uuhm, all this happened on a Friday night and the Saturday morning I slept in late because I know I had to come down here and talk to her. And I tried putting it off for as long as possible."

In contrast, the following statement illustrates the reactions of the most supportive

mother:

P2: "And I said, 'Mommy will always be there for you. I will never be mad at you for telling the truth.' So she told me that, uuh, he was touching her in the wrong way. So I dealt with it. I was accused of brainwashing her. I took legal action, talked to the police. I took her to the Children's Aid and she disclosed there."

Based on the interview data, belief was not found to be the sole indicator of support. The following table outlines the range of maternal responses by the level of support they offered the child victims and identifies factors that contributed to their responses:

Table 4: Maternal Response by Level of Support

Participant	Level I	Level II	Level III	Level IV	Level V	Maternal Response and Contributing Factors
P1	✓					-believes child's sexual abuse (SA) report & acknowledges seriousness -mother is severely physically battered by partner-perpetrator
P2	✓					-believes child's report -acknowledges seriousness of SA -mother is sexually and psychologically abused by partner-perpetrator -strong religious/spiritual beliefs
P3	✓					-believes child's report -acknowledges seriousness of SA -mother has been physically and sexually abused by partner-perpetrator -strong religious/spiritual beliefs
P4	✓					-believes child's report -acknowledges seriousness of SA -mother has been psychologically abused by partner-perpetrator
P5				✓	✓	-initially does not believe child's report -minimizes seriousness of child's SA experience -minimizes psychological abuse by partner-perpetrator
P6		✓				-believes child's report -minimizes seriousness -high priority on family preservation -cultural and religious beliefs do not sanction divorce - psychological abuse by partner
P7		✓ 2nd disclosure			✓ 1st disclosure	-dismisses child's first disclosure -minimizes seriousness of child's second disclosure of SA -minimizes psychological abuse by partner-perpetrator -strong religious/spiritual belief in forgiveness and redemption
P8	✓ response after 2 months	✓ response after 2 weeks	✓ initial response after child's disclosure			-believes child's report -does not initially believe identity of perpetrator (mother's partner) does not immediately leave partner -fear of retribution of partner-perpetrator & delays separation from partner (fear of harm to mother and/or to child)

SUMMARY OF ANALYSES

Mothers whose children disclose sexual abuse are thrown into a state of crisis which causes them to act precipitously. The abuse of a child by an intimate partner requires a total re-assessment of their current and past life experiences. This is an overwhelming undertaking that affects all aspects of their lives: familial and social relationships, practical considerations, and day-to-day functioning. As individuals the mothers experience pain that extends to all their roles. For most, believing their child and taking action is a radical departure from their familiar roles. The event of their child's sexual abuse requires them to question and re-assess their values and beliefs, intimate relationships, and usual methods of problem solving. This process subsequently influences the decisions they make for their children and for themselves. For a number of mothers the disclosure of their child's sexual abuse provides the catalyst to make changes in their lives in order to protect the child, even if this means compromising fundamental family values. Despite the enormity of the challenge, the mothers are able to persevere in the face of adversity and depleted social and financial supports.

For others, the disclosure event places them in conflict with their values and belief systems, such that the focus on the child's needs is juxtaposed with the need for family preservation. They seek information that fits existing cognitive schema about family values, and they disregard, or discard, information that conflicts with their beliefs.

Three important factors distinguished mothers who were fully supportive of their abused children from mothers whose support of their abused children was guarded. The less supportive responses included the following factors:

- the role of wife/partner abuse
- the mother's history of negative life events both in childhood and adulthood
- the influence of culture, ethnicity and religion/spirituality

Within their relationships to the partner-perpetrators, all the mothers had suffered one or more forms of abuse. Mothers who fully acknowledged their abuse had experienced visible forms of abuse, that is physical battering and sexual abuse. They were not ambivalent about their decision to separate from the perpetrator and had completely disentangled themselves from the relationship. It appeared that their child's disclosure of sexual abuse was the final trigger for these mothers to end their relationship with the partner-perpetrator. Service providers viewed as positive the mother's decision to separate and cease having contact with the perpetrator.

In contrast, mothers who were psychologically abused but not physically abused, had difficulty acknowledging the abusive dynamics in the relationship with the partner-perpetrator, and remained emotionally attached to the partner-perpetrator. They were also less aware of the physical details of their children's sexual abuse. Rather, they focused on whether penetration had occurred. They entertained ideas about future re-unification and were more optimistic about successful rehabilitation of the perpetrator. These mothers were viewed with skepticism by service providers who held beliefs that mothers could not maintain a relationship with the perpetrator without seriously compromising support to their sexually abused children.

Cultural values, religious and spiritual beliefs played an important role in the decisions mothers made in the aftermath of their children's disclosures. Although most of the mothers physically separated from the partner-perpetrator after their children's

disclosures. some did so primarily because of child welfare intervention. In the one case where the mother did not separate, her daughter was temporarily removed and placed in the care of the Children's Aid Society. For the mothers who were strongly influenced by cultural and religious beliefs that place high value on family preservation, the notion of separation from the perpetrator caused immense internal turmoil. Even for those mothers who were abused by their partners, their religious beliefs precluded notions of separation and divorce either prior to or post disclosure. Mothers who remained true to these traditional religious schemas were perceived by service providers to be compromising support to the child victim.

The mothers' childhood experiences also influenced their ideas about family preservation or dissolution. Historical factors specifically related to negative events in childhood, appeared to play a role in the decisions they made after their children's disclosures. Five of the mothers came from "broken families" and had not wanted to repeat this in their current families. Although this hope was operative in the pre-disclosure phase, three of the mothers chose separation after their child's disclosure. The other two mothers who shared similar early life experiences wanted family re-unification. Both had lost their mothers in their early childhood and may have had a greater need to keep their own families intact. These two mothers were also particularly inclined toward forgiveness and redemption for the offender. Both cultural values and past childhood experiences motivated reunion with the partner.

Factors contributing to maternal response in intrafamilial sexual abuse are complex and multi-faceted. Through the analysis of the interview data of this sample of

mothers three areas emerged as factors either not previously covered or not comprehensively investigated in the theoretical or research literatures: the role of partner abuse, the influence of cultural and religious values, and maternal history of abuse, neglect, and trauma. These findings are not to the exclusion of other factors also identified as possible contributors in earlier research findings. In particular, the degree of social isolation of the families in this study was similar to other samples studied. The thesis will now turn to a discussion of all the factors identified in the study group and the implications for social work practice.

CHAPTER 5

FACTORS CONTRIBUTING TO MATERNAL RESPONSE IN INTRAFAMILIAL CSA

DISCUSSION

Due to the exploratory nature of the study the findings must be interpreted with caution. The aim of the study was to trace the mental and emotional processes of some mothers' responses to their children's disclosure of sexual abuse by their partners. Ultimately the analysis yields new information about these processes. In this sample of mothers, issues concerning the contextualization of their experiences emerged as important factors in their responses. Specifically, the dynamics inherent in family violence, the influence of cultural and religious/spiritual belief systems, and negative childhood and adult events in the mothers' histories appear to shape their responses and decisions. These areas have been neglected in prior studies of the aftermath of CSA. A complex interplay of internal factors and external forces served to explain the degree to which they could support their sexually abused children.

Relationship to Perpetrator and Presence of Partner Abuse: The sample selected was composed of mothers whose intimate partners sexually abused their children. Thus the impact of the relationship with the partner was examined in detail to identify factors contributing to the mother's response to her child. As documented in other studies, children in the present study who received the least amount of support by their mothers had been abused by the mother's common-law partner or boyfriend. Previous studies showed that belief and support decrease slightly when the perpetrator is

the biological father and decrease significantly when the perpetrator is a stepfather or boyfriend (Salt et al., 1990; Sirles & Franke, 1989). However, these studies isolated for investigation the demographic status of the relationship (e.g., partner, husband, boyfriend, married, separated) and ignored the nature and quality of the relationships (Everson et al., 1989; Faller, 1988; Salt et al., 1990; Sirles & Franke, 1989). In contrast, the present study focused on the latter issues based on a theoretical paradigm that logically connects the mother's relational conflicts with the perpetrator to the relationship with her abused child. The present study found the abuse dynamics present in the mother-partner relationship to be linked to the mother's supportive/non-supportive response to her child.

Although incidence studies have found remarkably high rates of wife physical abuse in clinical samples of families with intrafamilial sexual abuse (Dietz & Craft, 1980; Tormes, 1972; Truesdell, McNeil & Deschner, 1986), rates of non-physical abuse (psychological abuse) experienced by mothers in these families have not been documented. This study found psychological abuse of the mother by her partner, in particular, to be a factor in how she processed and responded to the sexual abuse event. Mothers who were non-physically abused, but experienced psychological abuse, displayed avoidant coping techniques such as minimization of the sexual abuse. They were also more likely to deny and minimize their own abuse by the partner. Similar findings about avoidant techniques employed by abused women in coping with their partners have been reported in the wife abuse research (Bowker, 1993; Walker, 1993). In the current study, the psychological state of abused mothers appears to have influenced the ways in which they interpreted the seriousness of the child's sexual abuse and their

subsequent actions. This finding suggests that future research should examine the association of all forms of wife abuse and maternal response to intrafamilial sexual abuse.

The Influence of Culture and Religion on Maternal Response: Cultural and religious influences in the lives of the mothers emerged as important factors contributing to maternal response. These are new findings that have not been clearly identified in previous research about maternal response to intrafamilial sexual abuse. Mothers in this study revealed that cultural and religious beliefs played a role in decisions they made *both* prior to and after disclosure of CSA. Their cultural belief systems place high priority on upholding traditional family structures. Religious schemas held by the mothers reinforced the sanctity of marriage and the value of keeping their families together. They believed that children do better in two-parent families. Therefore, they were willing to tolerate the abuse they experienced from their partners in favour of family preservation. Following their children's disclosures cultural and religious beliefs affected subsequent responses. Those mothers who altered or abandoned beliefs in order to respond more supportively to their children were more positively regarded by professional service providers. In contrast, those mothers whose cultural and religious beliefs outweighed concerns for their children in favour of family preservation were viewed by professionals as less supportive of their children. Based on the findings of the present study, culture and religion appear to contribute to maternal response to intrafamilial CSA, and warrant further investigation in future research.

Mother-Child Relationship: As previously mentioned, the limited data gathered about the mother-child relationship restricted comprehensive analysis in this area.

Mothers, in describing their relationships with the abused children, may have been concerned with self-protection and needing to maintain a positive self-image of their mothering skills. Mothers who reported being perceived as less supportive by professionals may have withheld information from the investigator that they felt would further reflect negatively on them. The difficulty in gathering reliable information may offer one explanation as to why there is a paucity of research on the quality of the parent-child relationship in cases of intrafamilial CSA. Previous studies have focused on characteristics of the child to explain variance in maternal responses. While the average age of first experience of sexual abuse for the children in this sample was ten years of age, three of the children were abused in the pre-school years (age 0-7) and the other five were abused in the pre-adolescent years (10-12). One victim was a son and the rest were daughters. Only one mother in the study had difficulty believing her 12-year-old daughter initially. The meaning of this denial cannot be interpreted within the data of this study. It would be important in future investigations to find methods to collect more reliable data about the nature of the mother-child relationship in cases of intrafamilial CSA.

Mother's History of Trauma and Abuse: Interestingly, of the mothers interviewed only two had been sexually abused as children. However, in reviewing the research literature on maternal family histories, one finds that investigations have focused almost exclusively on trying to establish an association between maternal history of CSA and maternal response in intrafamilial CSA (Deblinger, Stauffer & Landsberg, 1994; DeJong, 1986; Goodwin, McCarthy & DiVasto, 1981; Green, et al., 1995; Hiebert-Murphy, 1998). Despite these efforts, the results show that few factors distinguish the

response of mothers with a history of CSA from those without such a history. One area that has been identified as important for clinicians to consider for practice is the higher level of emotional distress in mothers with a history of CSA. What remains unclear is the specific impact of the mother's own prior experiences of CSA on her emotional response to her victimized child (Hiebert-Murphy, 1998).

Previous studies have not isolated other early childhood trauma in the mothers and the ways these events interact with their responses to the victimized child. In contrast, this study explored the impact of many early life experiences of the mothers. These included the impact of parental substance abuse, physical abuse, emotional abuse, poverty and neglect. The mothers identified these negative childhood experiences as factors that influenced how they parented their children and how they responded to their children's disclosure of sexual abuse. History of child neglect in parents of sexually abused children has received some attention (Kordich Hall, Mathews & Pearce, 1998). In a pilot study to determine the factors associated with *sexual behaviour problems* in young sexually abused children, Hall and her colleagues found maternal caregivers whose children displayed interpersonal problematic sexual behaviour to have experienced a greater range of negative experiences in childhood. The majority of the mothers in the group whose children exhibited sexualized behaviour reported a childhood history of neglect and chronic symptoms of post-traumatic stress disorder. This group of mothers also exhibited difficulty in maintaining their own boundaries and in respecting the boundaries of others.

Another important question concerns whether these negative childhood events are acknowledged by the mothers. The present study showed that more supportive mothers

were better able to reflect upon, and understand how their past childhood experiences played a part in the way they responded to their sexually abused child. Less supportive mothers were not as effective in self-reflection and tended to minimize the meanings of their painful childhood experiences. Understanding the mothers' histories has significant implications for practice.

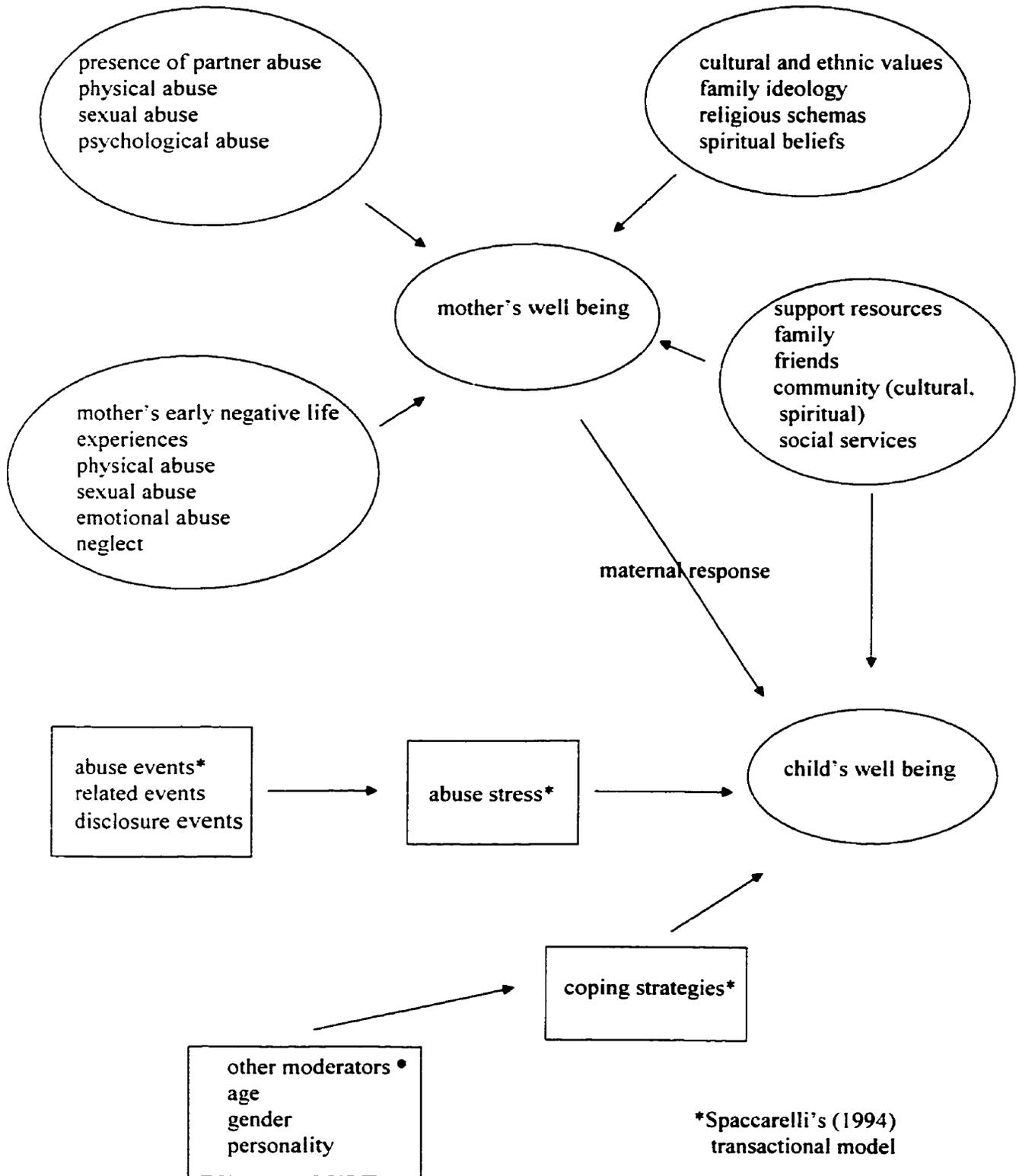
Social Supports: The mothers in this study were found to have inadequate social supports. Prior to their children's disclosures the majority were either isolated from extended family members or experienced minimal support from them. Half of the mothers had no friendships outside of the family, and the remaining four maintained one or two friendships, which they mostly kept secret from their partners. This confirms similar findings that families in which intrafamilial CSA has occurred are socially isolated (Alexander, 1985; Herman, 1983; Herman & Hirschman, 1981; Saunders, Lipovsky & Hanson, 1995; Sgroi, 1982; Zuelzer & Reposa, 1983). Mothers in the study sample appeared to have depleted social supports for two reasons that have not been articulated in prior studies. First, the mothers' partners reinforced alienation from friends and family as a means of controlling the relationship. Second, relationships in the family of origin were dysfunctional. Seven of the eight mothers had experienced childhood abuse and neglect. Substance abuse was an issue in half the mothers' families of origin. Two of the respondent's mothers had died during their childhoods. Given these long-standing family problems, only two of the mothers maintained close ties with their siblings. Overall, problems in the families of origin precluded receiving satisfactory support from family members.

Financial Status: The sample was unique with respect to socio-economic status. All the mothers were either poor (on Family Allowance Benefits) or lower-middle class (employed but dependent on some social assistance). These findings contrast with other studies in which clients from lower socio-economic groups are under-represented (Deblinger et al., 1994; Salt et al., 1990). Despite this feature of the sample, mothers did not raise economic considerations as influencing their responses to their children. When asked, three reported that their financial situations worsened following separation from the partner-perpetrator but that this did not affect their decision to leave the partner and support their children on their own. The remaining five had been the primary wage earners and thus had not depended on their partners for financial security. While previous research found that the need for emotional and financial security influenced the mother's acceptance of the child's allegations (Mian, Marton, LeBaron & Birtwistle, 1994), in this study only one mother mentioned that the separation caused financial hardship. Even so, her wish to re-unite with the perpetrator was based on cultural and religious reasons.

In summary, the present study contributed to previous investigations by advancing understanding of maternal response in intrafamilial sexual abuse. The findings suggest a theoretical model that integrates previously identified factors and new factors identified in the present study -- a combined contribution which would further understanding of the responses of mothers of children sexually abused by the mother's partner. Spaccarelli's (1994) transactional model of stress, appraisal and coping in CSA is incorporated into the present model to represent factors related to child victims' functioning in the wake of the

sexual abuse event. Thus the proposed model integrates developmental and environmental factors:

Figure 3: Integrated Theoretical Model of Factors Contributing to Maternal Response in Intrafamilial CSA



LIMITATIONS OF THE STUDY

This exploratory study's aims were to advance theories related to maternal response to their children's sexual abuse. An exploratory approach was selected in order to discover the fullest range of responses and to identify factors, not previously identified, that contribute to maternal response. The focus of the study was to trace the various experiences of mothers after disclosure of intrafamilial CSA. The results contribute to increasing the body of knowledge about this under-studied population. However, causal inferences cannot be drawn from these descriptive findings.

Due to the qualitative design selected for the study, findings cannot be generalized beyond the sample. Recruiting participants and collecting data posed a number of challenges. Sample selection was purposive and limited to voluntary participation. The mothers who were recruited, and agreed to be interviewed, had specific motivations for participating. Some had altruistic reasons to indirectly help other mothers by sharing their personal experiences. Most wanted to contribute to eliminating the problem of CSA. Others were motivated to tell their stories because they felt that they had been treated unfairly by service providers and wanted to address problems in the agencies' responses to them, and others like them. Most of the mothers included in the study must be viewed as at least partially supportive despite the sampling strategy, which was focused on selecting four supportive and four less supportive mothers. Probably, the responses of the least supportive mothers of sexually abused children were not observed in this sample.

The nature of the subject matter that the mothers were asked to speak about, the length of the in-depth interviews, the numerous hours of transcribing, and the detailed

process of analyzing the interview data proved to be a formidable task. These and other issues concerning privacy and confidentiality limited the final size of the sample. Other investigators who have utilized qualitative methods in researching the responses of mothers cite similar sampling problems. Typically, between six and fifteen subjects are sampled (Johnson, 1992; Hooper, 1992). This may explain, in part, the lack of research with this population.

The study used a clinical sample. Retrospective surveys of adults show that most cases of CSA go unreported to agencies of any kind (Badgley et al., 1984; Herman, 1981; Russell, 1981). For this research there was no obvious point of access to unreported cases of CSA. Even if access to such cases had been possible, the investigator would have been bound by law to report the incident of CSA. Thus, the data from interviews would most likely have been obtained following investigation into the CSA and intervention.

The study explored a range of maternal response, which resulted in the contextualization of the experiences of mothers. Although the study results yielded a broader range of maternal response to CSA than reported in prior research, one pattern of response which was not captured was that of mothers who shift from a supportive to a non-supportive response to their children's sexual abuse disclosure. Clinicians have encountered mothers whose initial responses are supportive but over time, their support of the child victim diminishes (clinical observations: Hall & Alaggia, 1998). It would be important to include this group of mothers in future research.

The study discovered factors contributing to mothers' responses to their children's sexual abuse experiences not previously identified in research. However, other factors

that may possibly contribute to maternal response, did not emerge. For example, despite the ability of some mothers to reflect on their past childhood experiences after their children's disclosure of sexual abuse, all of the mothers in the sample had uniformly ended up in relationships where they were abused by their partners.

This observation raises important questions concerning the difficulties in differentiating between supportive and non-supportive responses. The mothers who were able to reflect on their life experiences made decisions that were supportive of their sexually abused children. They separated physically and emotionally from the partner-perpetrator, and re-assessed their past intimate relationships in order to make a better choice of future partner. The mothers who were invested in re-unifying with their partner did not reflect on life experiences in order to re-evaluate their choice of intimate partners. Their belief system of preserving the family appeared to provide the framework for their decision to re-unify. However, more information about the mothers' early attachment issues might provide a better understanding about their emotional attachment to the partner-perpetrator and related factors. One clue, which warrants further investigation, may lie in their history of childhood neglect. Three of the less supportive mothers, who were psychologically abused (but not physically abused) by their intimate partners, reported a history of childhood neglect but no physical abuse as children.

In summary, the search for meaningful maternal contexts, which linked their responses to their sexually abused children, was only possible using a qualitative design. Earlier studies concentrated on measuring maternal response in order to identify typologies of supportive and less supportive responses, but ignored contextual factors

which contribute to maternal responses. By using a qualitative approach the study was able to explore problems with treating mothers and their children. The present study findings should be regarded as suggestive leads for rethinking clinical practices with these families.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

In the current system of service provision in Ontario, mothers and their sexually abused children receive interventions in the aftermath of disclosure through children's mental health services. Service provision is governed by child welfare policy. The children are identified as victims, and the responsibility of protecting the child victim from abusive acts of the perpetrating parent is placed on the non-offending parent. When treatment is made available to the perpetrator it occurs under the auspices of the criminal justice system. This dichotomy in the service delivery system, while attending to the treatment needs of victims and perpetrators, results in the marginalization of mothers. Thus, social workers operating from their agency's mandates within children's mental health services, are prevented from identifying mothers as clients whose treatment needs are as great as their victimized children.

The study findings indicate that mothers of sexually abused children are victimized as well, but treatment approaches do not address their victimization. For some of the abused mothers, their capacity to support their children is compromised by their own victimization by the partner-perpetrator. Yet, they are expected to be fully supportive in their responses to the child victim. Social work practitioners need to provide a

therapeutic forum for exploration of the mother's negative life events in both childhood and adulthood, especially in areas of abuse, neglect and other trauma. Effective interventions cannot be provided for mothers when their issues are viewed as secondary to the child's needs. As evidenced throughout the study, both the child victim's needs and the mother's needs are of equal importance in the provision of treatment models that address the well-being of both.

Research regarding mothers of children sexually abused by their partners has dispelled myths about the mother's collusive role in intrafamilial abuse (Faller, 1988; Joyce, 1997; Salt et al., 1990). As noted, researchers and clinicians have identified maternal support as a significant factor in mediating the negative effects of CSA (Everson et al., 1989; Spaccarelli, 1994). Current research continues to define optimal maternal support but ignores the importance of understanding the factors that contribute to maternal response. In the absence of this information less supportive maternal responses will not be understood. It follows that when the mothers' contextual conflicts/needs are overlooked, effective treatment models will not be developed nor implemented. All of the contextual factors uncovered in this study are important for counselling mothers of children sexually abused by their partners. The relational, ecological and cultural contexts of mothers shape their cognitive schemas, and by association, shape the mothers' responses to their victimized children.

The mothers in this study had received interventions based on a psycho-educational model that focused on their responses to their abused children. Providing information through a psycho-educational approach may be one step toward helping

mothers understand their children's victimization. Equally important is the provision of opportunities for the mothers to discuss life experiences in the context of their multiple life roles -- woman, daughter, mother, partner. During the interviews, mothers stated a need to process the intense feelings they experience after they learn about the sexual abuse of their child. This includes coming to terms with their relationship to the partner-perpetrator, processing feelings of rage, guilt, loss and fear, and resolving their own painful childhood experiences.

Mothers in the study who were reluctant to terminate their relationship with the partner-perpetrator were viewed by professionals as less supportive of their sexually abused children. The difficulties experienced by the women were perceived by service providers as not entirely rational or valid. These mothers, in turn, were dissatisfied with the services they received and reported feeling blamed and alienated by the professionals they encountered. This alienation parallels their personal experiences with their partners and families, which is further reinforced in the broader ecological context of all service providers; police, legal, child welfare, etc.

Another dichotomy that exists in the service delivery system is the definition of support used by service providers in evaluating maternal response to CSA. Typically, mothers assessed by professionals in the social service system are deemed to be either supportive or non-supportive. This dichotomous construct of support restricts recognition of a broader range of maternal responses. As described by key informants in the present study, clinical definitions of support are value-laden and narrow. For example, one way support is assessed is based on whether the mother separates permanently from the

partner-perpetrator. When such complexities of support are overlooked in the mothers, interventions by professionals for the mothers are limited.

Lessons can be learned from the battered women's "therapeutic society" as described by Dobash and Dobash (1992). In an extensive review of the therapies offered to battered women in the United States, shelter workers and therapeutic counsellors reported becoming, "exasperated and angry with battered women who 'turn down help and return to husbands' . . ." (Dobash & Dobash, 1992, p. 226). These authors caution against focusing solely on personality disorders, ego deficits and dysfunctional relationship patterns in battered women, to the exclusion of developing contextual and social interpretations of their circumstances (including cultural, social and political) in explaining their struggles in the abusive relationship. Decontextualizing the battered women's circumstances narrows the range of therapeutic approaches and interventions needed.

Service providers can prevent the marginalization and alienation of mothers affected by intrafamilial CSA when the mothers' responses to their children are understood within the context of their culture, and current and past relationships. An integrated theoretical model is proposed as a possible framework for understanding factors contributing to maternal response, while at the same time, recognizing the developmental and environmental factors that affect the child victim. Findings of the present study isolate contributing factors that should be taken into consideration by clinicians in their work with mothers. These factors need further investigation especially

as they affect the development of new treatment approaches with mothers of sexually abused children.

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APPENDIX 1**ETHICS PROTOCOL**
INFORMATION FOR PARTICIPANTS

Project Title: Factors Which Contribute to the Responses of Mothers to Their Sexually Abused Children

Investigator: Ramona Alaggia M.S.W., C.S.W., Ph.D. (candidate)
University of Toronto, Faculty of Social Work

Clinical Co-ordinator of the Central Agencies Sexual Abuse Treatment Program:
Cathy Vine M.S.W.

Introduction

I am interested in learning about mothers' experiences when they find out their children have been sexually abused. You will be asked questions over two or three interviews and each interview will take about one and a half to two hours. I will be asking about the events surrounding the sexual abuse, family history, your personal history including past experiences of abuse, relationship issues and supports. Some examples of these questions are: *Where would you like to begin in telling me about the circumstances of your child being sexually abused? Who is in your family? How would you describe the process you have been going through in coping with your child's abuse experience? Who has been helpful to you and in what ways? What past or present personal experiences have you found to be useful, or unhelpful, to you in dealing with your child now?*

The interviews will be audio recorded with your permission so that I do not miss anything that you have to say. This will help me to get a clearer picture of what mothers go through when their children have been sexually abused. This information will be useful in finding out how professionals can be most helpful to parents. The tapes will be stored and secured in a locked cabinet. Once the tapes are transcribed they will be erased.

If you want to be part of this study the interview can take place in the location of your choice such as an office setting or your home. Your participation is completely voluntary. If you decide to take part, you can stop at any time. Any services you are currently receiving, or future services you may need, will not be effected by the research.

Risks

One possible risk is that you may feel uncomfortable talking about yourself or you could feel upset after talking about events related to your child's sexual abuse and how this has

affected you. First I will discuss what supports you may already have available to you that you could draw upon should the need arise. If these are not available, or insufficient, I will make arrangements for you to talk to Cathy Vine, the Clinical Co-ordinator at Central Agencies Sexual Abuse Treatment Program. She is an expert in helping families understand their experiences with child sexual abuse. Her number is (416) 324-2425.

Benefits

We hope that what is learned from this study will help other mothers and their sexually abused children. We hope this information will improve professional's understanding of how to help those who have been personally affected by the trauma of child sexual abuse. I am not aware of any direct benefits for you in taking part in this study. It is possible that some people might feel good about talking about their experiences and in being part of research that may help others. Compensation of \$25.00 will be offered to participants in the study to compensate for their time (total interview time) and transportation costs. However, you do not have to return the money if you decide not to continue.

Confidentiality

The information you give me will be confidential. This means that I cannot tell others anything that a particular person said without that person's permission. Any reports that I write will not identify people who have participated in the study, but will tell their stories in a general way.

There are a few situations where I will not be able to keep confidentiality. These are: if someone tells me that a child under 16 is being hurt, or if someone tells me that they are going to harm themselves or someone else. I will be obliged to contact professionals who will be required to contact you and assess the risk of harm to you, your child and/or others. There is a remote possibility that transcripts can be subpoenaed for legal purposes. In the case with this study I have devised a system where I ensure anonymity by not maintaining the identity of the interviewee and not including any identifying information in the transcripts.

Feedback

Throughout the duration of the study I would be glad to answer any of your questions about the study. You can reach me at (416) 469-4985. If at the end of the study you would like a short report on what I found, I will send you a copy. Please let me know.

Ramona Alaggia M.S.W., C.S.W., Ph.D. (candidate)
Faculty of Social Work, University of Toronto

APPENDIX 2**CONSENT FORM FOR PARTICIPANTS**

The study procedures have been explained to me by the researcher listed below as described on the attached form of which I have a copy. I understand the possible risks and benefits and any questions I have asked have been answered to my satisfaction. One possible risk is that I may feel uncomfortable talking about myself or I could feel upset after talking about events related to my child's sexual abuse and how this has affected our lives. I have discussed with the researcher supports I may already have available to me. If these are not available, or are insufficient, I have been informed that the researcher will make arrangements for me to talk to *Cathy Vine, Clinical Coordinator at Central Agencies Sexual Abuse Treatment Program*.

I have been told of the possible benefits of the study and that this information may be of help to other parents of sexually abused children and may improve professionals' understanding of how to help those who have been personally affected by the trauma of child sexual abuse. I have been assured of confidentiality and that no information will be released or printed that would disclose the identity of myself or any of my family members without my permission.

- 1) The information is used only by Ramona Alaggia, who keeps it in a safe place.
- 2) Codes are used in place of real names for all information and all information that identifies me is destroyed.
- 3) The final report contains no names or other identification.

It has been explained to me the conditions under which confidentiality cannot be guaranteed. I have agreed to have the interviews audio recorded but if I wish to withdraw my tape from the study at any time I may do so. I may also choose to speak off-the-record at any time during the interview.

I know that \$25.00 is offered to me if I participate in the study to compensate me for my time (total interview time) and transportation costs. However, I know that I do not have to return the money if I decide not to continue.

I understand that my participation in this study is completely voluntary and it has been explained to me by the researcher that I can withdraw from the study at any time without penalties of any kind. My signature below signifies my willingness to participate in the study.

 Print your name

 Your signature

 Researcher's name

 Researcher's signature
 (may be contacted for questions at
 416- 469-4985)

APPENDIX 3**INTERVIEW GUIDE****Child's Sexual Abuse:**

Who abused your child?

How old was your child at the onset of sexual abuse?

When and under what circumstances did your child disclose?

What was your initial reaction to your child's disclosure?

How have your reactions changed over time?

What was your experience with the authorities and services involved after disclosure?

Has the perpetrator been charged? Convicted? Sentence?

What is your current reaction to your child's experience of the sexual abuse?

Is your child receiving or has your child received treatment?

Are you receiving or have you received treatment?

What are your impressions about the services you and/or your child have received?

Mother's Relationship to the Perpetrator:

What was your relationship to the perpetrator?

Are you currently in the relationship?

What was/is the quality of your relationship with the partner?

Have you been abused by your partner (psychologically, physically, sexually)?

Have there been economic hardships, past or current?

Nature of Mother/Child Relationship:

How would you describe your relationship to your child?

What has your relationship to your child been like over the years?

Has it remained the same or have changes occurred over time?

What is the quality of the relationship now?

How does this compare to your relationships with your other children?

Maternal Family-of-Origin and History:

What was your childhood like?

What is your family like? Present and past?

What was/is the quality of your familial relationships?

Who did/do you feel close to in your family?

Who knows about your child's abuse?

Who in your family supports you around the abuse issues?

Have you been abused (physically, sexually, emotionally) in your childhood?

Have you experienced other traumatic life events?

Culture and Religion:

What is your cultural background? Religious/spiritual orientation?

Can you tell me about cultural and religious influences in your life?

How have you used culture and/or religion/spirituality in your situation?

Social Supports:

Who do you feel close to?

What is the quality of your available supports?

Who can you talk to about your problems?

Who have you turned to in a crisis?

How have your relationships changed since your child's disclosure?

Mother's Self-Image:

How do you perceive yourself?

Where would you rate your self-esteem today?

How has this changed over time?

Is there anything I have not asked you about, which you feel is important for me to know in understanding your situation?