

EXPERIENCES OF THE MOTHER AS THE NON-OFFENDING PARENT
IN INTRA-FAMILIAL SEXUAL ABUSE

By

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ABSTRACT

Title: Experiences of the mother as the non-offending parent in intra-familial sexual abuse.

Although there is an increasing amount of literature on the area of child sexual abuse, there is a dearth of information on the experiences of mothers following disclosure. Illuminating the issues of mothers following disclosure is necessary in formulating therapeutic procedures with these women and their families.

This qualitative study explored the experiences of five mothers whose children were sexually abused by a father or step-father. One and a half to two hour videotaped interviews were conducted utilizing a general interview guide.

The findings were categorized into three areas: Reaction to Disclosure, Changing Social Relationships, and Healing Process. Emerging from these three categories were two themes that appeared to link the categories. These themes were the importance these women placed on their role as protector of their children, and the struggles with role or relationship disruptions.

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CHAPTER ONE

INTRODUCTION

Society's inability to acknowledge child sexual abuse has obscured the extent of its occurrence. Although sexual abuse has been occurring for years, it was not until the mid-1970's that child sexual abuse first began to appear on the agenda of mental health professionals (Finkelhor, 1986). One particular component of child sexual abuse that has had little emphasis in the literature is that of mothers whose children were abused by their child's father or father-figure. As there is a dearth of information on how child sexual abuse impacts on the mothers of these children, this study explores the experiences of these women.

Throughout this paper the terms "mother" and "non-offending parent" will be used interchangeably as 90 to 95 percent of offenders are male (Russell, 1986; Butler, 1985; Finkelhor, 1984; Finkelhor & Hotaling, 1983). Although using a genderless term such as "non-offending parent" obscures the fact that men are generally the perpetrators of sexual abuse, the widespread use of the term in the literature warrants its inclusion in this paper.

As the mother's reaction to intra-familial sexual abuse is the focus of this research study, it is important to establish a definition of sexual abuse. Although there are numerous terms and definitions offered in the literature, for the purpose of this study intra-familial child sexual abuse will be defined by two criteria: sexual contact (from fondling to anal and vaginal penetration) and a preexisting relationship between the adult perpetrator and the abused child (Gelinas, 1983). A preexisting relationship between the perpetrator and victim is a

significant component as a peripheral family member may have had a distant relationship with the child prior to the abuse which is a different dynamic than a close family member as perpetrator. "It is the relationship, not the biology that is betrayed" (Gelinas, 1983, p. 313). Therefore, in a definition of incest, only family members who had a relationship with the child, as well as non-family members such as a mother's boyfriend or common-law who also had a relationship with the child, would be included.

The legal system makes a distinction between incest (sexual intercourse between blood relatives) and other forms of child sexual abuse. From a clinical perspective these distinctions are not necessarily important. Whether a child is fondled or forced to have intercourse, the initial trauma involved can be similar. A child who was fondled may suffer the same degree of trauma as another child who experienced forced penetration. From a child's perspective, there is often no distinction between a blood relative and an adult who functions as a parent and is not a blood relative. As stated above, it is the preexisting relationship that is betrayed for the child, regardless of blood ties. Over time, however, the likelihood of recovery for the child is highly related to the nature of the abuse. Sexual contacts that are not forceful, and do not involve "intrusive physical violation are less likely to result in lasting harm" (Herman, Russell, Trokik, 1985, p. 12). There is no research evidence, as yet, that explores the relationship between recovery and the nature of the abuse for mothers.

It is important to note that although there is usually an assumption that child sexual abuse is psychologically harmful for a child, from a research standpoint, the evidence is inconclusive (Henderson, 1983;

Finkelhor, 1979). Due to the lack of conclusive evidence regarding psychological harmfulness, it is important to perceive child sexual abuse as wrong from an ethical standpoint. Finkelhor notes that because children are incapable of truly consenting to sexual activity with an adult, it is wrong. "For true consent to occur, two conditions must prevail. A person must know what it is that he or she is consenting to, and a person must be free to say yes or no" (Finkelhor, 1979, p. 694). Children lack the information about all the permutations of sexuality, and in a legal and psychological sense are not free to say yes or no due to their total dependency on parents. Utilizing this argument, even if many cases are discovered where children enjoyed the sexual experience, it can still be deemed wrong because the children had not truly consented. Having a clear understanding of why child sexual abuse is wrong gives mothers whose children were sexually abused by a partner freedom to be angry, upset, or traumatized following a disclosure. With this understanding, mothers cannot be told they are overreacting, or that the sexual activity was insignificant and harmless because the perpetrator was a father.

For the purpose of this study the definition of incest was narrowed to include only a father, step-father, or father-figure. This narrowing allows for an exploration of a mother's experience in coping with a lover/husband who abuses her child. As both her partner's and her child's relationship are close ones to her, it is assumed that this type of incest would be more traumatic for her than if a more peripheral member of the family, such as an uncle, was the abuser.

In exploring the experiences of these women in dealing with the discovery of sexual contact between her partner and her child, the

following questions are addressed: What are the experiences of a woman following a disclosure of sexual abuse in the family? What are their feelings, attitudes, and behaviors following disclosure? How do they make sense of the whole event? Is the disclosure in fact a traumatic event for them? Does it effect their sense of self?

In illuminating their issues, it is hoped that a greater understanding will ensue in terms of therapeutic alternatives with these women. As seen in the increasing demand for sexual abuse services, these women are in need of counselling, support, and information. It is also assumed that in increasing our expertise in working with these women, we are indirectly assisting the child victim. As women remain as primary caregivers to children, they are in a key position to assist the child in surviving the experience, and normalizing their lives.

The following chapter of this thesis will explore the literature available on intra-familial abuse and mothers' experiences in dealing with this reality. It includes prevalence rates, as well as etiological explorations from a psychoanalytic, family systems, and feminist perspective of the issue. This is followed by a description of a grief process and how this model can be useful in examining mothers' post-disclosure experiences.

Chapter Three outlines the methodology utilized for the research including a description of the sample population and the instrument. A rationale for the use of a qualitative approach will be offered, using a feminist analysis.

Chapter Four presents the findings of this study: the categories that emerged from the interviews and the words these women spoke that support these categories. To ensure confidentiality, the names of these women,

their children and partners, have been changed.

The final chapter discusses how these women's experiences blend with the grief model presented in Chapter Two, as well as a comparison with previous research studies on post-disclosure experiences. Based on these conclusions, the implications for treatment will be addressed along with limitations of the study.

CHAPTER TWO

LITERATURE REVIEW & FRAMEWORK

In beginning to outline what information is presently available in understanding child sexual abuse and the experiences of mothers, this chapter has been divided into two parts. Part one will discuss prevalence and summarize three etiological perspectives of incest and the role of mothers. The second component of the chapter, in outlining a grief model will develop a beginning framework for understanding mothers' experiences following disclosure of child sexual abuse.

Literature Review:

Although the issue of sexual abuse is being given more attention at many levels of society, the actual incidence of abuse is difficult to identify due to the secrecy surrounding the issue. "The primary task for the perpetrator after the sexual behavior has taken place is to impose secrecy" (Sgroi, 1982, p. 15). Consequently, many incidences of child sexual abuse remain a secret forever. These will never be part of any statistical study of incest. It is important to consider sexual abuse statistics with this "secrecy" factor in mind.

In the early 1970's a prevalence figure cited in a reputable medical journal was that there were .73 cases of incest per million people (Henderson, 1972). It becomes obvious how much this social problem has become visible over the last ten years when Henderson's statistic is compared to a 1986 study that found that 16 percent of their sample population (930 women) had had at least one experience of an incestuous nature (Russell, 1986). If Russell's figure of 16 percent is extrapolated

to the population of greater Vancouver (1.2 million, approximately half of which are women) then approximately 96,000 women and girls in the area will be or have been sexually abused by a family member. Although it is impossible to discover exact incidence figures of intra-familial sexual abuse, it is imperative that a problem of this magnitude be addressed. "It is crucial that we as a society stop participating in the conspiracy of silence that has kept incest one of the best kept secrets for so long" (Russell, 1986, p.13).

In continuing to obliterate the silence and myths around the issue, it is important to be aware that sexual violence is predominantly a crime committed by men. Although the data overwhelmingly supports this male preponderance, there are those who continue to believe that women abuse a great deal more than is documented, and believe this abuse is unnoticed or unreported. Finkelhor negates this notion saying:

"... the male preponderance is not simply a matter of abuse by women going undetected, since even in nonclinical surveys of adults reporting retrospectively on childhood sexual experiences, the male perpetrators vastly outnumbered the women (Finkelhor, 1984, p. 11).

In looking at the literature on sexual abuse, it becomes evident that few scholars attempt any explanation of this fundamental fact that it is primarily men, not women who sexually abuse children. Consequently, it is important to analyze theories of sexual abuse in these terms. Do they address the fact that men make up the vast majority of sexual offenders? Following, psychoanalytic, family systems and a feminist model of intrafamilial sexual abuse will be addressed. It is important to delineate each of these models, as each one offers a different perspective on the etiology of intra-familial sexual abuse, on the role of mothers in the abuse, and on how to treat these women and their families. An exploration

of these models will be followed by a discussion of research done on mothers' experiences following disclosure. As will be seen in the next few pages, the psychoanalytic perspective does not address the fact that men make up the majority of abusers. Some family systems theorists address this fact, while a feminist model bases its analysis on this fact.

In outlining the three models, a psychoanalytic framework will be discussed first as it was developed long before the other two. The most essential features of this theory are: the Oedipus complex, the theory of psychosexual development and the theories of psychopathology. (Lindzey, 1967).

Freud had a keen interest in intra-familial sexual abuse. In fact, the three essential features listed above are all linked to Freud's assumption that "there are powerful incestuous impulses present in all humans" (Lindzey, 1967, p. 1056). In his earlier work, he formulated his seduction theory which acknowledged that sexual abuse was occurring in the family. From the repeated cases he was discovering in his clinical work, he became "convinced that he had discovered the generative foundations of hysteria, and in 1896 he published two treatises setting forth the radical position that childhood sexual trauma was at the root of adult hysteria" (Swanson & Biaggio, 1985, p. 667). As his seduction theory was dismissed by colleagues, he left it behind and developed a psychosexual development model that emphasized the oedipal complex as being the causative factor in hysteria. This new theory claimed that sexual behavior with the opposite sex parent was the wish of every child. Consequently, he decided that the women coming to him disclosing abusive relationships with their fathers were actually fantasizing. The women were no longer believed. This notion of oedipal fantasies continues in modern thought by claiming

that children are willing victims of sexual abuse. "Due to the underlying oedipal phantasies, children may be more or less willing victims of the assault..." (Freud, A., 1981, p. 34).

A psychoanalytic model has played a key role in the historical development of theories on human behavior. This individualistic focus that viewed human behavior as having its source in the history and experience of the individual (Jones, 1980), was expanded by family theorists who began to perceive family systems, rather than individuals, as being pathological. The focus changed to the family system and the dynamics within.

Although there are differing models of family process, the commonalities of their theoretical constructs lie in their adherence to explaining family structures in terms of general systems theory.

A major aspect of organization is that the connection between elements is patterned, that is, involves redundant interactional sequences. This suggests that no single element or subgroup of elements can ever have unilateral control over the whole, nor can they act independently of at least some of the other elements ... all parts of the system (family) are interconnected ... consequently a change in one element will ultimately affect all other elements (Benjamin, 1982, p. 42).

In looking at the etiology of intra-familial sexual abuse, family theories offer a range of explanations, particularly in looking at the role of the mother. Some articles emphasize the role the mother plays in setting up or engineering the incestuous situation. Mothers are seen as "abdicating their roles as a mother and housewife and ... backing out of her sexual role as a wife" (Cohen, 1983, p. 156), or as "sharing responsibility" with the perpetrator for the abuse (Reposa, 1983, p. 115). Justice and Justice (1979) claim mothers are either collusive or participating, with no middle ground offered for mothers behavior. James & Nasjleti (1983) describe four categories of personality types of mothers

in incestuous abuse (passive, child-woman mother; intelligent, competent, distant mother; rejecting vindictive mother; psychotic or severely retarded mother) and explain how each of these types sets up an incestuous family constellation. According to these authors, the personality of a mother is somehow a causative factor of the abuse.

The indictment of the mother includes three counts: first, she failed to perform her marital duties; second, she, not the father, forced the daughter to take her rightful place; and three, she knew about, tolerated, or in some cases actively enjoyed the incest (Herman, 1981, p. 42).

There are a few authors who are strong proponents of a family systems model yet clearly remove the mother from the causative arena. For example, Gelinas says,

The wife has responsibility for her role in the marital estrangement as the husband does for his, but unless the wife actively participates or knowingly allows the abuse to continue, she is not responsible for her husband's sexual abuse of his daughter (1983, p. 322).

Finkelhor has taken strides in discovering risk factors in families (such as having a step-father rather than father in the home, a mother being out of the home, a sexually punitive mother, or no physical affection from the father), yet clearly rests blame on the father. He states, "The most important and relevant cause of the victimization was a decision made by the offender" (Finkelhor, 1984, p. 30).

Along with Finkelhor and Gelinas, the feminist literature on sexual abuse removes mothers from the responsible role. Incest is seen as a power dynamic in the family in that the father is using his power to satisfy his own needs. Butler (1980) defines power as "choices" and children having few choices have little power. Herman and Hirschman (1977) agree with this power concept claiming that "the greater the degree of male supremacy in any culture, the greater the likelihood

of father-daughter incest" (p. 741).

A feminist analysis assumes a power imbalance between men and women in this society. As the patriarchy maintains the power imbalance between women and men, it continues to generate abuse in the family. Wattenberg notes:

The feminist perspective brings into focus the extraordinary power that is exerted by the father as perpetrator, not only in holding the economic balance of power in patriarchal family systems, but in controlling the level of threat to both mother and daughter should they dare to expose the deeply abhorrent family secret (1985, p. 207).

From this perspective, the structure itself is seen as perpetuating sexual abuse by institutionalizing powerlessness and the dependency of women and children (MacFarlane, 1978; Butler, 1985; McIntyre, 1981). Mothers are viewed as victims of a sexist society along with their children. Even if mothers are non-protective of their children, there are environmental factors that come into play. Maternal collusion is a measure of maternal powerlessness (Herman, 1981). Is a mother's withdrawal from her role not symptomatic of women's oppression in society? Finkelhor expands on this:

Women tolerate suffering and outrage to themselves and their families in many forms - beating, sexual humiliation and poverty - without reacting because they often lack social and economic resources to defend themselves and have been taught to be helpless (1978 p. 45).

As family systems theorists moved from the individual (as in psychoanalysis) to the system of relationships in a family, feminist scholars move into an even larger system in looking at the structural impact on families and individuals. Although some systems theorists have included larger systems in their analyses (Coppersmith, 1986; Finkelhor, 1984) the majority of information on the impact of larger systems on individuals is delineated by feminist authors. There is an important

balance between individual and family healing and institutional/societal change. This will be addressed further in a discussion of treatment/change issues in the concluding chapter.

Although some authors manage an integration of systems and feminist thought in reference to family violence, Bograd (1986) articulates the difficulty in doing this in explaining the tensions between the two models. First, family therapists tend to attribute incest and battering to deviant or dysfunctional family processes and structures while feminists suggest that violence against women is a natural outgrowth of normal family functioning. Second, family therapists rarely address the issue of gender and power in families while feminists view the traditional family structure as the basic unit of male power.

As indicated above, there appears to be a proliferation of information on the etiology of intra-familial sexual abuse from several differing paradigms. In turning to specifics on mothers, although the literature discusses her role in the family prior to disclosure, there is a dearth of information on mothers' experiences following disclosure. Illuminating these post-disclosure experiences is important and necessary as this is the time of distress for the mother. The abuse may have been going on for several years, but until a mother realizes what has been going on, that is the time of disclosure, there is no trauma for her.

Myer (1985) investigated the experiences of 43 mothers of incest victims and divided them into three groups: protecting, immobilized, and rejecting, finding the majority to be protecting. Unfortunately, there is no information on the mothers' own perceptions or experiences following disclosure. Garrett (1975) looked at 11 women whose husbands were charged with rape and 7 women whose husbands were charged with incest. He claims

the incest events were useful levers for the women to reinforce their social and moral dominance in the marriage.

It seems to us, indeed, that there is a one-up-manship involved here, implicit in the idea that the burden to reform and do better now lies directly with the husband, who has demonstrably fallen short (p. 156).

Their conclusions seem to be based on the fact that these women frequently visited their incarcerated husbands, and a majority said they enjoyed the visits.

Two recent research-based studies on the experiences of mothers following disclosure are both unpublished. Brown (1985), in her qualitative study identified a series of stages that mothers moved through. She outlined three stages of coping that emerged from her interviews with ten women: 1) Disclosure Stage (shock/confusion) 2) Regrouping Stage (cognitive understanding) and 3) Renewal/Restructuring Stage (growth/planning). She also delineated issues that arose for these ten women. She labels them: Reaction to Offender (Protection, love, anger, why did he do it?), Reaction to Victim (anger, belief/disbelief, protection, concern, jealousy), Daily Living Tasks (coping with everything, balance between self and others), Self-Awareness/Self Evaluation (self blame, guilt, my responsibility). Brown notes that these issues changed for the women as they moved through the different stages outlined. For example a woman may experience self blame and guilt in the disclosure phase, but by the renewal/restructuring phase had come to a stronger self image where she had a recognition of her strengths and weaknesses.

Johnson (1985) conducted an ethnographic study of six mothers. Her study was much more in-depth in that, on average, 18 hours were spent

interviewing each woman. In her study she outlines three models of incest-family mothers found in the literature: collusive mothers, powerless mothers, and protective mothers, and examines the ways in which the findings from this study fit or do not fit the different dimensions of these models. As stated in her summary,

"The findings from this study have shown that even among six mothers there is a range of variability which suggests wider differences among the unknown universes of incest-family mothers than have previously been assumed. Mothers cannot be described simply as collusive, powerless, or protective" (p. 231).

She cites commonalities among these women as being socialized to assume their traditional position in society and the family, and to perform their proper roles as wives and mothers. Many of their responses to the disclosure of sexual abuse are not attributable so much to their individual traits, or personalities, but to their positions in society and the roles they have learned to play.

Johnson's statement regarding her findings supports feminists beliefs that a) the personal is political; b) that women are socialized to play certain roles in this society; c) that this socialization process has profound impact on mothers in dealing with a disclosure of sexual abuse by a husband.

In taking a closer look at the post-disclosure experiences of these 6 women, Johnson found that all the mothers were outraged by the incest and viewed it as wrong and serious. They displayed little empathy for the child which Johnson contends may be a mechanism to avoid the horror they felt about the abuse. All the mothers were angry at their husbands for what they had done and believed that a punishment of some kind was in order.

In coping with the abuse the mothers had differing styles.

They wanted to talk to others about the incest, or wanted to be left alone; they asked their daughters for the details of the incest or found it too painful to know any more; they felt confident to decide for themselves what to do or needed the support and encouragement of others to validate their own judgement and to sustain protective action (p. 157).

The mothers also displayed differing abilities at problem solving. Some could figure out the steps to take and how to get more information, others were more crisis oriented and impulsive in their behavior, while others needed the support of outsiders to do what needed to be done.

Johnson notes that in looking at the non-offending parents' post-disclosure experiences it is important to be cognizant of their immediate social environments as well as the larger society, as these have impact in terms of mothers' feelings, perceptions and behaviors.

As discussed earlier, there appears to be a preponderance of mother-blaming in the literature and, therefore, it is important to note two empirically based articles that offer further evidence of this. Caplan and Hall-McCorquodale (1985) undertook a review of major clinical journals for the years 1970, 1976, and 1982 to determine whether reductions in mother-blaming had occurred over that time period. They focused on articles that included a discussion of the etiology of psychopathology. They found no decrease in mother-blaming over the 12 years, and found over 75 problems identified in the literature as attributable to mothers. These problems ranged from incest to incontinence, to delusions to sleepwalking.

With the majority of scholarly articles on the etiology of psychopathology (for the three years studied) perceiving mothers as a major cause one cannot avoid extrapolating this bias onto frontline workers who are often the consumers of such articles.

Professional attitudes to incest were studied by Dietz and Craft (1980). Their study was to: "... investigate the existence of detrimental attitudes among workers in contact with incestuous families" (p. 604). In surveying 200 child protection workers they found that 87 percent of the respondents believed that the mother gives her unconscious consent to incest; while 65 percent believed she is equally responsible for its occurrence. It is significant to note that the mothers in Brown's study and in Johnson's study report that they did not know that the abuse was going on, and in their perceptions did not give consent in any way to what was going on between their husbands and their daughters. Although Dietz & Craft's work is only one study involving 200 workers, if we assume some generalizability is possible, it has profound implications for mothers. What effect does it have on them when workers, whether they verbalize it or not, believe that mothers unconsciously consent and are equally responsible for its occurrence.

In summarizing the literature available on intra-familial sexual abuse, it is evident that there are several explanations of etiology, as well as divergent opinions regarding mothers involvement or non-involvement, responsibility or non-responsibility. It is also clear that many of the articles written in this area are clinically based or based on previous theoretical articles, rather than being empirically based. It is evident that there is a need for more research in the area of sexual abuse, particularly focusing on mothers. More research on mothers will not only offer clinical direction in working with these women, but also give us information on how to utilize mothers more effectively in the healing process of their children.

A Grief Model as a Framework for Understanding the Experiences of Mothers:

A psychological model that may have some utility in explaining mothers' experiences is the grief model. It is likely that disclosure of sexual abuse in the family leaves the mother with several major losses: the loss of a dream of how family could be, a loss of a way of perceiving the world, her relationships and herself. These major losses seem to set off an emotional process that can be conceptualized using a grief model.

Schneider (1984), in his framework for grieving, takes a holistic and optimistic approach to the process of dealing with loss. He defines grief as "a process of discovering the extent of what was lost and the subsequent process of discovering the extent of what was not lost or what can now take place" (p. 59). His model is holistic in that it encompasses the total experience of a person: emotional, physical, intellectual, spiritual and behavioral. It is optimistic in that it includes the potential for growth that can emanate from a loss.

His model is based on a series of assumptions which he states have not been verified and perhaps cannot be verified. These assumptions include:

1. All significant losses result in a grieving process. Significance is determined by the intensity of attachment to what was lost and the extent to which day to day lives were disrupted by the loss.
2. Grief is a natural healing process, not an illness.
3. The way in which people have dealt with previous crises in their lives largely determines their initial reaction to loss.
4. The loss of any significant attachment is viewed by the individual as a threat to all significant attachments, including the individual's own life.
5. Early phases of grieving contain a vacillation of awareness in terms of the significance of the loss. In one moment one may be fully aware of the impact a loss has on your life, while the next moment, this awareness is repressed.

If these assumptions are applied to mothers of incest victims, the following additional assumptions can be made:

1. As the relationships involved in the abuse (family members) have an

intensity of attachment, and mothers' lives are disrupted following a disclosure (Brown, 1985; Johnson, 1985), it can be said that these women experience a significant loss and consequently proceed through a grieving process.

2. This is a natural process that these women must experience to get beyond their initial responses to the abuse. They are not mentally ill in their issues, feelings, and perceptions following disclosure, but simply experiencing a natural process.

3. If these women have had previous losses in their lives, for example a marriage breakup or death of a family member, that were never fully grieved, they will have a more difficult time contending with the present losses surrounding the disclosure.

4. Hearing about the disclosure threatens many aspects of these women's lives: their relationship with their children, extended family, friends, and their relationship with themselves.

5. Following disclosure, non-offending parents fluctuate in their belief or complete awareness of what has gone on. In one moment they may be aware of the impact the abuse will have on their lives while in the next moment they may shield this awareness from their consciousness.

Another assumption, gleaned from a grief model by Silverman (1981) is based on the notion that women place greater emphasis on their relationships than do men, which effects a woman's grieving process. She says, "a woman's true identity may well grow out of her involvement with others. Her sense of self may be organized primarily around her ability to make and then to maintain affiliations and relationships" (p. 21). If a woman's sense of self is entwined with her relationships, then it is not possible for her to suffer a loss of attachment without her identity

coming into question. From previous studies (Butler, 1979; Brown, 1985; Johnson, 1985), non-offending parents suffer a number of severed and/or conflictual relationships: daughters who are hostile and blaming of them, extended families who blame or pressure her to sever ties with her husband, a partner who she may or may not wish to stay with, professionals who blame her (Dietz & Craft, 1980; Caplan & Hall-McCorquodale, 1985) or offer little support. During the often disruptive time following disclosure, when when mothers need some stability in relationships, many of them are exceedingly conflictual.

Schneider conceptualizes a grieving framework that includes the tasks tasks of grieving, the phases of grief, and the process through grief which combines the tasks and phases. Three tasks of grieving are cited: limiting awareness, awareness and perspective, and reformulation. Limiting awareness is "... the capacity to maintain some level of functioning while preparing to deal with the reality of the loss" (p. 64). Limiting awareness generally occurs early in the process of grieving. For non-offending parents, this would include limiting the true significance of the sexual abuse, for example, that it is a crime and her husband could face criminal charges and incarceration.

The awareness and perspective task is switching from avoiding, to facing the reality of what has happened. For non-offending parents, that includes facing the seriousness and ramifications of the sexual abuse. The reformulation or growth task is based on "observations of a number of people who seem to go beyond acceptance of the power of fate in their lives to resolve their losses in such a way as to enhance their growth for actualizing their human potential" (p. 65). For mothers, this task would include the realization that from the trauma of the abuse there is

potential for growth. Through their struggles following disclosure they may discover strengths in themselves that had previously been untapped. This new found strength may lead to growth in themselves and their lives that may not have occurred had they not had to contend with sexual abuse in the family.

It appears that movement between the three tasks of limiting awareness, awareness/perspective, and reformulation represent key turning points in the grief process. Aside from these tasks of grieving, Schneider outlines seven phases of grief which vary for each individual in the order, intensity and duration. He uses the term phase rather than stage to avoid structurally ordering the grief process. He elaborates, "often phases move rapidly back and forth, being repeated and recycled" (p. 67). This "phase" concept coincides with Johnson's findings of variability in the women's experience. A stage model, that assumes a linear progression through successive stages, is too simplistic and not a true representation of these women's experiences which are multifaceted and cannot be explained through discrete stages.

The initial phase, "initial awareness," marks the beginning of grief. "It is generally experienced as a shock because it represents the intrusion of a new reality, often unanticipated" (p. 68). For mothers this is the time of disclosure, when they first heard about the abuse of the child by the partner. It is often a time of disruption of routine and capacity to function, which mothers often encounter. When the system becomes involved their children may be removed from the home, or father asked to leave; children may remain away from school for a time; a mother may take time away from work.

The second phase is called "attempts to limit awareness: holding on or

letting go." Limiting awareness is an attempt to find some alternative to grieving through holding on strategies or letting go strategies. Holding on strategies are "...coping behaviors whose intent is to find some way to prevent, overcome, or reverse a loss by means of the actions or beliefs of the individual" (p. 69). Letting go strategies would be attempts at escaping from or diminishing reminders of the loss. For mothers, limiting awareness might include finding ways to excuse the partners behavior (for example he drinks, or he was frustrated with his job) or on the other extreme trying to forget that the offender exists by destroying all household reminders of him or requesting friends and family to never mention his name.

The third phase, "awareness of loss", is a time of facing the loss and the implications of that loss. This phase is a challenge to the individual's will to live, physical stamina and search for meaning. It is the phase of grieving most frequently called grieving. For women whose children were sexually abused it is a time of realizing their whole world may be turning over: a partner may be incarcerated, a child may be dealing with repercussions from the assault for years to come, a sense of self as a mother may be shattered.

The fourth phase of "gaining perspective" ends the grief process in three ways: 1) returning to strategies to limit awareness, 2) going through the process of healing and acceptance or 3) taking active steps towards restitution or resolution in order to reinvest the grieving energy elsewhere. Consequently, gaining perspective on the grieving might be a returning to a search for excuses to exonerate the partner or an attempt to erase him from memory; settling in to an acceptance that this horrible thing has happened; or a growth component where a mother finds learning or

growth potential in the experience.

The fifth phase is "resolving loss" which is "beginning to detach from those aspects of their lives that are now over or which no longer have meaning" (p. 72). For non-offending parents this phase might include letting go of a self-image of a perfect mother who can prevent all harm from befalling a child.

Reformulating loss is the sixth phase which occurs after some type of resolution has taken place. It includes a change in perceptions with a focus on potential growth and challenge rather than problems and limits. An example for mothers would be the potential for growth in her relationship with her daughter. Having moved through a traumatic time together, there is a new closeness between them which can be built on and developed.

The final phase of grieving, called "transforming loss" involves "... the person placing the loss in a context of growth, life cycles and the view that grief is a unifying rather than alienating human experience" (p. 74). It is an extension of the previous phase yet goes beyond it as it moves from a self focus to a focus on the connections between us all. Specifically for mothers, this phase might encompass an objective look at the life cycle and how the incest event played an important part in making positive changes in her life and new and deeper connections with people.

The process through grief combines the tasks of grieving with the phases. If someone remains in the task of limiting awareness, they will have an incomplete process of grief, never coming to a reformulation of the loss. If an individual does not go beyond the task of acceptance, they are complete in their awareness yet incomplete in what this awareness signifies for the remainder of their lives. If a person moves to the task

of resolution and reformulation, then all phases are experienced.

For those individuals who reach the latter phases of transforming the loss, in dealing with subsequent losses it is "... less likely that the individual will remain in the initial phases for as long and is less likely to become immobilized by the assumptions and self-fulfilling prophecies that are associated with loss" (p. 76).

Schneider's framework on grieving offers a way of conceptualizing the experiences of mothers dealing with intra-familial sexual abuse. Mothers, along with any grieving individual, do not necessarily progress to the final phases of growth and challenge. Being able to perceive positives in the experience in terms of growth and change is difficult when your own child has been sexually abused. Moving to this phase would certainly take a great deal of time and internal work.

With Schneider's model of grieving combined with Silverman's assumption that women's needs for relationships compound the difficulty of grieving, there is a beginning conceptualization of the trauma these women experience and the phases that are a component of dealing with the trauma.

Before exploring the findings of this study and comparing them to the grief framework outlined, the methodology of the research will be delineated.

CHAPTER THREE

METHODOLOGY

Method:

As the research covering the non-offending parent is limited and the conceptual base that attempts to clarify the issues for these women has not been clearly developed, a qualitative study was undertaken. As described by Arkava, "When a research problem is poorly understood or inadequately described, they must instead [rather than quantitative] perform exploratory-descriptive research" (1983, p. 190). Such an exploratory focus allows for the development of a holistic picture of mothers.

The holistic approach to research design is open to gathering data on any number of aspects of the setting under study in order to put together a complete picture of the social dynamic of a particular situation (Patton, 1980, p. 40).

Consequently, many aspects of mothers' experiences can be explored offering a richness not available in quantitative efforts.

A qualitative approach has to do with the kinds of data that are collected. This method allows for the collection of subjective perceptions of the women in the sample population.

...The evaluator using a qualitative approach to measurement seeks to capture what people have to say in their own words. Qualitative measures describe the experiences of people in depth (Patton, 1980, p. 22).

The choice of design for this research fits with a feminist analysis of social science. Such an analysis views traditional research, ie. quantitative, as biased in that it has stereotypic notions of women, often it does not contain women in its studies, and male experience is generalized to the entire population (Stanley & Wise, 1983). An

exploratory approach, however, lends itself to a feminist research model by validating the experiences of women. They are validated as they are seen as significant, valuable pieces of information that researchers can learn from. Patton says qualitative measurements "find out what people's lives, experiences, and interactions mean to them in their own terms and in their natural settings" (1980, p. 22).

A criticism of qualitative analysis is that it is subjective and is therefore insignificant. Patton addresses this criticism by saying, "Numbers do not protect against bias, they merely disguise it" (1980, p. 336). Feminist scholars take this issue further claiming that objectivity is a sexist term that should be left behind (Stanley & Wise, 1983; Miles & Finn 1982). They claim it is impossible to do any kind of research, qualitative or quantitative, without the researcher's own beliefs and values being an integral part of the process. Consequently,

... all research is 'grounded' in consciousness, because it isn't possible to do research (or life) in such a way that we can separate ourselves from experiencing what we experience as people (and researchers) involved in a situation (Stanley & Wise, 1983, p. 161).

If one accepts the notion that objectivity is a myth and the researcher sees and presents the research in a manner that represents her/his world view or experiences, then it is important to be explicit about this view as it becomes an integral part of the research process.

This researcher's conceptualization, or method of understanding the world is from a feminist perspective. This paradigm effects the type of research problem formulated, the kinds of questions asked, the manner in which they are asked, and the understanding of the words shared by these women. How we experience the research has impact on what we see and how we analyze or construct the data. The research for this thesis was

experienced with a perception that women are oppressed in this society and the mothers interviewed are a product of this sexist, oppressive society. This oppression influences their lives and experiences as women and as mothers of children who were sexually abused. If they were non-protective of their children, there is seldom a question of blame, but a question of oppression and how this has produced powerlessness. As quantitative designs tend to silence the voices and experiences of women (Wetzel, 1986) a qualitative approach is necessary to avoid further oppression, further silencing.

Sampling:

The five mothers interviewed for this study all had children who had been sexually abused by a father or step-father. The five cases in this study were gleaned from the Family Practice Units at the University of British Columbia and Vancouver General Hospital. All five women had been to the units for therapy or consultation with a physician. Two of the women had been in therapy and were asked by the therapists if they would be willing to participate in this study. The other three women had brought their children to the unit on campus for a physical examination following disclosure. The physician, who specializes in child sexual abuse cases, perused her files for the previous two years selecting the names of mothers whose children had been sexually abused by their father or step-father. Women who lived outside the greater Vancouver area and those who were presently in a known crisis were not selected. A list of eleven women were then called by the physician's assistant and queried on their interest in participating in this study. Seven women refused for reasons that included upcoming court dates and a desire to leave the

experience behind them. A sixth woman was interviewed by the researcher, however, due to a technical malfunctioning of the video cassette, the interview with her was not included in the analysis.

The five women included in the study ranged in age from 24 to 42. Three of these women had separated from their husbands prior to the disclosure of sexual abuse. One of these three had left her husband as he had been physically abusive with her, while another had left her husband because he had been physically abusive to both her and her three children. The perpetrators included two natural fathers (in one of these cases the son was also abusing his sister), one step-father, one man who abused both natural and stepchildren, and one case where the perpetrator was the paternal grandfather with the natural father being a suspected abuser. The two men who were still with their wives at the time of disclosure admitted to the abuse, the rest denied that they had sexually abused their children. The duration of the sexual abuse was from six months to three years and ranged from fondling to violent anal and vaginal penetration.

The women discovered the abuse from three months to five years ago. They discovered the abuse in a variety of ways: two of them were told by their daughters, one heard from a day care worker, another from a social worker after her children had been apprehended, and one became aware of it after attending a workshop on sexual abuse.

At least two of the women had themselves been sexually abused as children. As this question was not directly asked in the interview, it is impossible to ascertain whether the remaining three had experienced sexual abuse as children or not. This question was not directly asked as the interview focused on the experiences mothers had following disclosure.

When mothers perceived connections between their present responses and past experiences they were discussed and probed.

Data Collection:

Methods of data collection in qualitative studies include: observation, questionnaires, telephone interviews and face-to-face interviews. Face-to-face interviews were used to collect the data in this study for the following reasons. Intra-familial sexual abuse is a personal, painful, and somewhat taboo topic and a face-to-face approach would allow for the emotional needs of the women to be addressed. Such an interview also appears to be the most appropriate technique for revealing information about emotionally laden subjects as it "encourages the greatest possible freedom and honesty of expression" (Selltitz, Wrightsman & Cook, 1976, p, 298).

To ensure accuracy of documentation, the interviews were videotaped. Although all the women expressed hesitancy regarding the taping, when the reason for taping was explained and the ethical manner in which the tapes would be handled, their concerns diminished. From the openness of the womens' sharing in the interview, it is assumed that videotaping was not a barrier or in any way limiting of the data collected. The eventual comfort with the taping may have been facilitated by the fact that four of the five interviews were conducted in the women's homes. The one woman who was taped at the Family Practice Unit had been taped previously by her therapist, and consequently had a certain comfort level with it.

Although questionnaires, with their standardized wording and sequence, offer more uniformity of presentation, their interpretation by the sample population may be quite diverse. Utilizing an interview format, from the

immediate response to a question, the interviewer knows if the question has been understood. If it has not, the interviewer has the option of modifying and reasking the question. Questionnaires do not offer this corrective measure.

As a guide to developing the questions which would be asked, the researcher began with the practical question of: What do we as social workers need to learn about these women and their experiences in dealing with sexual abuse? Emerging from that perspective were questions which focused on the perceptions/feelings/beliefs around the sexual abuse and those people around her, as well as facts on the disclosure itself.

The questions were developed being cognizant of the need for clarity, and an open-ended non-judgemental perspective. The interview was divided into two parts. Part one contained open-ended questions regarding mothers' experiences. Part two contained demographic/background questions such as the ages of mother, perpetrator, child, and the nature and duration of the abuse. The open-ended questions revolved around several themes: how the women discovered the abuse was going on and their initial response to it; the decisions they made regarding who to believe and support; and, the meaning these women placed on being a mother and being a wife and if these notions changed following disclosure.

The questions were originally designed with the assumption that the sample of mothers would still be living with the husband or partner at the time of disclosure. As a result, several questions focused on whether these women perceived a choice needed to be made between their partner and child, and if so, what factors influenced this decision. As three of the five women interviewed were separated from their husbands when the abuse was disclosed, they perceived no choice issues. They had previously

decided to end the relationship for reasons unrelated to the abuse, as the abuse was either a secret at the time of separation or had not yet begun. For these three women, questions around the decision-making regarding alignment were deleted.

The questions were given to two professionals working in the area of sexual abuse and with their feedback revisions were made. These questions were refined further as the interviews unfolded and the mothers' feedback uncovered a lack of clarity in certain areas of questioning. Revisions on the interview questions fell into two main categories. First, some of the questions needed to be more open-ended allowing for a broader range of response. For example, one question was originally: Did you experience problems or difficulties following disclosure, and if so, what? This was changed to: What was your initial response to the disclosure? (Probe for thoughts, feelings and actions.) There were also revisions necessary in lengthening some questions to facilitate their clarity. For example, one question was originally worded: How important was being a wife to you and what significance or meaning did this have? This question was changed to give a clearer understanding of what was being asked: Some women feel that marriage is for life, others feel that if things get bad it is best to end the relationship. How do you feel about marriage and being a wife? (Probe for loyalty, commitment, sense of responsibility.)

Finally, the format for the questions was more of a "general interview guide" than a "standardized" list of questions (Patton, 1980). He says,

The interview guide simply serves as a basic checklist during the interview to make sure that all relevant topics are covered. The interviewer is required to adapt both the wording and the sequence of questions to specific respondents in the context of the actual interview (p. 198).

This flexibility allowed the women to share their experiences in their own

way. The questions listed were always answered, but only asked directly if not mentioned in their own telling of their stories. Although the investigator went into each interview with the same list of questions, this did not preclude changing or adding questions as the interview progressed. Probing areas that seemed different from other women's experiences added to the richness of the data.

Reliability and Validity:

Reliability of a measure can be defined as:

... its capacity to gauge consistently the phenomenon being measured
... a reliable measure reveals actual differences in what is being measured - rather than differences inherent in the measurement process itself (Arkava, 1983, p. 20).

A reliability question in this study would be: Would mothers give different responses in an interview because they had different experiences or because the questions had been asked differently by the interviewer? Standardization of format was increased by utilizing only one interviewer so it was more likely that the interview questions were asked and presented in a similar fashion than if there had been several interviewers. Reliability was also enhanced by videotaping the interviews which avoided selective recording of the responses. If the interviews were documented by process recording alone, reliability concerns might arise in regards to what the interviewer deemed significant to write down, therefore, items deemed insignificant by the interviewer would never be part of the data which may well be important pieces of information. Video recordings avoid this bias.

Validity is the extent to which an instrument measures or assesses what it is supposed to measure (Arkava, 1983). As part of an exploratory

process, validity has been considered to some extent. During interviews it was important to be mindful of key factors that might influence the way mothers report subjective data. Although these factors, such as ulterior motives, desires to please, and fears of being judged, are kept in mind, the task of this study is to understand the meaning these women place on post-disclosure experiences. The investigator attempted to facilitate a non-biased open discussion of their experiences by sharing aspects of herself such as previous counselling experience with mothers of abused children, and reasons for interest in this project, as well as ensuring that comments made and questions asked were done so with a non-judgemental attitude.

The mothers' reports were accepted as having face validity. Although there is some controversy or criticism of accepting the validity of verbal reports, it is of prime importance in a feminist model. A fundamental component of feminist research is an acceptance of the validity of women's experiences.

... personal experiences couldn't be invalidated or rejected, because if something was felt then it was felt, and if it was felt then it was absolutely real for the woman experiencing it (Stanley & Wise, 1983, p. 53).

A researcher can remain aware of factors influencing the verbal reports while still perceiving them as valid. To invalidate the experience can be dangerous as seen in the legacy left by Freud in not believing women's stories of sexual abuse and calling them fantasies, secret wishes, or lies (Rush, 1980).

Data Analysis:

In some respects the process of analysis followed a grounded theory

approach where there is a generation of conceptual categories and their properties from the evidence found in the raw data (Glaser & Strauss, 1967). In developing grounded theory through qualitative analysis there is no attempt at fitting the data into the theory, but an attempt at discovering if the theory is relevant to the categories or themes discovered.

As discussed earlier, it is impossible to do pure grounded research as the researcher's prior knowledge, beliefs, and biases come into play. Consequently, this analysis occurred within a feminist framework which places great value on the subjective experiences of women and views many experiences as a reflection of power imbalances between women and men, and with prior knowledge developed through previous therapeutic interactions with mothers whose children had been sexually abused. Previous work with non-offending parents led to a beginning conceptualization of the post-disclosure process explained in chapter two's discussion of a grief model. Such a beginning framework helps to focus and "need not work as a blinder or straightjacket" (Miles & Huberman, 1984, p. 29).

The data analysis included two processes: the subjective components of the researcher's feminist framework and the researcher's previous counselling experience with mothers, as well as allowing categories to emerge out of the raw data. Therefore, analysis was both deductive and inductive - inductive in the emergent categories, deductive in perceiving the data from a general framework.

Data analysis was a process that began in the data collection stage when patterns and themes began to emerge. Following completion of the first interview and watching the tape, four themes emerged: inadequacy as a mother, questioning of own judgement, ambivalence regarding belief, and

a sense of guilt. Although the themes were not incorporated into the list of questions, they were watched for in subsequent interviews and if they did not emerge from the women's own telling of her experiences, they were asked as probes at appropriate times, which would be times when they appeared to fit into the context of the discussion.

Glaser & Strauss (1967) discuss "comparative analysis" where theory development is a process which includes joint data collection, coding, and analysis.

Of the five interviews, of approximately one and a half to two hours in length, two were selected for transcription to allow for a visual representation of the data to facilitate the process of analysis. The interviews selected for preliminary analysis were with the most articulate women, who were felt to offer the most detailed, complete and clear statements of their experiences. In addition, these two interviews reflected the range of circumstances in that one mother of a four year old was living with her husband when disclosure occurred, while the other mother of a teenager had previously separated.

The process of analysis began by transcribing only two interviews. This was done for the following reasons. Each transcript included 20 pages single spaced and took the investigator seven to eight hours to complete. Due to the time constraints on this study, it was thought that coding two transcripts line by line offered enough of a categorical base from which to analyze the remaining three tapes without transcription.

The transcripts were read and each point made that was relevant to post-disclosure experiences was coded. Examples of points made that were deemed irrelevant to post-disclosure experiences included a discussion of experiences in a transition house by one woman, and discussions of a

long-standing conflictual relationship with a sister-in-law by another woman. A point is defined as including one or more sentences with a common subject linking them. For example, a woman may express in four or five sentences her disdain for the perpetrator, or her satisfaction with the amount of support family was providing. These would both be defined as a "point". Each point was coded, or deemed irrelevant to the study, before moving on to the next. A code is defined as an "... abbreviation or symbol applied to a segment of words - most often a sentence or paragraph of transcribed field notes - in order to classify words" (Miles & Huberman, 1984, p. 56). When necessary, these codes were memoed. Glaser defines memos as "... the theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding" (1978, p. 83). Following coding of the two transcripts, a list was made of each set of codes.

The first transcript had a list of 37 different codes, while the second had 35 (see appendix for sample transcript and list of codes). When these lists were compared, although few of the codes were identical, they had similar meanings. For example, four codes from the first transcript listed on the left could be matched with the four codes from the second transcript listed on the right.

Confusion Following Disclosure	Initial Reaction
Secrecy and privacy	Need for Support vs Need for Privacy
Caring for Child	Concern re Daughter
Ambivalence re belief	Questions Child's Story

The codes that emerged from the two transcripts were then sorted through to develop a system of categories and properties keeping in mind that a category stands alone as a conceptual element, while a property is an element of a category (Glaser & Strauss, 1967).

To begin the merging process, similarities between codes were looked for. These similar codes were then listed as a group to see what to label the common element between them. For example, the following codes were listed together as they appeared to have some similarity: Confusion Following Disclosure, Initial Disbelief, Not in Her Repertoire of What People Do, Questions Child's Story, Loss of Control, Ambivalence re Belief, Questioning own Judgement. The common thread running through all these codes was that they were all aspects of the women's reaction to the disclosure. This common thread became the category. What emerged, further to this, were properties of this category that included, beliefs, actions and feelings. Consequently, there were beliefs that the reactions were based on such as sexual abuse not being in her repertoire of what people do, which incorporated an ambivalence of believing the abuse. There were actions taken that included confusion about what actions to take, and there were feelings such as loss of control, and a questioning of judgement. This merging process was a process of bringing the categories to a level of abstraction that would include the variety of experiences that these women related. The object of this process was to develop a system of categories and their properties that clearly represented the experiences of these women in their dealings with intra-familial sexual abuse.

The system of categories and properties that developed from the merging of codes included four main categories and their properties. These were Reaction to Disclosure: belief system, actions, and feelings; Changing Social Relationships: husband, child (victim), other children, extended family and friends, and larger systems; Self Issues: responsibility/guilt, and sense of judgement; and Healing Process:

support vs. privacy, releasing guilt and trust vs caution.

Following the coding of these two transcripts, the listing of the codes, and the initial development of a framework of categories and properties, the three remaining tapes were reviewed to ascertain if the tentative categorizations encompassed their experiences, to see if new categories emerged, and to select examples which best described the categories generated. This process began with a thoughtful viewing of the tapes, pausing when any major differences from the categories generated from the two transcribed tapes, were noted. As there was a timer on the videotape, any of these pieces noted could be retrieved easily by also noting the time. Although there were differences, with the exception of one property, it was found that the categories and properties had been developed with enough abstraction to incorporate these differences. The exception was the property of the Healing Process called support vs privacy. Although some of the women had issues with privacy and wanting the abuse kept secret, not all the women felt this. Consequently, the property was brought to a higher level of abstraction called "gathering resources". With this label all the women's experiences could be included. All the women attempted to find support for themselves in some way, and for some of the women this was balanced off with a need for privacy. The three tapes that had not been transcribed were then watched again, transcribing quotes that would function as supportive evidence. The tapes offered much grounded evidence that supported the emergent categories.

Upon final perusal of the categories and their properties, one final change was made by incorporating the category of Self Issues into Reactions to Disclosure. This change was made as the evidence that

supported the two properties of this category, namely responsibility/guilt and a sense of judgement, were clearly feelings that these women had. Consequently, they were moved to the feeling property of Reactions to Disclosure. With this addition to the feeling property there appeared to be a clear demarcation between initial feelings which were part of the initial crisis, and longer-term feelings which went deeper. The feeling property was therefore divided into the initial and longer-term feelings.

The final aspect of analysis included an awareness of two themes that appeared to link the categories and their properties. As Miles and Huberman say,

When one is working with text, ... one will often note recurring patterns, themes, or "Gestalts," which pull together a lot of separate pieces of data. Something "jumps out" at you, suddenly making sense (1984, p. 216).

What "jumped out" was the theme of mother as protector and the relationship disruption and subsequent reorganization that mothers experienced. As these two themes emerged from the categories that were developed following the coding, these themes would also link many of the points made by the mothers. This will become evident in the next chapter on findings which includes the categories and properties that emerged from the data, quotes that support or provide evidence of these categories, and further exploration on how the two above-noted themes provide a linkage between the categories.

CHAPTER FOUR

FINDINGS

Two central themes emerged from the data in this study. These were the mothers' belief in the importance of their role as protectors of their children, and the role disruptions and subsequent reorganization of relationships. Following disclosure, expected ways of interacting with people changed dramatically which led to confusion and changing or conflictual relationships. The roles that became conflictual for these women included the role as wife, as mother, as daughter and as friend. The role as protector is connected to this role disruption in that they now questioned to some extent their ability to fulfill this role. These two themes were deemed such as a) all the mothers discussed these notions at some point in the interview and b) generally these themes emerged in many parts of the interview, that is in many of the properties. As the mothers' belief in maternal protection and issues with role disruption were both woven through much of these women's stories, they seem to pull together a lot of separate pieces of data and have therefore been labelled themes.

The three main categories and their properties all reflect or relate to these themes. They are as follows: Reaction to Disclosure which includes the mothers' belief system, actions and feelings; Changing Social Relationships which includes husband, child(victim), other children, extended family and friends, and larger systems; and the Healing Process, which includes gathering resources, relinquishing guilt, and trust vs caution.

The three categories can be seen as three interlocking circles as they

are not discrete but have profound impact on each other, and are linked together by the above-noted themes. For example, as a mother deals with post-disclosure distress the actions she takes are influenced by her relationships, what people around her are suggesting or pressuring her to do. A mother's social relationships have impact on her healing process in that a non-supportive environment would lend itself to an extension of distress for the mother and a slower healing process. The healing process is effected by the belief system she is operating from. If she cannot believe that someone she cares about is capable of sexual abuse, her denial will influence her healing or grief process. As will be illustrated in the following discussion, all the categorizations relate to the mothers' perceptions of themselves as protectors of their children. These categories also reflect the role disruption that these women experience following disclosure and how an important aspect of the healing process is the reorganization or stabilization of these roles. The following discussion will exemplify these points.

Category 1: Reaction to Disclosure

Beliefs:

The first property of the Reaction to Disclosure category is the mothers' belief that they were guardians or protectors of their children. All the women were asked about what they believed was their role as a wife and a mother. All five women clearly placed themselves in the role of protector of their children. They had much less to say about their roles as wives than as mothers and perhaps this is indicative of their belief in the importance or significance of their roles as mothers. The two women

who were still with their husbands at the time of disclosure said:

I chose to have children and I love my kids and I'd go to any lengths to protect them. If I had had any idea that anything was going on I would have done something on my own.

... you bear the child and you have nurtured this thing and looked after it for so long and you have sort of been in charge of everything that that child does. So you are very protective, very very protective.

Three of the women mentioned their roles as wives clearly placing motherhood first:

Once I found out what he had done, there was no role as a wife.

I could never ever care for anyone who would be capable of doing something like that, my feelings would just go. Your children are part of you and you have children you nurture them and protect them.

Motherhood [rather than her role as a wife] was 1000 times more important. It just took over. Your children are forever where a lot of times your mates aren't.

In the last two statements, the beliefs, in addition to what these beliefs are based on, are very clear. For the first women the belief is based on a sense of biological connection to her children that renders her protective, while for the second woman it's a sense of permanence that she has with her child. With the women operating with the belief that mothers are protectors it is easy to see how this effects the reactions to disclosure when the actions these women took are delineated.

Although all the women saw themselves as protectors, three of the women displayed some ambivalence in believing that the sexual abuse had occurred. These three all believed their children, and took actions that supported this belief, yet shared some ambivalence in the interviews. Following disclosure, they questioned whether perhaps things had been misconstrued, or the child was fantasizing.

I believed her, but I didn't want to believe her. I wished that it wasn't true because I knew what was at stake.

It gradually sunk in deeper and deeper until I realized. I knew but I didn't fully comprehend it, you know you can't take that much shock all at once.

I totally believed that if Ann had been his natural born daughter I don't think this would have happened at all.

As there is too much at stake, there is an attempt to not fully believe. Initially, the reality of what is at stake is too much to comprehend in full awareness. The shock for another mother is too much so limiting awareness for a time was helpful for her in assuaging the distress. The third comment can be seen as trying to excuse the behavior by focusing on the non-biological attachment of the father and child. If a reason or excuse can be found for the behavior, then it is easier to accept as real.

For these women, ambivalence in believing was necessary. It was a coping strategy that needed to run its course. Two of the women, however, experienced no ambivalence in believing. Their belief was immediate.

It was like a puzzle fitting together. It was so true, there was no doubt in my mind.

One of the women in the group [mother's support group] said because of my own abuse, I couldn't deny.

These two women were the ones who shared their own sexual victimization as children. Perhaps it was easier for them to believe because they had had some first hand experience with it. Sexual abuse was in their repertoire of things that happened to people which could have made it easier for them to immediately incorporate the disclosure information into their reality.

Actions:

Actions taken following disclosure is the next property. This property clearly illustrates the preeminence of the protective maternal

role as all five women took actions that were protective of their children. These actions included reporting to Child Welfare or police, locating therapeutic services for themselves and their children, and arranging financial matters when necessary to ensure the continuing financial support of their children.

... I wanted a few minutes to think so I arranged to take Sue to my friends house so I could come home and talk to Don about whether we should wait till tomorrow, whether we should do it tonight. I knew it had to be reported, but I didn't know in what area.

My sister was there at the time, and the first thing we did was call the crisis line and they referred us to the children's help line, zenith.

[My daughter] and I came out and talked to Dr. Herbert before my husband got back. [My daughter] and I went together to see her.

Those women who displayed some initial inaction claim it was due to confusion as to what actions were necessary or appropriate.

So I felt pretty, like I didn't know quite what to do. I wasn't sure what the next step was.

Their not knowing what actions to take could be partially due to professional negligence, as well as their own resources being limited due to the shock following disclosure, as delineated in the next property.

Feelings:

The final property of Reactions to Disclosure is the feelings identified by the women. These feelings have been divided into initial and long-term feelings. Common initial reactions included: disappointment, shock, feeling betrayed, sick, a loss of control. They share their initial responses:

Total shock...

You sort of go into a shock-like state ... because I hadn't any indication.

I just went into shock ... I literally felt sick.

I felt sick. Literally I just felt sick ... disappointed to the nth degree.

I felt very very betrayed. Really really betrayed because here is one of the most precious things in my life and this person hasn't destroyed it but has mutilated it.

The problem was I didn't have a handle on it. I didn't know how I could cope with talking to the authorities or anybody else.

I felt I was totally over my head.

These responses were all part of their initial reaction. The shock is evident of the gravity of the violation to the children who are under their protection. There is shock and feelings of sickness when someone they have been trying to protect from harm has in fact been harmed. There is a sense of betrayal when it has been a partner that has brought this harm onto the protected child. There is concern about being able to handle it and being over one's head as their abilities as protector are now in question.

There had been an intrusion of a new reality into their lives and they were trying to cope with it. One woman said she experienced "horror" following disclosure as she began to relive her own childhood and her own experiences of being sexually victimized. For this woman her distress was compounded as she tried to deal with these past experiences along with the issues surrounding the sexual abuse of her own child.

One woman described the initial reaction to disclosure as a "relief" as she now knew what was wrong with her children, why they had been uncontrollable for so long.

It was horrifying but then I knew what I was dealing with, up until that point, I didn't know what was wrong ...

Although this woman expressed distress around the disclosure, the new

information also brought some gain as she finally knew what was happening in her family and the awareness of what was wrong was easier than the unknown. Knowing what was wrong with her children, she could now take measures to protect them against further violations, she could take measures to help them cope with what they had already experienced. She could take on her protector role again as she knew what she was protecting them against.

The long-term feelings that were expressed by these women were a sense of responsibility or guilt, and a questioning of their own sense of judgement. Statements of guilt and self-questioning were frequent in the interviews and reflect concerns about not fulfilling self-expectations within the parameters of a guardian role.

All the women expressed feelings of guilt or responsibility for what happened. Their rationale for this guilt took many forms:

...maybe if I had done things differently he'd be stronger. I felt I was a worse offender than my husband, that I had failed that much...

One of the first phases I went through was how could I not know? What's wrong with me? You start to think its your fault, you brought him into the home, you married him.

Some residual guilt for being a working mum. And once in a while I get a pang where I say well maybe it would have been better had she not been baby-sat...

And then a certain amount of guilt in sort of a broad sense, how could I have picked a man that would have done something like this. I really screwed up, even before she was even born.

And I suppose with the abuse, I felt a certain amount of guilt that I should have picked up the signals...

And there's always the question of why didn't I know. You think you would know, especially sexual abuse, for me it was a sort of vow that I'd know.

These women as a group blame themselves for not helping the husband be stronger, for not knowing about the abuse, for working outside the home,

or for marrying the man in the first place. Woven through all five stories was an overwhelming sense of guilt for what had happened to their children. It was when this topic came up in the interview that two of the women broke down. Rather than perceiving their partners as blameworthy for their sexually abusive acts, they perceived themselves as blameworthy for not fulfilling their roles as protectors. They had not protected, and were consequently at fault.

The women in this study all expressed a sense of responsibility for creating and maintaining relationships and consequently see themselves as to blame when they disintegrate. One of the mothers shares her feelings on this:

I did feel a very strong commitment to keeping the family together. Since it seemed that I had all this responsibility, like here I was stuck in the middle...

The next strong feeling that emerged from the data was a questioning of sense of judgement. Four of the women began to question whether they could any longer display good judgement of situations, of people, of their children's behavior.

...you begin to wonder about your own judgement... One of the things that came to mind was jeepers did I make the wrong decision for the second time. Did I really make the wrong decision by choosing this person to live with for the rest of my life.

So that [missing the clues] has made me a little more self-doubting of me, which has made me a little more suspicious of anything.

I just wonder who you can trust if you can be so deceived by one person and you can live with them and not know what they are doing to your children. I feel I have no power to differentiate between people.

There were points when I couldn't figure out how you could live with someone for 23 years believe you have one kind of a marriage and find out that you didn't.

As far as parenting her it's difficult to know what is a normal child's reaction and what isn't.

This loss of judgement has impact on mothers in terms of future friends and partners. Can I trust him, can I trust her? There is also future concern about judging situations. They ask themselves: Is it safe for my child to sleep overnight at her friends house? When my friend holds my child like that I'm not sure how to take it? These women, in questioning their judgement, were questioning their skills as protectors. If I can't judge people or situations, how can I ensure the protection of my children?

One woman, on the other hand, expressed an increase in faith in her sense of judgement as she has learned to trust her instincts.

I trusted my instincts more. Maybe I should listen to myself more. The ideas I had before that something was happening, were right.

Prior to disclosure she had a gut feeling that something was amiss, but did not know what. The disclosure validated her feelings and consequently increased her faith in her ability to judge. She had faith in her skills as protector but saw a need to trust them more.

The mothers' reactions to disclosure emerged in some ways from their belief systems. In seeing themselves as protectors they took actions that ensured the safety and well-being of their children. The feelings they shared upon hearing of the disclosure, reflect the protector stance. As protectors, they care and respond with feelings of shock, sickness, disappointment. The ambivalence of believing accentuates the fact that the mothers' reactions are not static, but are part of a process that evolves with time. The longer-term responses of guilt and questioning self-judgement also reflect the process of responses. The mothers' feelings began with shock, and disbelief and then evolved into a deep questioning of self: Am I responsible for what happened? Can I judge

people and situations? Can I no longer protect my child?

Category 2: Changing Social Relationships

The second category includes family, friends, and larger systems, all of which impact on her in differing ways. She is continually interacting or transacting with the larger and smaller systems surrounding her, and consequently, her post-disclosure experiences cannot be explored without examining these systems from a mother's perspective.

Husband/exhusband:

The first property of this category is the husband/exhusband as perpetrator. As three of the women had separated from their husbands prior to disclosure, they did not perceive a loss of a partner when disclosure occurred. The two women who were living with their husbands when disclosure occurred had a choice to make in whether to leave him or not. Whether or not these women were still with their husband, their relationships with him changed. For some, there was confusion in what to expect of that relationship. For others there was merely conflict as he continued to deny that the abuse had taken place.

The women's reactions to the offender ranged from hate, to ambivalence, to a focus on his good points. The two women who were with their husbands at the time of disclosure displayed the most caring for their partners.

I've been a wife and mother to my husband and that's probably part of his problem. When I see him now over financial things, I have this sense of protection.

After 23 years I don't think I can walk away to the extent that I don't know what's happening to him.

I actually believed that he was a good person. ...is it worth it to throw away the last 11 years when there have been really a lot of good parts to it ... we had a good relationship.

This woman who made the last comment also claimed that one of the reasons her husband never left the home following disclosure was that she didn't think he could cope alone.

So I guess really why he never left was, I don't think he could have coped very well on his own. I actually don't think he could have coped at all at that particular time, he lost 20 or 30 pounds in one fell swoop.

The two women who were living with their husbands at the time of disclosure extended their protector role onto their husbands. If the man is seen as in need of protection, then this could be viewed as a means of coping by not looking at the reality of his behavior as an adult, and perceiving him as responsible for his actions. This protectiveness could also be viewed as another aspect of women's socialization as relationship-focused and protective of those relationships.

Although these two women were to some extent protective of their husbands, there was some ambivalence in that they were also able to see the reality of the situation. Although they were protective they saw that their husbands were adults and responsible for their behavior.

He didn't really realize what he was doing, which I suppose sounds pretty phoney when you examine it and when you think about it.

[my husband], he's an adult, he's done something wrong ...

Two of the women expressed dislike for their exhusband, but had some empathy for them. One woman claimed she hated the man.

I hated him, he just made me feel sick. You start to wonder how you could have ever liked that person.

It is possible that the two women who express dislike for the perpetrator have experienced more healing around the disclosure than the

woman who displays hate. The intensity of hateful feelings could possibly be considered an early response to the disclosure, while a display of some empathy towards the perpetrator may be a signal of letting go, or resolving some of the intense issues surrounding the abuse.

Child/victim:

The next property explores the women's feelings towards the child/victim. All women articulated concerns regarding the long-term trauma to the child: How will the abuse effect their future lives? Will they grow up and have healthy relationships? This concern reflects their perceived role as protector, and as a protector they are responsible for the well-being and development of their children. For those mothers with older children there appeared to be some difficulties or conflicts in expected ways of interacting. Their children were angry at them for not protecting and consequently role disruption occurred.

One woman perceived a tremendous loss of her children's innocence, or childhood itself, while the other women shared concerns about long-term effects of the abuse.

It's almost like your kids were killed. That's how you feel. They're different as a result of the abuse.

[The abuse was] ... going to cause this child to have a lot of serious problems.

The two women who were with their partners at the time of disclosure both expressed a difficulty with the child-victim in that she wanted her to pick sides. Although it is not clear what this "siding" meant to the child, for the mothers it was a difficult position to be in.

She wanted me to side with her and not to side with him ... that's what was really difficult. And because you are faced with two people you care for and you know one has done something to the other. It's just a terrible thing to have to make sense of if you can.

Jane and Tom [two of her children] are at a stage that if I believe in John [father] I don't believe in them. It's like I have to pick sides.

These two women had difficulties in the protective role as it encompassed the child and to some degree the perpetrator. How is it possible to protect both? Role disruption occurs here in that these women are unsure as to their usual ways of interacting in their close relationships. They may fear displaying their usual caring for the husband as the child may feel a lack of support.

Three of the women realized and acknowledged the anger or hostility that their abused children were directing at them. They were aware that these children were angry with them for allowing the abuse to happen. The two women who did not mention the child's hostility towards them both had four year olds.

And she was very angry with me. She was probably angry with me because I didn't see that this was happening, that I should have protected her from it, that in some way I should have stopped him from doing it. ... and she was really hostile, really hostile.

...they really treat their mother bad, in the beginning especially. They think it's your fault and that you knew. Mothers of sexually abused kids become abused by their kids. They really do. ...You have to remind them a few times that you really didn't know because they really believe that you did know because mums know everything.

He [the father] phoned one night and they [in-laws] put Jane [her daughter] on and let her tell him that she had reported him. That turned her right against me because I hadn't handled the situation. That put them all against me, my sons they had all turned against me.

Although it was difficult for these women to deal with their children's hostility, they seemed to have some understanding and patience with this reaction. They have all taken great care in rebuilding these relationships. Again, this illustrates the protective theme evident in these findings, as well as the theme of conflictual or changing relationships, or role disruptions. The children are hostile because

their mother has not protected them and the mothers are understanding of this as they perceive the situation similarly. They believe themselves to be at fault for not ensuring the total protection of their children. They are taking great care to rebuild these relationships as they are attempting to again take on the protector role. As protectors, it appears as though the rebuilding of these relationships is important.

Other children:

Non-abused children also played a role for two of the women. These children were important for these mothers' well-being as these relationships remained stable. For one, her young son was somewhat of an escape as he knew nothing of what was going on and she could play with him maintaining a sense of normalcy.

And another thing that I think really helped a bit was that we still had our other child that we could play with and express yourself with with the other child and spend some time with. That helped.

For another mother, her eldest daughter was an adult and her biggest support as she was non-punitive.

My eldest daughter and her husband... they were supporting me.

These children offered some stability for these women while other relationships were changing or conflictual. For these two women, they felt their protector role was not in question with these other children, and consequently, it was a relief to spend time with them. The remaining three women were not part of this category as two of the mothers had only children, while one mother had three children, all of whom were abused.

Family and friends:

The mothers' perceptions of family and friends is another property of

the social relationships category. These women received varying degrees of support from their social network. Only one woman said she received total support from this group.

They were [supportive]. They wanted to be violent. I couldn't imagine it any other way.

On the other extreme one woman claimed she received none, as she told no one, outside of professionals, about the sexual abuse.

I didn't want to talk to anybody.

Another woman did not tell many people in her network, but those she did tell were an excellent resource for her.

... everyone was really supportive.

The final two mothers received pressure and/or criticism from family and friends. One woman said her family was pressuring her to cut off all ties with her husband, while another was criticized by her mother for marrying the man in the first place and questioned by a friend as to why she wasn't providing her husband with an adequate sex life.

I find for most people [family] I should come up with an absolute. They won't be able to trust me unless I disown my husband and my son.

Your family tends to blame you, I told you you shouldn't have married him. I knew he was a creep. I felt they weren't supportive. People [friends] ask well didn't you have sex with him? That's where people's minds are at, there's not that understanding.

How much support a mother received from those close to her would likely effect how she maintained her protector role. With supportive family members it is assumed there would be less difficulty in working through guilt around the harm that has befallen the guarded child. Expected ways of being with people again changed for these women. How do I act normal with my family and friends if I don't tell them what has happened? How do I act with them if I do tell them? For those mothers who were blamed by

those close to them this would lend itself to conflictual relationships with those people.

Larger systems:

The final property of this category is the mothers' interactions with larger systems they came into contact with following disclosure. These systems include: medical [physicians], legal [court, lawyers, police], Child Welfare, and various counselling agencies. Although much of the discussion in this area was critical of these systems, there were some positives, particularly around the counselling they or their children were receiving (or had received.) Their frustrations with the systems reflect the frustrations of a protector and included the following:

They left me high and dry... I still don't know what is happening with the police.

You are really sort of left in a void. Everyone thinks a mother should know what to do but no one is willing to tell them because they are waiting to see what you do to see if you do the right thing. I got that a lot from the social worker [at Child Welfare].

That was another of my really strong feelings in dealing with the court was that NOBODY seemed to be particularly concerned with her [the victim] and how she felt ... nobody was the least bit concerned with her.

The kids spent some time seeing therapists who were not qualified to deal with sexual abuse ... I couldn't afford people who were qualified.

We never got any real help for a long time. And we just thrashed about for about six months trying to figure out what was going on in our lives.

These women perceived that the systems they were dealing with were not meeting their needs. The confusion these women experienced with systems could be a reflection of their own confusion of the initial impact of disclosure. There is a maze of services, and procedures within these

services, which could exacerbate the shock and confusion of a mother's initial awareness of the abuse. Their comments regarding the system also reflect their confusion following the loss of the protector role and their frustration in getting support from the system in reestablishing this role. They looked to the system to assist them in getting back into their role as protector and felt that they did not always receive the help they needed. These comments also reflect confusion in taking on a new role. Most of these women had not dealt with these systems before and consequently were confused and unsure of what was expected of them in terms of behavior or actions. Here, role confusion was not a component of changing relationships, but a component of having to take on a new role and new relationships which meant contending with interactions that had never been experienced before.

All the properties of the Changing Social Relationships category, husband, children, extended family and friends, and larger systems, were all systems around the mother that had impact on her. Consequently, their Reactions to Disclosure (category one) were not occurring in a void, but were occurring in the context of the above noted social or environmental components. How supportive/non-supportive, informative/non-informative, or blaming/non-blaming the systems are would likely influence her feelings and actions following disclosure. Conversely, the reactions she displays following disclosure could have some influence on how systems around her respond. Further to this her reactions to disclosure were based on her belief in the protective nature of the maternal role, and her perceptions of her social relationships were also effected by this belief.

Category 3: Healing Process

The final category of findings is the healing process these women experienced. This process included things that needed to be done to get on with their lives, and the things they needed for this to happen. Part of their healing was to reorganize their relationships in an attempt to end the conflict or confusion that they were experiencing. This may include rebuilding solid relationships with their daughters, or severing ties with a partner. It could include changes in some relationships or ending others. The three properties of this category are: gathering resources, relinquishing guilt, and trust vs caution. This category, and the three properties that are derivatives of it, can be seen as the mothers' attempts at reestablishing the protective role, and stabilizing or reorganizing changing and conflictual relationships. These were of significance to these women and consequently, any healing that occurred incorporated a reestablishment of their capacity to fulfill the protector role, and to have the many changing relationships settle or stabilize.

Gathering resources:

In looking at the first property, for two of the women, gathering resources was balanced off with a need for privacy. These two women .. discuss their privacy issues:

Nobody knows... there is nobody on this earth I would want to discuss that with. It was something we didn't want to discuss with anyone else. It was that simple. With work and that sort of thing, you don't want any of this type of thing to leak out.

Not that many people knew because it was something I really didn't want to tell very many people ... it was almost like it was dirty, like you didn't want to have people have you associated with it.

This need for privacy can be seen as a need to keep secret the fact that they had fallen short of their protective role. They perceived themselves as guilty for not protecting and did not want many people to know of their shortcomings. This need for privacy and secrecy around the sexual abuse can also be seen as an attempt at normalizing the family or a means of avoiding the stigmatization that can befall families. There is a balance that is important and if one is too far over in the secrecy realm then this could be considered a means of avoiding the reality of what has occurred. For example, a mother may attempt to keep the abuse a secret to avoid facing the seriousness of the offense. They seem to be saying, as long as people don't know, I can try and make it all go away.

For one woman, telling as many people as possible was important.

If I tell ten people they'll tell ten people and it'll be known that it's happening to people you know. People have to know that it's happening everywhere and by relatives.

For this woman, letting people know about the abuse went further than gathering resources for herself, to a broader consciousness regarding secrecy and how this can limit awareness of the issue in the society as a whole. Her role as protector went farther than her own family. If she told as many people as possible perhaps she could have some effect in protecting other children who were being abused.

The degree of support from family and friends was discussed earlier, and for those who had understanding people close to them they found this helpful in their own healing processes. All the women had had some form of clinical intervention which was also an important component of the healing process. One woman clearly stated the importance of professional intervention:

I can't stress that proper therapy is important too. Because we are only cut out to be mothers, we are not programmed when we are pregnant to deal with sexually abused kids. You need that kind of support, you just don't get therapeutic support from family and friends.

This woman clearly states that she does not have the skills to cope with a child who has been sexually abused. As protector, she needs professional assistance to cope with her role. Another aspect of gathering resources was securing financial means. Two of the women interviewed said this was an issue for them. One woman, along with the financial support she continued to receive from her husband after he left the home, was balancing two part-time jobs to keep up with all the normal expenses of a family. The other woman who struggled with economic survival perceived her situation as hopeless. Even though she was involved in upgrading her skills as a secretary, she could not foresee being able to support herself and three children on her projected earnings.

I just feel so hopeless... I was married, I was being supported and I had a third child feeling that financially things would be stable ... I lost everything through it.

This woman's healing process appears to be influenced by the economically dependent nature of her marriage and the impact of the severance of economic well-being. From a financial perspective, she is unsure as to her capabilities as protector. Taking on the economic provider role is a new role that she is unsure with.

In gathering resources, the women identified what their needs were in terms of the various resources. These needs included acceptance, support, someone to listen to them, someone who could give them information, and a break from the children.

... trying to surround yourself as much as possible with people who make you feel okay about what you are doing.

... there are lots of times when you feel just overwhelmed with what's going on and if you have got somebody who is supportive and strong and is willing to listen to you.

It's needed so much to have somebody there behind you.

There should be something there to help the mother. I was told later that part of my problem with the social worker [at Child Welfare] was that I was so emotional I was using her like a counsellor, but I didn't have anybody else to talk to.

We [mother and father] oscillate between trying to figure out if it's normal adolescent things she is doing or whether it was because of the abuse that she behaves the way she does. So when we started coming here and working with [the therapist], that really clarified a lot for us on just what to do with her. You don't know what's normal.

You can't figure things out yourself. You need someone else to answer your questions you've got about the whole thing.

There's a period of time I wished I wasn't as strong. There's a period of time when I wanted to be locked away in the hospital and someone else to deal with it...No one ever called up and said why don't you go out tonight and I'll look after the kids... There's never a break...And I need one.

This last woman who speaks of not getting a break said that the constancy of her children and coping with their issues kept her from dealing with her own feelings.

I didn't get a chance to go through my feelings for years.

Their defined needs reflect the needs of the protector. If there is someone to support me, listen to me, accept me, then perhaps I can again take on the role of protector. There is assistance needed in taking on this role again with confidence. These comments also reflect the theme of role conflicts in that they are in need of a relationship that is calm and accepting, someone there for them who will listen and accept. A needed break from the many conflictual and confusion relationships that surround them.

Relinquishing guilt:

The women in this study seemed to be at different stages of the second property of the healing process that of relinquishing guilt. One woman said simply that realizing that she did not abuse her children, her husband did, was helpful for her. Another woman said:

Counselling in terms of hearing it over and over again that it is not your fault, it's nothing that you did. You almost have to bombard the person in a gentle way, constant reinforcement from anything around her, as much as you can do. It's not her fault! And ... the thing I found for me is that it really has to be constant.

For this woman, she needed to hear again and again that she did not slip up in her role as protector, it was not her fault.

As protectors, they could only release a sense of responsibility and guilt when they saw their children's day-to-day activities and behaviors begin to normalize.

Trust vs Caution:

The third property of healing was finding a balance between trust and caution. This can be seen as part of their attempts to feel that they have the skills to be a protector. This finding also reflects the role confusion that these women have experienced. Their expected way of dealing with people has broken down. Now they have to attempt to reorganize everyday interactions. With this comes much questioning: Can I trust this person? Must I be cautious here?

Three of the women discussed this issue, all in slightly differing frames. One woman saw it as a balance of caution/trust of people near her daughter:

I think you can be careful and maybe I would be a lot more careful in reading signs in [my daughter] if I started noticing things. And again I feel I have to have some trust, you can't go through life not letting your child near a man, you can't do that, it's not healthy.

One woman saw it as a trust issue in her relationships as she tried to think about a future where she could trust a man again and become involved with him, while another was trying to rebuild trust with her husband.

And starting to all over to trust someone again is really difficult. You start at rock bottom and it just takes time.

The three properties of the healing process: gathering resources, relinquishing guilt, and trust vs caution were all emergent from the data in terms of what healing was all about for these women. Again, this category is profoundly linked to the previous two. A woman's responses in terms of beliefs, actions and feelings, along with the systems impacting on her, would all have an effect on her healing process. For example, if a mother's family is blaming, it would render the relinquishment of guilt severely difficult. This category, like the two previous categories, reflect the non-static nature of the non-offending parent's post-disclosure experiences.

From the tears that came in some of the interviews and the difficulty with which the women discussed certain aspects of their experiences, it is obvious that these women are still in the process of grieving, still in the process of getting past this event in their lives, still in the process of gaining confidence in themselves as protectors. As in some ways, they are still in the midst of healing, their process in doing this was not clearly articulated or developed by them.

The final chapter will integrate findings from the analyses with existing knowledge in the literature and discuss implications for social work practice with this particular population.

CHAPTER FIVE

CONCLUSION

INTEGRATION OF FINDINGS WITH LITERATURE:

To begin the concluding discussion of this research study, the findings will be compared to previous studies on mothers' post-disclosure experiences as well as the grief framework delineated in chapter two.

Brown's (1985) study of ten mothers found three stages of coping. These stages (Disclosure, Regrouping, Renewal/Restructuring) indicate, as the findings in this study do, that a mother's experiences are best viewed as a process, rather than a static event. Unlike Brown's findings, the women in this study appear to have a more complex process than can fit easily into three stages. It is also difficult to conceptualize these findings into discrete stages as some of the women appeared not to experience things consecutively, but at times concurrently. Although these women all had experiences that could fit into Brown's stages, they do not appear in any clear order or sequence, and appear to be more complex than could be explained by three stages.

In looking at Johnson's study, there are again similarities and differences. Johnson found that all six women in her study were outraged by the incest, viewing it as a serious wrongful act. In this study, all the women were also outraged. This was evident in their initial reactions of shock, sickness, and disbelief. They all took the event very seriously, as seen in the protective actions they demonstrated.

Johnson's study found that the women showed little empathy for the child-victim. This was not evident in this study. As noted in the statements in the previous chapter, these women displayed much concern for

their children's well-being. As Johnson notes, the lack of empathy may be a mechanism to avoid the horror of the abuse. The women in this study perhaps found other mechanisms to limit their awareness of the horror.

As in Johnson's study, the women in this study had differing styles of coping with the abuse. Some felt a need to tell many people about the abuse in order to obtain their support, while others wanted to maintain a certain amount of privacy. These differing styles could be connected to a person's healing process, and it is possible that in earlier stages there may be more of a need to keep the family secret as a means of maintaining control. In later stages, they may have some understanding that keeping the secret from everyone may be a way of avoiding or limiting awareness, and consequently decide that the secrecy must end. Although behavior at the extreme ends of secrecy vs openness may be problematic, many behaviors along this continuum could be explained by differences in personality. A quieter, more introverted personality may be inclined to tell fewer people, because they do not have that need, while a more extroverted personality, due to their style of relating to people may need to share the event with many people.

The most important factor to articulate in comparing this study with those of Brown and Johnson is that the women all said they did not know that the abuse was going on. This negates articles that describe mothers as collusive (Justice & Justice, 1979; Cohen, 1983), as well as challenges the belief of professionals, as noted by Dietz and Craft (1980), that mothers know. The fact that the women said they did not know that the abuse was going on could be challenged by sceptics who may claim that these women would not admit to knowing even if they did know. All that can be said in defense is that it is hard to believe that these women could display such anguish, shock and horror upon disclosure

if they had known all along. The disclosure sent them all into a state of shock and confusion which is more likely a response of someone who did not know about the abuse, than someone who did.

Although it is interesting that all three sample populations did not know, it is necessary to emphasize that knowing does not equate with colluding. Even if a mother did know what was going on it would be important to look at the circumstances of her situation: Did she try and stop it but got preempted for some reason? Was she too fearful of her husband to intervene? Did she have the physical or emotional strength to attempt to stop it? Did her own repressed memories of sexual abuse prevent her from taking action? Did economic dependency render her powerless to take action? The point here is that even if a woman knows that sexual abuse is going on, it does not necessarily mean that she is a willing participant, that she is collusive, that she believes that what is happening is acceptable. Certainly, there are mothers in this society who are willing participants, who are abusers themselves, who know about the abuse, condone it and believe it is not serious or will not harm the child. But it appears from the literature that too often if a woman knows what is happening she is placed in the collusive camp, which is not necessarily true. There may be some women who know and are willing participants, but there are those women who know and perceive themselves as powerless, for whatever reason, to take actions to end the abuse.

Turning to Schneider's model of grief, each women's experiences in this study can be partially explained by this framework. At the same time, there are some emergent data that are not explained well by this model. The first phase of initial awareness can be compared to the mothers' shock, disbelief, and confusion following disclosure. As in any grieving

process, these women experienced a disruption of their lives following the event. The second phase of limiting awareness can be seen as a phase that most of these women experienced. Their ambivalence in believing was an attempt at limiting awareness. As there is too much at stake, too much to comprehend all at once, limiting awareness for a time is necessary. Two of the women were somewhat protective of their husbands. This can be seen as another method of limiting awareness. If the man is seen as in need of protection, then true awareness is not faced as he is not seen as an adult who is responsible for his own behavior.

The third phase of awareness of loss in Schneider's model is a time of facing the implications of that loss. A component of facing such implications is a search for meaning and a time of questioning. In this study, these women went through intense periods of self-questioning which included questioning their own judgement. The intensity of self-blame that was an aspect of their questioning appears to go beyond the confines of this phase in Schneider's model. This intensity can be explained further by examining the societal component of this blame. This guilt and self-blame appear to go beyond the normal phases of grieving and perhaps is exacerbated by societal processes that set women up to be blamed (Coppersmith, 1986). This process is exemplified by scholars and frontline workers who propagate this (Caplan & Hall-McCorquodale, 1985; Dietz & Craft, 1980). It seems that there are societal factors involved that influence these mothers grieving process, factors that are not explained by Schneider's model. Perhaps self-blame is not a natural process of grieving, but is an artificial construct of society. If that is the case, then environmental factors that influence her post-disclosure experiences must be included in any framework that conceptualizes these

experiences.

Phase four of gaining perspective is not clearly seen in these women's experiences. This is perhaps due to the awkward construction of this phase. Schneider claims that in gaining perspective the grieving person either returns to strategies to limit awareness, goes through the process of healing and acceptance, or takes active steps towards restitution or resolution. If a mother returns to strategies of limiting awareness it seems erroneous to call this "gaining perspective." He also does not clearly explain what the differences are between someone healing and accepting and someone taking active steps towards resolution. Would taking steps towards resolution simply be one component of healing and accepting?

This seems to be a turning point phase of grieving where a person can take steps towards healing, or can return to denial. Looking at this phase from that perspective, the women in this study certainly fall within its parameters. As stated earlier, these women's experiences were not static, and their process of getting through the event was not linear. For example, one woman may be in stage two of awareness and then return to attempts of limiting awareness. To illustrate this, one woman was fully aware of the ramifications of the abuse on herself, her child, her relationship, yet made comments during the interview that could be called limiting awareness. She made comments regarding the necessity of keeping the abuse a secret from all family members which could be deemed limiting awareness. If no one in the family knows, then the full awareness of what happened can be avoided.

Schneider's fifth phase of resolving loss involves beginning to detach from the event and those aspects of a person's life that are now over.

Some of the women showed evidence of experiencing this phase, while others had not. The woman who had found out about the abuse only three months ago, understandably displayed no signs of resolving the loss. It is likely too soon after the initial trauma for her to begin to detach from the event. Another woman, who had remarried and was soon to terminate counselling for her daughter, displayed signs of detachment. She appeared to be moving on in her life, and an expression of empathy for the perpetrator is further evidence that she had resolved the loss. Another woman who expressed "hate" for the offender could be placed at an earlier phase of grieving. The continuing intensity of her feelings toward the offender show that she has not begun to detach, let go or move on.

The sixth and seventh phases of Schneider's model, reformulating loss and transforming loss, are not clearly evident in these women's experiences. This may be due to the fact that four of the women heard of the abuse less than two years ago. Perhaps there has not been enough of a time lapse for the women to enter these phases. The fifth woman, who heard of the abuse five years ago, will unlikely enter these phases for a while as the court proceedings are still ahead, therapy continues, and one of her children continues to block out the abuse. Further to this, it is possible that these stages will never be reached by these women. Past experiences, personality style, and maturity level would all influence whether these phases would encompass their experiences.

Schneider's model is helpful in conceptualizing these women's experiences as there is a process of grieving that these women go through, and the phases of this process are repeated and recycled as delineated by Schneider. As seen in the variety of experiences in the findings, these women go through their grieving phases in no particular order, at times

appearing to be experiencing two phases at once. The non-discrete nature of Schnieder's model is important in explaining the experiences of these women.

Although there are helpful components of this framework, there appears to be a deficiency in the model. The lack includes both micro and macro factors that influenced these mothers' grieving process. The micro influences include the woman's own self, (her experiences, her personality,) and how these personal variables impact on her grieving or post-disclosure process. For example, a past sexual abuse or previous loss would likely have an effect on how she grieves. If she has never dealt with her own childhood abuse it is likely that feelings will be intensified in dealing with her own child's abuse, or she would spend much energy limiting awareness as she had done with her own abuse. If she has never experienced a major loss before she may have a more difficult time in coping with this one. If she has dealt with death and other major losses before, she may have learned coping strategies that will assist her in dealing with the abuse, and moving through the grieving phases.

The internalization of socialization is also a micro factor that effects the grieving process.

Women's identities, we have increasingly realized, have been schooled by living in a culture which denigrates and defuses the power and creative capacities of women to be self-directing and confident (Hudson, 1985, p. 647).

If it is assumed that women are socialized to be responsible for relationships, are socialized to take on blame when they are conflictual, and this socialization process saps confidence and diffuses power, then the amount to which a woman has incorporated this socialization into her selfhood will have great impact on her grieving process. The intensity of

the guilt that emerged from these findings can be seen as evidence that these women have internalized this socialization. And, it is evident that part of their healing process is an attempt to assuage this guilt and self-blame.

Macro factors that influence these women's grieving process include the systems around her (such as family, friends, therapeutic agencies, legal, medical, child protection), economic status (dependency/independency), and the expectations of women and mothers in this society. These women are not grieving in a void. They are likely influenced by those people around them. How supportive/ non-supportive, how blaming/non-blaming those around her are will have impact on her and how she grieves. Her economic status may have impact in that it is difficult to deal with the emotions when one is preoccupied with economic survival. Trying to juggle several jobs, seek job training, and attempt to get public assistance, may all be factors in the progress or regress of the healing process. The expectations of women and mothers in this society, such as the belief that women are the guardians of all relationships, impact on their post-disclosure experiences as exemplified by these women's distress with people who blamed them, and their distress with the many conflictual relationships around them. It is likely that professionals who adhere to notions as described in Dietz & Craft's (1980) and Caplan & Hall-McCorquodale's (1985) studies would influence mothers in their grieving process. It would be difficult to heal, to reformulate the loss, when professionals around you are perceiving you as at fault, or equally responsible for the abuse.

Schneider's model of grieving combined with the macro and micro issues delineated above provide a complete picture of the post-disclosure

experiences of the five women in this study. Keeping in mind the phases of grieving complete with the self issues and environmental issues that impact on this grieving process, the implications for social work will be addressed.

SOCIAL WORK IMPLICATIONS:

Coppersmith (1986) states that there is a trend in social service or "larger helping systems" to operate from wider social values that adhere to stereotypic notions about women. She expands on this:

The unspoken and unexamined mythical assumptions in this trend are that women are the locus of blame for the problems of family members, that women, at once, can be counted on to be the emotional repository for families while also being unable to cope, and that it is women's responsibility to handle issues of distress for other members. (Coppersmith, 1986, p. 30)

She says that the unequal power distribution in our society is a crucial component when considering action. As stated earlier in this thesis, there is an important balance between individual/family healing and institutional/societal change. As illustrated by Coppersmith, it is necessary that interventions occur at both levels. If only micro systems are attended to, we are placing these individuals back into a society that fosters abuse by the very nature of the power differential between genders. Therapeutic time can be spent with a mother attempting to assuage her guilt and self-blame around the abuse. But, is this not a band-aiding activity when she is being placed back in a society that has unreal expectations of women and mothers. How long will she be free of her guilt when accusatory fingers are pointing at her from many directions? If intra-familial sexual abuse is perceived as being connected to the misuse of power in the family, then societal

assumptions about men and women need revision. These revisions would be part of macro solutions to the sexual abuse of children, and the resulting distress for mothers. Facilitating these macro revisions, or changes to society, could encompass many strategies. One example would be the encouragement of men into the caretaking arena. This may be effective in changing assumptions about the roles of women and men, and changing men's relationship with children (Finkelhor, 1984; Ruddick, 1980). Finkelhor expands on this:

As they take more and more equal responsibility for the care of children, men may well come to identify more closely with children's well-being and learn how to enjoy deeply affectionate relationships that have no sexual component (1984, p. 13).

The macro issues involved in the social work implications of intra-familial sexual abuse were addressed first as they are too often ignored by the profession (Hudson, 1985). Micro issues will now be delineated.

The first component of micro issues is the social worker's own self or own feelings around intra-familial sexual abuse, and mother's role in that. One's own feelings around this issue must be explored before working with this population. As seen in Dietz & Craft's (1980) and Caplan & Hall-McCorquodale's (1985) studies, many of us are blaming mothers for a variety of ailments. This perception needs to be explored and worked through before these blaming attitudes encroach upon the mother's own healing process. Wattenberg addresses this:

Clearly, the attitude of the therapist is pivotal. The therapist's unstated pursuit of evidence for the therapist's assumption of the mother's collusion will threaten the entire process (1985, p. 209).

Whatever attitudes professionals have, it is important that they are not turned into pressuring tactics against the mothers. One woman in this

study claimed that the therapist she was working with was not allowing her to feel caring and love for her husband. It's possible that this therapist felt anger at the perpetrator, and consequently, could not allow the woman to display any caring for him. This attitude was only exacerbating the anguish of this woman. What was necessary for this mother was someone to help her work through the conflictual feelings she had regarding her husband. She did not need someone to judge the feelings she was experiencing. To avoid being judgemental it is important for the therapist to first explore his or her own feelings towards this issue.

Another component of micro issues is allowing these women their feelings, allowing them to process them all without interception. For example, a mother needs to feel guilt and allow all her guilt to surface before she can begin to release it. As this guilt appears to be ingrained in their selfhood, they may need constant reinforcement, as one mother said, that they are not guilty or in any way to blame for the sexual abuse of their children. It may take many attempts at expressing guilt, and challenging this guilt before it begins to appease.

Offering an empathic response and allowing a mother to express her myriad feelings around the abuse, does not equate with viewing mothers as victims. It is important that social workers do not fall into or portray deterministic attitudes regarding the inevitability of women's inferior status in society. Hudson addresses this issue:

Empathy is obviously important but so is offering women clients strategies for action both at a personal and at a collective level. A focus on women's resources and strengths is crucial in forestalling the dangers of hooking clients into a fatalism about their circumstances (1985, p. 651).

This section is not to argue the positives or negatives of individual vs family vs group counselling, but to state that whatever modality is

used, it is important to realize that the mothers of incest victims have their own issues that need to be dealt with. There needs to be acknowledgment that it is difficult for them. There needs to be acceptance of their feelings, their process, and they certainly need an avenue to ventilate, and guidance in discovering their own strengths. These needs all emerged during the interviews with the five women in this study.

As one of the themes that emerged from the findings was the notion of mother as protector, this issue needs to be addressed with them at length. It seemed important for these women to reestablish themselves as protectors, to feel confident in themselves in fulfilling this role again. Several of the mothers said that they needed professional support in doing this. From a feminist perspective, intervention on this issue needs to go further. Once the issue of protector has been explored in a non-judgemental way, it must be examined further. Are their expectations of themselves unrealistic? Are they expecting too much of themselves? Where do these expectations come from? Do they want to change or replace these beliefs and expectations? If so, how would they like to change or replace them?

The other theme that emerged from the data, that of role disruption, needs to be addressed as these conflictual relationships appear to be distressful for these women. For those mothers who were living with their husbands at the time of disclosure they need assistance in sorting out their feelings towards him. Do they want to remain with him? Do they want to separate? Do they need time before any decision is made? For those women, dealing with this relationship was a confusing piece for them. Can they continue to love these men who have abused their children,

can they hate or reject these men who they have lived with and loved for so many years? This is a significant area for them and needs to be examined in a non-judgemental fashion allowing their love, hate or ambivalence towards their husbands to surface. For those women who had separated from their husbands prior to disclosure, this relationship can also be problematic. With those men who deny the abuse, it may be particularly hard for the mother to resolve her feelings or relationship with him.

The mothers' relationships with the abused child also need attention. It appeared important to these women to again have a strong relationship with their children. The mothers whose children were older and expressing hostility at them found this relationship particularly important to work on and rebuild. The mothers may need support in dealing with an abused child's anger and hostility, and need guidance in rebuilding or reestablishing a strong connection with them. As all the mothers in this study experienced guilt and self-blame around the abuse, maintaining or rebuilding strong ties with the child may be a key to relinquishing some of the guilt. If they feel confident that the conflict in this relationship is assuaging this may lessen the guilt they experience.

Relationships with friends and family were also conflictual for some of the mothers in this study. Again, it seemed important that these relationships be examined. These mothers may need to make decisions around these relationships. If there is a friend or family member who is accusatory how can this be dealt with? Are there some relationships that need to be severed? Are there some relationships that are changing and becoming closer through this experience? Can these be developed more and utilized as support?

The mothers have also taken on some new roles as their environment changes and they have to deal with systems they have perhaps never dealt with before. There appeared to be much confusion in dealing with systems, which is evident of their difficulties in taking on this new role. In working in many ways as the child's advocate, how do they deal with police, courts, social services? It seems that basic information would be helpful to them in taking on this new role. For some women the role of economic provider was a new one, and problematic. Remaining cognizant of the economic issues of the present society (ie. lack of jobs, women receiving lower pay) there are steps that can be taken in assisting these women in taking on this new role. Support and encouragement may be helpful to her in gaining confidence in this area, along with basic information on job training, or discussions of long-term career planning.

This theme of role or relationship disruption also points to the importance of the therapeutic relationship at this time. This relationship may be one of the few that is not in flux or conflictual. It can be a stabilizing force for mothers when they feel surrounded by confusion.

Another component of social work interventions with this population is being aware of the fact that different types of interventions may be called for depending on the grieving phase the client is in. Consequently, it is important to be cognizant of the phase of the individual when planning interventions. For example, a woman who is in phase one of initial awareness needs assistance in basic issues of her life. There is so much shock and confusion at this time that she needs someone who is calm and can explore with her the possible steps to take in moving through the initial trauma. She may need assistance in dealing

with authorities, or in coping with traumatized children, or in finding financial means for herself and her family. For a mother who is in the third phase of awareness of loss, she needs someone to listen to her and explore with her her deep feelings of anguish and grief as she becomes fully aware of the ramifications of the abuse. For a woman who appears to be experiencing Schneider's phase five, resolving loss, she may need assistance in planning for the future, or exploring her desires to put the event behind her and into perspective.

Attempting to ascertain the phase at which the mother is at can be helpful in planning the intervention. Utilizing a specific intervention too soon can be useless or perhaps harmful to a mother. Challenging a mother's guilt when she is in the initial phase of grief can be detrimental to her progress. What expedites the process at that point is basic information, guidance, and support, not an exploration of where her beliefs come from. A mother who is beginning to resolve the loss no longer needs this basic assistance as her level of functioning would probably be close to her pre-disclosure level.

Social workers, in working with mothers whose children were abused, need to be aware of their own issues around incest as well as the issues of these women such as protectiveness, guilt/self-blame, problems in regaining trust of other people and trust of their own judgement, and the role disorganization and resulting confusion that follows disclosure. Social workers also need to be aware of how environmental factors influence the grieving process, along with a mother's self issues such as a previous sexual abuse. Whether a therapist works with individuals, families or groups, it is imperative that they have some awareness of the experiences of these women, of the issues mothers of sexually abused

children have to contend with following disclosure.

LIMITATIONS OF THE STUDY:

One of the limitations of this research study is the limitation of the sample. The sample is small and purposive in nature which, from a quantitative perspective, limits generalizability. Some qualitative methodologists proffer a definition of generalizability that does not connect a study's sample size to the ability to generalize. For example, Glaser and Strauss, in discussing grounded theory, claim that the level of generality of the concepts derived from the raw data is flexible enough to be applicable to a variety of situations.

To achieve a theory general enough to be applicable to the total picture, it is more important to accumulate a vast number of diverse qualitative facts on many different situations in the area. This diversity facilitates the development of a theory with both a sufficient number of general concepts relevant to most situations and plausible relations among these categories to account for much everyday behavior in the situations (1967, p. 243).

As noted earlier, these women are from vastly different situations: a variety of ages, a range of abusive behavior, differences in the status of the relationship with the offender, a variety of ages of the children, a variety of personal backgrounds from professional to homemakers, differences in the length of time since disclosure, differences in the amount of support received from family and the professional community, and differences in the offenders admittance or denial of the event. With these differences, the emergent data offers a level of generality that accounts for much diversity and consequently, a certain level of applicability to the general population.

Although there is diversity amongst the women, there are similarities which limit generalizability. These women are all from service-rich

environments. They have all been involved in some kind of treatment: individual, couple/family, or group which likely makes their experiences different from mothers who are isolated and do not have services available to them, or women who are surrounded by service organizations but do not choose to utilize them. For the most part, research studies of sexual abuse are cases that have come to the attention of the "system." Would a perusal of those cases that never come to the attention of the courts, protection services, therapeutic agencies or police, weave a very different picture? At this point, it is impossible to know. In attracting cases that have never been involved with the system, it would be impossible to honour their confidentiality as, by law in British Columbia, cases of sexual abuse must be reported to authorities. In addition, from an ethical perspective, one could not simply interview or study mothers of sexually abused children without suggesting, encouraging or offering therapeutic intervention.

These women were all Caucasian, biasing the data in terms of ethnicity. Would different cultures display different experiences? Would women who are from cultures that place great emphasis on extended families have greater difficulties in coping with intra-familial sexual abuse? Would women who come from cultures that are less secular than ours have differing experiences?

Although the ages of the mothers ranged from 24 to 42, the three in the middle were all in their late thirties. Would a greater range of ages yield different data?

The retrospective nature of the study can be seen as limiting in that perceptions of the event and initial crisis may have changed with the passage of time. This could also be deemed a strength in that the passing

of time has allowed some distance from the initial pain and consequently some introspection has likely occurred. It is possible that these women were more articulate and clear in relating their stories as there has been some time for grieving.

Another limitation is the biases of the investigator. Most research studies are done through the eyes or perceptions of one person. The framework through which that person views life influences the analysis of the data. It is likely that an investigator who was not coming from a feminist perspective would see different categories, different themes emerging from the data. This study can be deemed "one-sided", yet as stated by Becker, "each one-sided story will provide further studies that gradually enlarge our grasp of all relevant facets" (1970, p. 134).

In looking at how this study could have been done differently, the first significant factor is that the sample could have been larger and more varied. It is difficult to find willing mothers to discuss, with yet another stranger, such a painful event in their lives. With more time, perhaps more mothers could have been found. It would also have been helpful to find mothers of different ethnic backgrounds and a greater range of ages to add to the diversity of the population.

This investigator would also make changes in the interview guide in terms of simplifying it. It seemed at times that the questions got in the way of the mothers' own telling of their stories. These women were open and willing to share many aspects of their experiences. It appears that a few very broad questions would work best allowing for the interview to flow in a manner that made sense to the mother, with the interviewer probing certain pieces as the story unfolded.

When the coding was begun it became evident that there could have been

more probing of certain statements during the interviews to clarify their meaning. It was difficult to code certain pieces of the data as there was a lack of clarity in the point or statement made. Although, it may be unrealistic to expect more interview probes as it is difficult to remain aware of any unclarity and act on it with a probe when a mother is struggling to tell a distressing piece, or is anxious and is speaking very quickly.

In focusing on the analysis of the data, if the investigator was beginning again she would create a "start list of codes prior to fieldwork" (Miles & Huberman, 1984, p. 57). They define this further:

That list comes from the conceptual framework, list of research questions, hypotheses, problem areas, and key variables that the researcher brings into the study (p. 57).

With the large amount of data that needed to be analyzed, the process would have been simplified had a preliminary coding list been constructed prior to the collection of data. If this method was utilized, it would have been important to remain open to changes and revisions of the original list as the data was collected and analyzed. A start list would have facilitated the analysis as long as flexibility in the coding was maintained.

In reflecting further on the process of analysis, if beginning again the investigator would be more stringent in the phrases or words used as codes. It appeared that some of the codes were not descriptive enough which was evident when the text would have to be reread to establish a clearer meaning of the code. Although the less-descriptive codes did not bias or alter the findings of this study, they did make the process of analysis more time consuming than it needed to be.

QUESTIONS FOR FUTURE RESEARCH:

In looking at these women's experiences in terms of a grief model, it is evident that their process would be influenced by previous losses. This leads to further research focusing on how a woman coped with previous losses and how this effected her process following disclosure. Research in this area may help clinicians in knowing how to help women make the connections between past losses and past coping mechanisms, and how they can be utilized in the present.

Would mothers have similar responses if the perpetrator was a stranger or more peripheral family member? Having a better understanding of the differences or similarities between these two would assist clinicians in working with these groups. If a therapist worked with a woman whose child was abused by a father he/she would know what the mothers specific issues were, as compared to abuse by an uncle for example, and consequently, know where to focus.

As noted earlier, as these women's healing processes were not clearly articulated it would be interesting to do a follow-up study of these women in a number of years to develop a clearer understanding of their experiences once the initial trauma had subsided. Do they ever relinquish the guilt they feel for what has happened? Do they ever regain a sense of confidence in their role as protector? How do they, in the long term, reorganize or settle their changing roles and relationships? In the long-term, does the event affect their intimate relationships in any way?

With "mother as protector" being one of the themes in this study, it would be of benefit to do an in-depth study comparing mothers who see themselves as protectors with those mothers whose actions are not protective. What barriers did the non-protective mothers face that

protective mothers bypass? What are the differences in the experiences of these two groups?

With a perusal of some of the judgemental literature on mothers of incest victims, and the lack of information available on their post-disclosure experiences, it is evident that mothers have in the past been misunderstood or ignored by professionals. This exploratory study has examined the mothers' post-disclosure experiences, yet is only a preliminary look at mothers who must cope with this type of event in their lives. Consequently, any research-based information on this population, focusing on any area of their lives or experiences, would be helpful in expanding professional knowledge in this area, and thereby increasing professional skill in assisting and empowering these women.

BIBLIOGRAPHY

- Alexander, Pamela C. (1985). A systems theory conceptualization of incest. Family Process, Vol. 24, March p. 79-88.
- Anderson, Lorna M., & Shafer, Gretchen (1979). The character-disordered family: a community treatment model for family sexual abuse. American Journal of Orthopsychiatry, Vol. 49 No. 3 p. 436-445.
- Arkava, Morton & Lane, Thomas (1983). Beginning Social Work Research. Boston: Allyn & Bacon Inc.
- Badgley, Robin et. al. (1984). Sexual offences against children and youth. Ministry of Supply and Services Canada.
- Badinter, Elisabeth (1980). Mother Love: Myth & Reality. New York: MacMillan Publishing Co. Ltd.
- Becker, Howard (1970). Sociological Work: Method and Substance. New York: Transaction Books.
- Bellack, Alan & Hersen, Michel (1984). Research Methods in Clinical Psychology. New York: Pergamon Press.
- Benjamin, Michael (1982). General systems theory, family systems theories and family therapy: towards an integrated model of family process. in A. Bross (ed.) Family Therapy. New York: Methuen Publishing p. 34-88.
- Berlin, Sharon & Kravetz, Diane (1981). Women as victim: a social work perspective. Social Work, Vol. 26 p. 447-450.
- Bograd, Michele (1986). A feminist examination of family systems models of violence against women in the family. in Women and Family Therapy, (ed.) Ault-Riche, Marianne Maryland: Aspen Publications p. 34-50.
- Brickman, Julie (1984). Feminist, nonsexist, and traditional models of therapy: implications for working with incest. Women and Therapy, Vol. 3, No. 1 p. 49-67.
- Brown, Ardis (1985). A feminist perspective on the non-offending parent. UBC major paper MSW.
- Brownmiller, Susan (1975). Against Our Will. New York: Simon and Schuster Inc.
- Burgess, Ann Wolbert; Groth, A. Nicholas; Holmstrom, Lynda Lytle & Sgroi, Suzanne M. (1978). Sexual Assault of Children & Adolescents. Lexington: Lexington Books.
- Butler, Sandra (1985). Conspiracy of Silence. San Francisco: Volcano Press.

- Butler, Sandra (1982). The politics of sexual assault. The Criminal Justice System & Women, Tucson p. 99-109.
- Butler, Sandra (1980). Incest: whose reality, whose therapy?. Aegis, Summer/Autumn p. 48-55.
- Caplan, Paula & Hall-McCorquodale, Ian (1985). Mother blaming in major clinical journals. American Journal of Orthopsychiatry, Vol. 55 No. 3 p. 243-353.
- Chapman, Jane (ed.) (1978). Victimization of Women. Beverly Hills: Sage Publications.
- Cohen, Tamara (1983). The incestuous family revisited. Social Casework, Vol. 64 p. 154-161.
- Conte, Jon R., & Berlinger, Lucy (1981). Sexual abuse of children: implications for practice. Social Casework, Vol. 63 p. 601-606.
- Coppersmith, Evan Imber (1986). Women, families and larger systems. in Women and Family Therapy. Ault-Riche, Marianne (ed.) Maryland Aspen Publications p. 25-33.
- Dietz, Christine & Craft, John (1980). Family dynamics of incest: a new perspective. Social Casework, Vol. 61 p. 602-609.
- Eichler, Margrit (1983). Families in Canada Today. Toronto: Gage Educational Publishing Co.
- Finkelhor, David (1978). Psychological, cultural & family factors in incest and family sexual abuse. Journal of Marriage & Family Counselling, Vol. 4, No. 4 p. 41-49.
- Finkelhor, David (1979). What's wrong with sex between adults and children?. American Journal of Orthopsychiatry, Vol. 49, No. 4 p. 692-697.
- Finkelhor, David (1984). Child Sexual Abuse: New Theory and Research. New York: The Free Press.
- Finkelhor, David (1986). A Sourcebook on Child Sexual Abuse. Beverly Hills: Sage Publications.
- Finkelhor, David; Gelles, R.; Hotaling, G., & Straus, M. (eds.) (1983). The Dark Side of Families. Beverly Hills: Sage Publications.
- Freud, Anna (1981). A psychoanalyst's view of sexual abuse by parents. In Sexually Abused Children and Their Families. Mrazel, Patricia Beezley; Kempe C. Henry (eds.) Oxford: Pergamon Press. p. 33-34.
- Furniss, Tilman (1984). Organizing a therapeutic approach to intra-familial child sexual abuse. Journal of Adolescence, Vol. 7 p. 309-317.

- Furniss, T.; Bingley-Miller, L., & Bentovim, A. (1984). Therapeutic approach to sexual abuse. Archives of Disease in Childhood, Vol. 59 p. 865-870.
- Garrett, Thomas B., & Wright, Richard (1975). Wives of rapists and incest offenders. Journal of Sex Research, Vol. 11 No. 2 p. 149-157.
- Giarretto, Henry (1980). Humanistic treatment of father-daughter incest. Sexual Abuse of Children: Selected Readings in U.S. Department of Health and Human Services.
- Gelinas, Denise (1983). The persisting negative effects of incest. Psychiatry, Vol. 46 p. 312-331.
- Glaser, Barney G. (1978). Theoretical Sensitivity. California: The Sociological Press.
- Glaser, Barney & Strauss, A. (1967). The Discovery of Grounded Theory. Chicago: Adeline.
- Henderson, D. James (1972). Incest: a synthesis of data. Canadian Psychiatry, Vol. 17, No. 4 p. 299-313.
- Henderson, James (1983). Is incest harmful?. Canadian Journal of Psychiatry, Vol. 28, No. 1 p. 34-40.
- Herman, Judith; Russell, Diane & Trocki, Karen (1985). Recovery from incestuous abuse in childhood. unpublished paper presented at American Psychiatric Association annual meeting, Dallas, Texas.
- Herman, Judith & Hirschman, Lisa (1977). Father-daughter incest. Signs: Journal of Women in Culture and Society, Vol. 2 No. 4 p. 735-756.
- Herman, Judith (1981). Father-Daughter Incest. Cambridge: Harvard University Press.
- Hoorwitz, Aaron Noah (1983). Guidelines for treating father-daughter incest. Social Casework, Vol. 64 p. 515-524.
- Hudson, Annie (1985). Feminism and social work: resistance or dialogue? British Journal of Social Work, Vol. 15 p. 635-655.
- Hyde, Naida (1986). Covert incest in women's lives: dynamics and directions for healing. Canadian Journal of Community Mental Health, Vol. 5 No. 2 p. 73-83.
- Jackson, Thomas & Ferguson, William (1983). Attribution of blame in incest. American Journal of Community Psychology. Vol. 11, No. 3 p. 313-322.
- James, Beverly & Nasjleti, Maria (1983). Treating Sexually Abused Children And Their Families. Palo Alto: Consulting Psychologists Press.

- Johnson, Janis Tyler (1985). An ethnographic study of mothers in father-daughter incest-families. A dissertation in social work. University of Pennsylvania.
- Jones, Susan (1980). Family Therapy: A Comparison of Approaches. Maryland: Robert J. Brady Co.
- Justice, Blair & Justice, Rita (1979). The Broken Taboo: Sex in the Family. New York: Human Sciences Press.
- Kosof, Anna (1985). Incest: Families in Crisis. New York: Franklin Watts.
- Lindzey, Gardner (1967). Some remarks concerning incest, the incest taboo, and psychoanalytic theory. American Psychologist, Vol. 22 p. 1051-1059.
- MacFarlane, Kee (1978). Sexual abuse of children. in Chapman, J. (ed.) The Victimization of Women. Beverly Hills: Sage Publications.
- Machotka, Pavel; Pittman III, Frank S., & Flomenhaft, Kalman (1967). Incest as a family affair. Family Process, Vol. 6 p. 98-116.
- McIntyre, Kevin (1981). Role of mothers in father-daughter incest: a feminist analysis. Social Work, Vol. 26, No. 6 p. 462-466.
- Miles, Angela & Finn, Geraldine (eds.) (1982). Feminism in Canada. Montreal: Black Rose Books.
- Miles, Matthew & Huberman, A. Michael (1984). Qualitative Data Analysis. Beverly Hills: Sage Publications.
- Mitchell, Juliet (1984). Women: The Longest Revolution. London: Virago Press Ltd.
- Myer, Margaret H. (1985). A new look at mothers of incest victims. Journal of Social Work and Human Sexuality, Vol. 3 No. 2/3 p. 47-58.
- Mrazel, Patricia Beezley & Kempe, C. Henry (eds) (1981). Sexually Abused Children and Their Families. Oxford: Pergamon Press.
- Osborne, Kate (1983). Women in families: feminist therapy and family systems. Journal of Family Therapy, Vol. 5, p. 1-10.
- Patton, Michael Quinn (1980). Qualitative Evaluation Methods. Beverly Hills: Sage Publications.
- Pelletier, Guy & Handy, Lee C. (1986). Family dysfunction and the psychological impact of child sexual abused. Canadian Journal of Psychiatry, Vol. 31 June p. 407-412.
- Penfold, P. Susan & Walker, Gillian A. (1986). The psychiatric paradox of women. Canadian Journal of Community Mental Health, Vol. 5, No. 2 p. 9-15.

- Reposa, Richard E., & Zuelzer, Margot B. (1983). Family therapy with incest. International Journal of Family Therapy, Vol. 5 No. 2 p. 111-126.
- Reposa, Richard E., & Zuelzer, Margot B. (1983). Mothers in incestuous families. International Journal of Family Therapy, Vol. 5 No. 2 p. 98-110.
- Rist, Kate (1979). Incest: theoretical and clinical views. American Journal of Orthopsychiatry, Vol. 49, No. 4 p. 680-691.
- Robbins, Joan & Siegel, Rachel (eds.) (1985). Women Changing Therapy. New York: Harrington Park Press.
- Ruddick, Sara (1980). Maternal thinking. Feminist Studies, Vol. 6 p. 342-367.
- Rush, Florence (1980). The Best Kept Secret: Sexual Abuse of Children. New York: McGraw-Hill Book Company.
- Russell, Diana E. (1986). The Secret Trauma. New York: Basic Books Inc. Publishers.
- Schneider, John (1984). Stress, Loss, and Grief. Baltimore: University Park Press.
- Selltiz, Claire; Wrightsman, Lawrence S., & Cook, Stuart W. (1976). Research Methods in Social Relations. New York: Holt, Rinehart & Winston.
- Server, Judith & Janzen, Curtis (1982). Reconstitution of sexually abusive families. Child Welfare, Vol. 61, No. 5 p. 279-288.
- Sgroi, Suzanne (1982). Handbook of Clinical Intervention In Child Abuse. Lexington: Lexington Books.
- Silverman, Phyllis R. (1981). Helping Women Cope With Grief. Beverly Hills: Sage Publications.
- Stanley, Liz & Wise, Sue (1983). Breaking Out: Feminist Consciousness and Feminist Research. London: Routledge and Kegan.
- Swanson, Lisa & Biaggio, Mary Kay (1985). Therapeutic perspectives on father-daughter incest. The American Journal of Psychiatry, Vol. 142, No. 6 p. 667-674.
- Valentich, Mary & Gripton, James (1984). Ideological perspectives on the sexual assault of women. Social Service Review, September p. 448-461.
- Ward, Elizabeth (1984). Father-Daughter Rape. London: The Women's Press.

Wattenberg, Esther (1985). In a different light: a feminist perspective on the role of mothers in father-daughter incest. Child Welfare, Vol. 64, No. 3 p. 203-211.

Wetzel, Janice Wood (1986). A feminist world view conceptual framework. Social Casework, Vol. 67, No. 3 p. 166-173.

APPENDICES (A to F)

APPENDIX A

INTERVIEW GUIDE

Part 1:

1. How did you initially hear about the abuse of your daughter (son)?
2. What was your initial response to the disclosure? (Probe for thoughts, feelings, actions.)
3. In this initial response, did you feel that you had to make a choice between supporting your husband or your child? If so, how did you come to this decision? Any ambivalence in this decision?
4. Did this decision change over time? If so, what factors led to the change in who you would support? (Probes for the following factors: family, friends, professionals, financial.)
5. Whenever we make a decision, there are usually pro's and con's of each choice. In the decisions you made following disclosure, what were the gains and losses of each?
6. What kinds of things/people were helpful to you in making your decisions? (Probes: family, friends, professionals, specific advice or an event.)
7. Some women feel that marriage is for life, others feel that if things get bad or too difficult it is best to end the relationship. How do you feel about marriage and being a wife? (Probe for loyalty, commitment, sense of responsibility.)
8. Some mothers feel quite protective towards their children, others feel that a child's independence is more important. What does being a mother mean to you? Has this changed since disclosure? (Sense of responsibility, protectiveness.)
9. Following disclosure, did you feel at any time that your roles of wife and mother were somehow clashing? If so, how?
10. What would have needed to happen that would have allowed you to stay with your husband? (Leave your husband?)
11. If you had to go through this experience again, is there anything that you would do differently?
12. What advice would you give other women who are faced with the same issues?
13. We have talked a lot about your experiences today, are there any areas that have not been discussed that you would like to mention?

Part 2:

After interview completion, the following demographic/background data will be gathered if not raised in the discussions of Part 1.

1. Date and duration of abuse, amount of time since disclosure
2. Victim: age and sex
3. Mother: age
4. (Step)Father: age
5. Other children: age and sex
6. Relationship of offender to victim: father, step-father, common-law
7. Family reunification: yes, no, possible
8. Family's economic status
9. Status of offender: Assumed responsibility? Denied? In treatment?
Charges pending?

APPENDIX B

INTERVIEW CONSENT FORM

Mothers of daughters who have been sexually abused are often faced with a difficult situation. To be able to help such mothers, it is important that professionals understand this experience. The purpose of this interview is to better understand the perspective of mothers following disclosure of father-daughter incest. By sharing aspects of your own personal experiences in this regard, you will be contributing to a broadening of professional understanding in this area.

The interview material is for a research study entitled "Experiences of the Mother as the Non-Offending Parent in Intra-Familial Sexual Abuse," which focuses on the process mothers go through following a disclosure of sexual abuse in the family. The interviews are being undertaken by Martine Charles, a UBC graduate student who is working as a therapist in the Sexual Abuse Project which is a special project coordinated by the Family Practice Unit.

Confidentiality will be respected, with the exception of new disclosures of child abuse, which by law must be reported to the Ministry of Social Services. No identifying information such as names or addresses will be used in the research study.

If you consent to the interview, you are free to withdraw at any time, or to refuse to answer any of the questions. Any such choice will in no way jeopardize further treatment or services at the Family Practice Unit. This interview will take one and a half to two hours, and to facilitate accuracy, will be video-taped. You may choose to have the taping stopped at any time.

As you are aware from your therapy here, working through the trauma following a sexual abuse can be both difficult and painful. As the interview questions are focused on the period directly following disclosure, strong emotions may be aroused in you. These can either be addressed as they arise, or in a subsequent interview with your therapist at the Family Practice Unit.

Please indicate your formal consent to being interviewed and to the utilization of the interview material for the above noted research project. Your signature also acknowledges your receipt of a copy of the consent form.

Signature (mother) _____

Signature (Interviewer) _____

Date _____

APPENDIX C

TRANSCRIPT OF SAMPLE INTERVIEW

I: Interviewer

M: Mother

I: I really appreciate you being willing to do this.

M: Oh, it's no problem.

I: You must have been surprised to get this call from Dr. Herbert?

M: Ya, and it was strange because we had just gone to court on the 20th of March.

I: And it was just a few days later.

M: Ya, it was just the next week that I got the call. First I thought, it was such a legal nightmare so I thought oh no here we go.

Difficulties with court

I: I have worked in the area of sexual abuse for about six years now, mainly working with children that were abused or adult women who had been abused as children and had never disclosed before. Now I am doing a study of mothers, and one of the reasons I am doing that is if you look through the literature there is very little information on mums, very little. There is a lot about what the children go through and there is a lot of speculations on the offender, but mums there is just not much.

M: I believe that just from my own experience in terms of trying to get some help, someone to talk to about it.

Difficulties in getting support

I: Ya, it's a really rough, really rough thing

for mothers to go through. And I don't think it's acknowledged enough. I have a consent form that I would like you to sign.

M: Do you want me to date it?

I: Yes. Here's a copy for you. There's my name if for any reason you want to get a hold of me after this, you can call me at family practice. I have a list of questions that I have been asking everyone. To start with I'd like to get an idea of how you first heard about it, about what had gone on.

M: I went to pick up my daughter Sue at daycare, because she attends family daycare. It was sometime between 4 and 4:30 in the afternoon. When I got there the daycare mum told me she wanted to talk to me and told me she thought Sue was being sexually abused. I don't remember exactly what terms she used, but basically I believe those were the terms, by her father. So that's how I found out.

Background re
disclosure

I: How old was she at the time?

M: Sue was about four and a half, this was the end of July.

Demographics:
daughter four and a
half

I: What was your initial reaction when the teacher said that?

M: Um. I suppose shock, I don't know. You sort of go into a shock-like state. Shock and well why do you think that, because I hadn't had any indication. I hadn't seen anything that I could put together prior to that. And I suppose because I work in a - delete - field and there is so much of it going around and the fact that I had sort of missed it. So I guess that my first reaction was one of shock and disbelief that it had happened.

Initial reaction

No prior knowledge

Initial reaction,
disbelief

I: What kinds of things clued her in to that?

M: Well basically what had happened, Sue had been scratching at her genital area and she had asked her why, and Sue made the comment that her bum was sore, and Lianne, that's the daycare worker, had said I wonder why that is, and Sue said my dad poked me, and Lianne said oh you mean in your tummy. And she said no, in my private zone. Which was not a term that I used with her, but a term used in the daycare.

Background re
disclosure: told
daycare worker

Basically, I guess that was about it. There was probably a bit more discussion about it before I came like I think we better tell your mum and she said no because she had been told not to tell. Sue also reiterated the story to the husband of the daycare worker who happened to be home from work.

I: What happened after that? Did you come home with her and confront your husband?

M: Well at that time I wasn't living with my husband. We had been separated and he was seeing Sue once a week on access visits. So I felt pretty, like I didn't know quite what to do so I called the man who is now my husband, we were living together at the time. And told him on the phone roughly what happened. The daycare worker and I talked briefly to Sue there. We sent Sue away to get her coat while she told me this. And then she came back and she kind of said Sue I think we better tell your mum what happened. So Sue stuck her finger in her mouth and twirled her hair and didn't say much of anything. I called my fiancée at the time and also called a friend. I wasn't sure what the next step was. Was I supposed to call Human Resources, was Lianne supposed to call Human Resources? I just wasn't sure what to do and I felt that I wanted a few minutes to think so I arranged to take Sue to my friends house so I could come home and talk to Don about whether we should wait till tomorrow, whether we should do it tonight. I wasn't sure what the proper procedure was. I knew it had to be reported, but I didn't know in what area. I was aware through my job that the law had changed and that any incidence of abuse had to be reported to the police as well. I wasn't thinking police, I was just thinking Human Resources. I got to my friends house dropped Sue off, came here. By the time I got here Don told me that he had called the Emergency Services line at the Ministry of Human Resources and without telling them our names he outlined the situation and wanted to know what we should do. The person he talked to said that I should call as soon as I got home, which I did. I told them what I had been told, he told me that I should take Sue to the hospital to have her checked. And that when we got back I should call him and we would set up an interview time, a time when one of them would see Sue.

Demographics:
separated from
husband
Confusion re actions

Gathering support

Confusion re actions

Protective of child

Confusion re actions

Called authorities

I: So there was not the concern that you would be coming home to him because you had already been separated.

M: That's right.

I: How long had you been separated?

M: We separated in 1985, so over a year and a half.

Demographics

I: How long ago was the disclosure now?

M: That was July, July of '86.

Demographics

I: How long had it been going on do you figure, was it when you were still together?

M: No, I don't believe so. We really haven't been able to discern how long it was going on, except that it occurred during the access visits. That's about all we were able to pin down. It's difficult when you are dealing with a very young child because their concepts of time are so different. So it was really difficult. But I had no indication that it had been going on. I had left my husband after he had beat me severely and threatened to kill me with a shotgun. We had an abusive sort of relationship. And I had stayed about five weeks in a transition house after leaving. And I know at that point the counsellors there had talked to me about whether there was any indication of that because as we were trying to decide what I should do about custody and access because the counsellors try and help you work through some of your thoughts on it. And they questioned me whether I had any indication of any problems and I had none. There could have been, but I sure had no indication that there was anything going on.

No prior knowledge

Description of prior relationship

I: What was that like for you finding out and sort of thinking oh my God I never saw that?

M: Well it makes you feel guilty because there had been some things that had happened during May - June, preceding this July disclosure, Sue being less willing to get out of the car. We had a meeting place arranged, I didn't really want him coming to the house. I feel, the police feel that he is a very violent and dangerous person, and I just wanted him as far away from the things that were really close to

Guilt - searching for missed clues

me as I could. And his relationship with Sue had seemed okay to me. It seemed to be going well. During the initial time of separation he did not see her for eight months. And during that eight months she had asked on numerous occasions to see her father, or where was her father, that kind of thing. And then when the access visits finally began she was always quite happy to go. In fact she looked forward to it. She'd jumped up and down and say yay. Around May or June that changed. She no longer asked about her father. She no longer verbalized without any kind of prompting, no longer looked forward to going. She never said she didn't want to go. But all of a sudden what had been a real excitement just changed for her and she seemed not as thrilled with going. And there were a couple of instances in May - June when she was very reluctant to get out of the car and I just kind of coaxed her out. And again she never refused to go. She never came back from seeing him crying or anything. But I still felt maybe I should have been paying more attention to what was going on. Maybe, I don't know what I would have done differently ... It just never ever ever occurred to me that he would do something like that. I mean I can imagine a lot of really bad things about him because of his relationship with me but that goes beyond what you think people that you know are capable of.

Questions own
judgement

Guilt for missing
clues

Not in her repertoire
of what people do

I: Especially someone that you were married to...

M: Yes, that's right. I suppose I felt a little bit guilty that maybe I hadn't pursued this not wanting to get out of the car a little bit more. And an overwhelming feeling of disbelief. Just not believing it.

Guilt for missing
clues

Disbelief

I: What do you think that was about?

M: The feeling of disbelief?

I: Yes, because you thought he wasn't capable of doing something like that?

M: Well it seems like such an awful thing to me. A four and a half year old child not that you can ever understand something like incest, but you can maybe see something if the child is kind of closer to being a woman, a teenager. But a little girl, it just goes beyond anything

Reactions: anguish

that I could imagine. You can imagine it in a theoretical sense I guess but it's very hard when it's ...

Not in her repertoire of what people do

I: When you see this little child...

M: This little child, she's a very little child, she's just like a baby. So it wasn't per se that I didn't think he was capable I couldn't believe that anyone you know could be capable of that kind of behavior with a child. And again a young child's disclosure is very different than an older child who can be really precise about what happened, and when it happened. With a child the indicators are different, the stories are different. And you tend to wonder could she be fantasizing or something like that. Kind of a feeling of shock as you are going through all the motions of all the things you have to do. If the social worker says go to the hospital you go to the hospital. It's like your brain isn't functioning at its usual level. You are kind of saying okay you guys know what to do and I don't know what to do in this case.

Not in her repertoire of what people do

Questions child's story
Questions child's story
Initial reaction, shock

Loss of control, confusion

I: Right. When do you think it changed from the disbelief to ya this is really happening?

M: I suppose it went on and off for several months. When the social worker interviewed Sue the next day, and I listened to the story Sue told, because it was the first time that I heard Sue tell the story. Again there is this feeling that you are standing back there kind of going, this hasn't really happened. And I talked to the social worker afterwards and she basically said that young children don't lie about these things because they shouldn't have any knowledge of them. Because I questioned her actually on the fantasy issue, could she have fantasized because Sue has a doll for instance that she calls her little sister and she treats that doll very much like a baby. And the social worker said that little kids don't fantasize about this because they don't have that kind of knowledge. They can fantasize about a doll being a baby because that's something that is in their life experience. But they don't fantasize about people poking their fingers inside them because that shouldn't be happening to a little child. So I guess that was, I guess when I began to accept it a little more. But again it went on

Initial reaction, shock
Disbelief

Questions child's story

Ambivalence re believing

and off for a period of time. Sue saw a psychologist last fall for ten visits. Part of it was to get what's considered expert evidence for the court, and the other part was to look at whether Sue had any lasting trauma from this. Her conclusions were very definitely that it had occurred and yes it was her father that had done it. And that was again reinforcing to my belief as opposed to my disbelief.

Sought therapy for child

I: Did your ex-husband deny it when they first...?

Ambivalence re believing: professional assistance

M: Yes, he continues to deny it.

Demographics

I: When was your first contact with him after it all came out?

M: Well I saw him for the first time at the preliminary court hearing in September.

I: Oh, so after you heard from the daycare you had no contact with him?

M: I had no contact with him. He called here, the disclosure happened on Tuesday, the police became involved and contacted me later that day. They wanted to, they didn't have any physical medical evidence, there had been an abrasion that the doctor in emergency had noticed, and he couldn't say yes or no. And I later found that that's quite normal in cases like this. So they wanted to have her assessed, seen by people either at Shaunnessy, or Dr. Herbert. And Dr. Herbert happened to be on holidays at that point. Our family was just about to go on holidays. We had a camping trip to Oregon planned. And so they convinced us that we should go ahead with Carol Herbert see her. And they felt it was okay for us to go ahead on holidays. We would be back in two weeks, and it would all be arranged, the time would be set up for after we got back. There was a problem with the upcoming Saturday access because they did not want ... Actually we went round and round with this because the social worker had told me that I absolutely could not let Sue see her father. And if I did that it would become a protection issue. Because it was not a protection issue at this point because I have custody. So as long as I didn't let her go with her father, it wasn't a protection issue, there was nothing they could

Background re disclosure

Frustrations with system

do. Which was one of the really frustrating things to me. Because I had always assumed that MHR could do more than they actually do in those cases. They could do nothing unless I let her go with her father. In which case they could take action against me for allowing it. Not that I'd let her go anyway, but they could take no action or anything against the father. And they themselves don't launch investigations of those sorts of things in this kind of a situation. Again which was different about what my expectation was, and very frustrating. Because they are saying we believe her and this is what you have to do, but we can't do anything for you is what they are saying, which is very frustrating. I was advised to go to my lawyer and have the access removed. Which I did. I contacted my lawyer the day before we were to go on holidays. The police didn't even want me to make that step because it would alert him, they didn't want him alerted. They didn't want him alerted until they were prepared to do something. But I felt, I did not want to go on holidays without having the access thing in the process. I just felt uncomfortable with that. So the legal process was started while we were away on holidays, to have the access changed. And we got no access for one month basically at that time until there was further investigation. So I had no contact with him. He called here. The police told me to, that I should tell him he couldn't see Sue on Saturday for one reason or another, but not to tell, not to give away why. So actually my husband, my fiancée at the time called, because I actually felt that if I got my ex on the phone that he would argue with me. And I thought it would be simpler if my fiancée phoned because I thought there was less of a chance of a prolonged argument. And going back to the fact that I am still very very scared of my ex-husband. We literally were packing our van to leave, to get out of here as soon as the message had been left with my ex-husband that he couldn't see Sue, because I thought he might ... He didn't have the address, but I didn't know for sure whether he did or didn't. Like I'd never given it to him but I didn't know.

Protective of child

Confusion re systems

Took protective actions

Protective actions

Abusive relationship

I: What was it like for you seeing him at the preliminary hearing?

M: It was yucky! Like I couldn't hardly even look at him. It was a chambers hearing and in a chambers hearing all the lawyers show up at quarter to ten and it just goes each case by each case. It's not like you have your own thing. The longer the application it was expected to be, the later in the day your case would be heard. Our case was not heard until three o'clock. So we didn't even go in the courtroom until then. My fiancée was with me. And we just stayed outside, we walked around, we had coffee, we sat. My ex-husband sat in the courtroom all day. I just found that I couldn't even look at him. I just couldn't even look at him.

Court process

Support of partner

Feelings towards offender

I: Did you ever have a sense that you still had some loyalty to your ex-husband and you had to make a choice or not believe your daughter, or not believe what was happening because he had been your husband and you couldn't think that of someone who was once your husband?

M: Well, I never felt that I had to make a choice. I never had that sensation. I guess because we were living apart and because the feelings between he and I were not particularly wonderful, I never felt I had to make a choice. There were times when I felt I don't know if sorry for him is quite the right phrase. I guess there were times when I had some doubts about it, that I thought it must be awful for him if he didn't do it. Sort of the anger towards him ebbed up and down too. But I never felt that there was ever any choice to be made. I felt that there was a path that had to be followed. So I never had any second thoughts about it or felt that I should be doing otherwise, or wanted to protect him, if that sort of answers your question.

No choice issues

Feelings towards offender

Determination re protective actions

I: Yes.

M: I can understand for women who were still in a relationship with their husband that it would be, there would be far more of that tendency. But I didn't really have that feeling.

I: What was it like with the people around you like family, friends or professionals? I'm wondering if they were pushing you in any way, or encouraging you in any way to do this or to do that, or telling you you should have done this, or should have known that?

M: No, I didn't sense that with Don. He's just like a rock. He's just one of those people who is steady as a rock, and he is just the most supportive person, he's so supportive. He never pushed, he was most helpful in dealing ... he kind of gave me confidence, particularly in dealing with the police, because at first we had some difficulty with them because they had wanted us to wait this period of time before we proceeded with anything and I was bound and determined that I was not going to wait. So just having his support really helped there. Our closest friends, a married couple actually, that both my ex-husband and I had known, but they had basically been more my friends and had stayed friends with me. Both of them had quite a sense of disbelief that he could have done it. Not, just like they couldn't believe that a father would do that. And again I think it stems from that you can't believe someone you know would do something like that, particularly if it is something that you yourself would not do. It's hard to imagine that somebody else would do it. So I would find that even the least little bit of disbelief expressed by other people would shatter me. Like I wanted people to say yes we believe. Because I guess of my own sense of shakiness about what was happening. So they know because that was where I had taken Sue that original day. I didn't tell anybody else for a long period of time. I didn't tell my mother. I don't think I told my mother until about the end of August, and then I told her. And again a tremendous amount of shock on her part, real shock. Probably less disbelief, just more kind of horror that this could be happening. She had no idea that my marriage was as abusive or violent as it was until the marriage broke up. As I began to tell her the kinds of things that had been going on, that was just beyond her capacity to accept. So this was another one of sort of sheer shock.

I: You say your friends had a lot of disbelief and that that really shook you up, did you start to question then well maybe I shouldn't be believing, they are right?

M: I suppose I did. You know, I suppose I had some question about, I guess I never really questioned that I had done the right thing by calling the social worker. That was one of the

Partner - supportive, helpful

Self-determination re protective actions

Not in repertoire of what people do

Need for support re belief

Secrecy

Family's reactions

Ambivalence re believing

other things I believed. I had a strong sense, I guess some of this even came through my job, this is the law and this is what the law requires that anybody do. And so I have to do this. I was going very much on their estimation of the situation, because I felt unable to make a judgement. Sue is not a child that lies a lot. You know I had no reason to think that she would lie. But I felt that I was totally over my head. Like how do I make a judgement? I guess to some extent you don't want to believe something like that could happen. So when my friends would express, and they didn't do it very much, but right around the time of disclosure there was a certain sense on their part that I can't believe it, I just can't believe he could have done something like that. And then that would reinforce that I can't believe he has done it. I believed somebody else had done it. It was hard to accept that it had happened.

Belief in legal system

Loss of judgement

Loss of control

Ambivalence re belief

Need for support re believing

Ambivalence re belief

I: With these people around you was there anyone who was sort of questioning you or angry at you for not seeing it and not knowing?

M: No, no. None of that. So in that way everyone was really supportive. Everyone was just running around in this state of shock. The people that knew, and again not that many people knew because it was something I really didn't want to tell very many people.

Need for support vs need for privacy

I: Why do you think that is?

M: I don't know. I felt the same way when the marriage ended, it was hard to talk about being separated. And it was really hard for a while to talk about what had happened, because it's not nice. It's not, like okay if your marriage breaks down because you are fighting or incompatible, or even perhaps if someone is having an affair. But the fact that you have been severely beaten, almost killed, it's not nice. I realize there is a tendency of people thinking that it only happens to sort of low income. You know, I know better, I have been to the workshops I have read the studies. But you get the idea that it just doesn't happen in nice families. I guess I'm assuming, I never really thought it through a lot. But I know I had that reaction at the time of separation, it was very difficult to talk to people about what had happened. And this again became a thing,

Fear of stigmatization

it was almost like it was dirty. Like you didn't want to have people have you associated with it.

Fear of
stigmatization

I: So somehow what had happened to your daughter was reflecting on you?

M: Well, I wouldn't say it was reflecting on me. But that, I suppose you could look at it that way, but it was more like, I don't know. I didn't sort of see it as a reflection exactly, but I guess I was uncertain how people would respond to it or what they would think. The people that did know, my close friends, it was that feeling of shock. So anyone that is farther away from you in terms of your friendship circle, how are they going to react with it?

Concern re responses
of friends/family

I: What were your fears in how someone might react?

M: I don't know. I guess I kind of wanted things to be normal with people. I didn't want that to become a major topic of conversation with everybody. And I figured, certainly in my circle of friends, to the best of my knowledge nobody's child had been abused by anybody. So it would be a shock to people. It's a shock when someone you know goes through an experience like that. So that it becomes a topic of conversation. I didn't want it to become a topic of conversation, like I didn't want people to know about it. I wanted everything to be normal. I didn't want it to be the thing that everybody talked about when I saw them. It was a pretty tumultuous time and I kind of wanted as much as possible to be as normal as possible. Although it was on my mind a lot and Don and I talked about it a lot, I didn't want every place I went it to be the topic of conversation. I wanted to be able to get away from it.

Need for normalcy

Concern re responses
of friends

Need for privacy

Need for normalcy

Need to talk it out

Need to escape

I: Yes. I think it's a time when you feel so out of control because you don't know what is going on, or how the system works, and as you said you felt over your head with it, so trying to get that normalcy in your life is a way of feeling some control over ...

M: Yes. I guess that's it. I wanted everything outside what was going on to be normal and I felt that the more people that knew, the more apt it was to be talked about. And I just didn't want that, certainly not at that point. Now that changed a bit later on. But certainly through most of last fall I really didn't want to share that with too many people.

Need for normalcy

Maintaining control

Need for privacy

I: Trying to keep that sense of normal around you was probably a really healthy thing for you to do for the family at that time.

M: Yes, and I guess I didn't want anybody to respond differently to Sue either, that she be treated any differently by anybody. I just wanted to be normal. Like normal. And there were times when I just wanted to wish the whole thing away, wish it had never happened. Particularly during some of the more frustrating moments of dealing with systems.

Concern for daughter

Need for normalcy

Need to escape

Frustrations of systems

I: I think some mothers feel a certain amount of protectiveness towards their children, as well as feeling like you want them to be independent and learn some independence, and I'm wondering what being a mother means to you with that balance of protectiveness and independence, and a sense of responsibility as a mum?

M: Aside from this situation, just in general?

I: Yes.

M: I guess I wouldn't say that I was overly protective of her. Sometimes it's hard to see that your kids are growing up and that their capabilities are changing. I find for me I have a tendency to sometimes to continue to treat her as though she were younger than she really were because it's hard for me on a day to day basis to realize that she is growing up. And my expectations of her need to change. I think I have a delayed reaction to that. I'm behind where I should be. I have never been a mum to push much. I enjoy little children. I'm not sure that I enjoy older children as much. I'm sure I'll love my own daughter. But what I am saying is that I like babies and preschool children and I'm not as sure in general that I like 7, 8, 9 year olds as well as a group. And so I haven't been in

Awareness of mothering issues

any hurry for her to grow up. Like a lot of my friends are pushing their children into activities. Like they are in this and they are in that, and they are doing this and they are doing that, and they are in 50 million things. And they are teaching them how to read when they are four. And I just never ever been into that kind of thing. I have a belief that children kind of grow at their own rate. I suppose that I have felt a little protective of her because over the last two years, since the marriage ended it's been very difficult for me. And I'm sure it's been difficult for her because we have lived in so many places we moved so many times during those two years. And then I keep thinking of the fact that she was living in a home with a father, mother, and grandmother, and she goes to bed one night and she gets up the next morning and mums gone, dads gone, and baba's still there. But I remember her talking to me about baba cleaning up the blood on the floor. So she obviously saw something. And then in the afternoon her mother comes and picks her up and her mother is unrecognizable, just beaten and bruised. And picks her up out of a nap, packs a few bags of clothing and off we go to a strange house where there are all kinds of mothers and kids. Just a whole mass of change, and mum is upset, and sick. And there is a homemaker coming in to take care of her, because you are responsible for taking care of your own kid at the transition house. And because I was so ill, I had some sort of a brain problem so I was dizzy, so I had to be in bed for about three or four days. I couldn't get up or I would be dizzy and vomiting. So they had a homemaker coming in and she didn't want the homemaker, she wanted mum. And mum tried to keep her with her and read, but how do you keep a three year old who wants to run all over the place. And then we moved up to Richmond and lived for a while, and then we were housesitting for a while. I was really upset during this time. A lot of real emotional difficulties myself dealing with the ending of the marriage, getting out on my own. I was really upset. I think perhaps harsher with her than I normally would have been. What I'm saying is I have a tendency even now to kind of want to make it up to her.

Protective of child

Description of
physically abusive
marriage and
resulting stay in
transition house

Attempt to make it up
to child

I: For?

M: For all the trauma of that time. Of all the changes. I look at other kids who live nice normal stable lives, and that's basically most of my friends because that's the sort of circle that I live with. My friends aren't the people who are going through that sort of stuff. I realize people do, certainly I see it in my job all the time. But I also see the effects of it [in my job.] I see what happens to kids when there are lots of moves, lots of upheaval, lots of disruption. It's really hard for them to get their feet planted, and to do well in school. Basically for a period of time I saw Sue's development just stop. She continued to grow a bit, although she went one whole year without gaining anything. She went from three to four without gaining even half a pound. She got a bit taller, but she didn't gain anything. Her development in terms of her fine motor skills, everything just seemed to come to a stop. And socially I felt she regressed a bit. And I felt responsible for that. And it's like kind of wanting to make it up to her, to make everything okay for her. And maybe in some ways materially because I'm able. Maybe tended to buy a lot more for her than I might normally have. Just somehow trying to make it okay for her. And then of course this whole trauma now with her father.

Stigma

Responsible for
child's lack of
growth

Attempts to make it
up to child

I: How did that influence things in your way of thinking of yourself as a mother and sense of protectiveness when you heard about the sexual assault?

M: Well, actually, I think initially there was this feeling of wanting to protect her. I know that the psychologist we saw put in her report and she told me also that she didn't sense in me that overprotectiveness that shows up in a lot of mothers. She thought I was dealing with things very very well, which was reassuring to me. But what I have found is tended to make me much more suspicious of strange situations if she is not reacting exactly right. For instance Sue in in daycare now. And the woman has a 20 year old son that lives at home. Normally that kind of thing would not have entered my mind. I am not a person who goes around seeing sexual abusers under every bush. I know a lot of people focus in on it, but I choose to believe that the majority of people are not going to do that kind of thing. But now I find I am very, I look at things more

Protective of child

Suspicious

Trust vs suspiscion

carefully, which may be partially good. But I find that I am more suspicious in general of strange situations, or things that I cannot absolutely account for. And yet the assault or the abuse of Sue was not with a stranger. But I guess because I missed the original signals, the reluctance suddenly to go with her father. A lot of discussion of tummy aches, she used to have tummy aches in the mornings when she used to go see her dad. And I knew that sometimes those tummy aches came up when she didn't want to do something. Sometimes when you asked her to pick up her toys she'd develop a tummy ache. But I didn't put it together. I didn't put it together fast enough. So that has made me a little more self-doubting of me, which has made me a little more suspicious of anything, I tend to look a lot more carefully now.

Self-doubting,
questions judgement

I: That must have been really hard at that point as you said when you became more self-doubting of yourself, that must have been a rough piece for you ...

M: Ya, because I was already feeling ... You know I didn't leave the marriage by choice although I left. But I somehow felt, I just felt badly for having to put her through all the things that happened, and that just reinforced it again, that here she was going through something. And then again a certain amount of guilt in sort of a broad sense, how could I have picked a man that would have done something like this? So I really screwed up, even before she was even born. That wasn't a major focus, but it, you know ...

Guilt for marrying,
self-blame
Questions judgement

I: That's interesting that you say that because the last woman I interviewed said the exact same thing about, I should have known when I married this one, I mean it's impossible to know something like that.

M: I felt guilty too because Sue and I had left when Sue was only about a year old after another incident when I had been hit several times, not damaged, not badly bruised, but hit several times. And I had been hit before Sue was born but I kept thinking that it would get over, that somehow ... I was very typically at the time the abused wife, I kept thinking that I could do something to change it. I could be more perfect, I could ...

Description of
physically abusive
marriage

I: If I was better things would change ...

M: That's right. If I could just stop doing things that irritated him so much. Even though they were stupid things. If I could just learn what they were, even though they are stupid, and stop them then it wouldn't happen. So there had been the abuse prior to Sue's birth. And the marriage had been a bit rocky. Sue was born when I was 32 or 33. My husband and I had been married since I was 20, it was a long term marriage. And there is a certain amount of guilt that I had gone ahead and had a child in a situation that I knew wasn't the best. And then we left when she was about a year old. And then I came again, and I brought her back into the situation with me. Like her father had never been physically abusive with her but I guess I felt I was exposing her to all the trauma. I felt guilty for having her when I knew the situation wasn't good. I mean I never expected the situation would turn out to do what he did. But certainly there were indication that things weren't great and yet I went ahead and had her and left and came back. All along feeling guilty for, that philosophy here's this innocent child brought into the world and everything should be wonderful for them, and things are really hellish. And it's not fair that she should have to go through this, she's going through them because of me, not because of anything that she has done, but because of me. And I suppose with the abuse, I felt a certain amount of guilt that I should have picked up the signals, but more guilt again that because she was born and this was her father.

Self-blame re
physical abuse

Guilt for giving
birth to daughter

Sexual abuse not in
her repertoire of
what people do

Takes responsibility
for sexual abuse

Guilt re missing
signals

I: I'm curious as to why you say that she's gone through all this because of you and not that she's gone through all this because of him?

M: That's something that I still, I suppose remnants of me feeling that it's my responsibility somehow. Certainly I had a lot of counselling after the marriage ended trying to deal with the fact that it's not your fault. You didn't do it, and you didn't cause it. But those attitudes are really hard to totally get rid of on an emotional level. You can verbalize it, yes I know.

Takes responsibility
for sexual abuse

Difficult to release
guilt

I: What was helpful for you in trying to get rid of some of that self-guilt? I think every woman that's been in a battering relationship and every woman that has had a child who was sexually abused by a father or step-father takes it on as their responsibility. And I'm wondering what you could tell me about what is helpful, or what was helpful for you in changing that?

M: Counselling in terms of hearing it over and over again that it is not your fault, it's nothing that you did. Reading different articles, getting it from different sources, not just one person telling you. You almost have to bombard the person in a gentle way, but constant reinforcement from anything around her, as much as you can do. It's not her fault. And it needs to be. The thing I found for me is that it really has to be constant. It's amazing, I used to go in and see my psychiatrist and talk and talk and talk, and then we'd have this reflective time at the end and she'd go over again the same old stuff. And then I'd come next week with why I felt it was my fault again. And she'd go over it again. So talking, verbalizing I found really helpful just in dissipating the tension. But just the constant reinforcement from every possible source that you can get that it's not your fault and you are really an okay person. Because you begin to feel like a not okay person. I think if you are in an abusive relationship you really begin to feel like you are a not okay person. And with the abuse, the same thing that you didn't set it up, even subconsciously. I could see how, in my case it wasn't, but I could see from some of the emotions I went through that if it was somebody you were really with that you could have feelings that subconsciously maybe you condoned it or set it up. You can get that kind of reinforcement from some of the strangest places. Like going through the court system I have seen some articles that have been written that say mums have these psychiatric problems and they import this on to their kid. And when you get that kind of reaction from the authority so to speak, it really rattles you. I remember, one of my affidavits, I had gone through what happened and I had mentioned that my ex-husband had been arrested, that he was charged. Just basically what I had been told by the police and the judge had a fit, and

Support necessary to abdicate guilt

Need to verbalize

Strong feelings of guilt

Need for support, acceptance

Self-doubt

Court

actually awarded the cost of defending that to my ex-husband because somehow I shouldn't have done that, I don't know. I don't remember what word he used but you get the feeling that everyone thinks you are an overreactive mum. And the way the court system works, the court system, I could understand in a criminal case why there could be some problems because you talking about taking away someone's freedom. But ours was strictly a civil action, an attempt to alter the access provision of the divorce.

Concern re reactions
of others
Court process

I: So he was never charged with sexual ...

M: Yes he was charged, but the charges were stayed because Sue was ... They videotaped the interview with her. The police did. They showed it to the crown council. She felt that Sue's evidence, like she was coming across as what she was, a very young child. And you get into this issue of too young to be sworn, not believable basically. So she felt that they had no case. Although the police told me that they were convinced that he had done it, they told me after the thing that when they showed him the video they felt he was on the verge of confessing but just couldn't get it out. So the charges were stayed against him, they weren't dropped, but they were stayed. Now this last judge that we had on the 20th, believed that he had done it. His decision was very definitive.

I: So this was the court you went to in March, was just for access.

M: That's right.

I: So he has no access.

M: He has no access, and he can't even reapply. Because you know access like anything under the divorce act, access and maintenance can change, you can reapply at any point to have it altered. And the judge removed it and said he couldn't even reapply for 18 months. And that when he reapplied, if he reapplied, there was a heavy burden of proof on him to show that he had ...

I: It must have been a big relief for you.

M: Phenomenal. Because this whole thing started last July and then we had a preliminary hearing in September and then the court in September ordered that it be heard not in chambers but by a judge, and by witnesses, not affidavit, because most of this kind of stuff is done by affidavit, not sexual abuse but maintenance and all that kind of stuff. So we got a court date for the 12th or 13th of February. So we went to court on the 12th or 13th of February. We needed more time and the next available date we were able to get was the 20th of March. So it was a three day thing. And that was really vindicating.

Protective actions
bring relief
Court process

I: It's like someone is acknowledging what happened?

M: Yes, because all along the court in September was so much the rights of the father, the rights of the father, the rights of the father. And I kept on saying what about her? He was awarded supervised access in September when we asked for no access. Well he never saw her because we could never agree on a supervisor. He suggested his mother, I said no. We had a suggestion and he said no, and that was the end of that. But I thought Sue doesn't want to see her father. She told me she didn't want to see him. Nobody is considering how she feels in this at all. That was another of my really strong feelings in dealing with the court system was that NOBODY seemed to be particularly concerned with her and how she felt. It was made into a battle somehow between her father and me and that wasn't the issue at all. How I felt or didn't feel about him was not the issue but of course that was what they were trying to make the issue, that I was some kind of vindictive mother out to get him. Nobody seemed the least bit concerned with her. And that really I found frustrating. Really angered me.

Concern for child,
advocate

Frustration with
court system

I: I wonder if that has to do with her age too, that she is just too young to bother asking her?

M: Ya, it was like a total disregard for her, like she had no feelings or no right to any feelings. We went through ten sessions with a psychologist during which we were assessing and doing some treatment, or rather the psychologist was. And my ex-husband was

Concern for child

Sought treatment for
child

invited to take part in that because the psychologist really wanted to see the interaction, she thought it would be helpful in her determination of what was going on. And he chose not to. And then at the end of January like two weeks before we are going to court he goes to court in a chambers hearing and wants her to see another psychologist, their psychologist. And the court said okay. So after Sue has been through all this now she has to go, I was so angry. Because it's hard on little kids, it's hard on anybody to have to tell those kind of stories. And the court order was such that I was not allowed to even wait in the waiting room while she was being interviewed by the psychologist because that was thought to be influencing what she was going to tell. Which infuriated me because to take your child and deliver her to a strange doctor, and not even be in the waiting room. I mean how is that going to make her feel. Oh I was furious. Because nobody cared. I mean we've got to give this man every possible chance. What about Sue? Oooh, I got really hot when I think about it even now.

Frustration/anger at
court system

Concern for child

Concern for child

Anger at court
process

I: If you had to go through this all again is there anything that you would do differently?

M: Well, I suppose the one thing that I can think of is that and again this was done on advice. I asked a social worker what hospital to go to and he told me to go to the one closest to here. And that is the one thing that I would change, I would go the Children's because they have the facilities there. We would have avoided all the running around, we would have seen proper doctors who had some skill in this kind of area to begin with. Because there was a lot of scrambling with that, which caused some fiddle faddle in the trial. That is something I would definitely do differently now. I would go to Children's to get the appropriate people to deal with. Without spending a long time thinking about it I think that is the only thing that I would have done differently.

Importance of
knowledgeable
professionals

I: Is there any particular advice that you would give to other women going through a similar experience?

M: Well, the sort of standard advice. But if there is anybody they feel is a really strong support for them that they should keep that link really really strong during that time because there are lots of times when you feel just overwhelmed with what's going on and if you have got somebody who is supportive and strong and is willing to listen to you. Don is a real listener. Don is a - delete - so he has some counselling abilities. So sometimes he would just listen to me go on and on and on. And again having somebody there, and trying to surround yourself as much as possible with people that make you feel okay about what you are doing. If people make you feel not okay about it, try and not put yourself in that situation because you have enough doubts and fears and worries as you are going through it without having other people doing it to you. Like a couple of times even my mother would say gee I know this is really awful but gee I just remember how nice Brian, that's my ex-husband, used to be to me. And those kinds of things really stirred up feelings in me. And the other thing is to get some kind of counselling for yourself. It goes without saying about getting help for the child but we get into this what the mother is left with, what the feelings you have left. And I still haven't found a great deal that has been particularly helpful in that area for me. I guess there are things around, but of course I've been lucky because the psychologist that Sue saw, we did some talking. But I think that would be the other thing because you just have so many feelings you need to have some help sorting them out because otherwise they just sit in there. And the other thing I would warn any mother at the onset is not to talk to your child very much about what has happened because legally you can get into phenomenal difficulties with that because so much of the tack seems to be that the mother is convincing the child, bribing the child, coaching the child. And so the fact is that I never talked to Sue about it because, except on just a couple of occasions and just briefly, because I just I didn't know what to say. I didn't have the skill. But in terms of the legal situation, the more you talk to your child, the more in trouble you can get.

Importance of support

Need to be listened to

Importance of support

Loyalties

Importance of professional support
Concern for child

Difficulties in getting support for self

Need to verbalize

Court process

Self-doubt re talking to child

I: I wonder if that would have happened more so in your situation because the two of you were separated. I don't know if they would do that as much with someone that was still together.

M: They might not. But there really is a major thing right now. I don't know how many different things my ex-husband's lawyer kept coming up with about claims of sexual abuse in the non-custodial parent. I can barely say the words, non-custodial parent. About how 35 to 55 per cent of the claims were false. I think if you were living with the person then it would be doubly important to get some counselling for yourself because it would be even harder to accept. And your feelings of guilt would be stronger because probably you would think it had been going on in your home, and you never saw it, and what's wrong with you.

Awareness of others
situations

I: And you are still with this man you had no reason to leave them and all of a sudden you are forced with this decision, should I leave him for this reason or stay and try and work it out.

M: Ya. Of course in the case where two people would be living together, Human Resources would be a little bit more involved in the whole situation because they might dictate...

I: Say someone has to leave for a little while...

M: Ya, someone has got to leave.

I: Is there anything else that you think is important that I would know or that you wanted to add?

M: Not really. I guess I still wish that there was probably, it's hard, even for me. I understand that there are some places to go as the parent to get some help and some counselling. But I find it even with me, with my sort of professional level and the fact that I realize on one level that it is not a stigma and it's okay to get help and I have always been a person that never hesitated to get help. I find it really hard to go to some of these places. But I guess I kept feeling that because of everything that has happened, maybe there isn't very much that anybody can give me at this point. We have been through the legal

Difficult to go for
help

Fear of stigma

thing, sort have gone through all the steps. And I don't feel too bad now, I've had a chance to work a lot of it through. But maybe that's because of my situation. Because I have this supportive husband now. We did see a psychologist that worked with Sue. My close friends are extremely supportive, and have listened and have been supportive. I guess one of the things that I'll just throw out now, that I felt guilty about, it just flashed through my mind, was that I had never ever talked to Sue about this subject before. We talked about not going with strangers, don't go with strangers, you know that whole issue. At the daycare they had done a little unit, there is a little video called "Too Smart For Strangers" out in the stores, and it's for use for young kids. Lianne, the daycare worker had done a short program with the kids about inappropriate touching which is where the term private zone came from. But I felt a certain amount of guilt. Like everytime somebody asked me "Have you ever talked to your child about this - what have you told her?" And I'd say "NO", and I'd always feel embarrassed and guilty. Not again that I could have prevented it that way, but that I should have done it and didn't, so I fell down as a mother because I hadn't talked to her about it.

Processing of issues

Husband/close friends helpful in processing issues

Guilt for not talking to child about sexual abuse

Guilt for not talking to child about sexual abuse

Inadequate as a mother

I: We were raised on that so much, "Don't talk to strangers, don't take candy from a stranger", that it is so ingrained in us ...

M: Yes. Well it's so easy to talk about strangers, it's much harder to get into the issue of inappropriate touch by people you know - that's a hard one. I've gotten a lot better from watching that program on tv and talking to the psychologist about there being parts of your body that nobody has a right to ... the assertiveness training for kids, the right to say no. The psychologist, Dr. Camponi, she is going to do some more work with Sue on saying no, saying no like a lion. Because she said that a tremendous amount of abuse can be stopped if the child can say no very definitely. Sue said she said no, but no like a young child might say to a parent. A child to say no, and to tell "I will tell". All but the really strong-hearted abuser will back off in that case. So she is going to do some work with Sue on those two issues.

Importance of assertion for child

I: The information you have given me, you have shared with me, is really helpful.

M: Well, my situation is a lot different because again it wasn't somebody I was living with. The age of the child is hard because as the younger a child gets, it gets harder and harder to deal with and understand.

I: How old is she now?

M: She is five.

I: How old are you?

M: I'm 38, shortly 39.

Demographics

I: How old is your ex-husband?

M: He is also 38.

I: And there are no other children?

M: No other children. Interestingly enough, and I don't know how pertinent it is, but you know my husband didn't like women. And one of the concerns I had when I was with him after Sue was born, after I came back the first time, I had some concerns about that, because he didn't like women. He verbalized it. He had no use for most women. I was one of the only women he had any use for. And I often used to wonder, not in terms of him hurting her, but in terms of her self esteem. If he has such a negative opinion of women, having a daughter, I used to worry about that. I never thought anything else would happen but I used to worry about what kinds of messages he could be giving her actually.

Misogynist ex-husband

Concern for child's self esteem

I: Do you have any guesses on what that was about for him - not having any use for women?

M: No, I don't really know. He didn't get on real well with his mother. He was an only child and his mother treated him like a king as far as I could see. But he just never seemed to have any use for women. I think he would say that in moods when he was angry at women for this or that or the other thing. He had tried to form a business with a woman and that hadn't worked out, and he was really pissed off about that. But I don't remember the basis of it.

But I remember that because that had been a concern in terms of Sue's self esteem, because he was very derogatory towards women, not necessarily me but women in general.

Concern re child's self esteem

I: I wonder if it was a disappointment then when she was born that it wasn't a son.

M: He didn't seem to be disappointed. He was very happy with her. He was never very involved with her. When she was young, he wasn't involved with her. But he never said he wanted a son anymore than a daughter. She was basically a healthy baby and he seemed quite happy with her. I never sensed any disappointment.

I: How is she doing now?

M: She seems to be doing quite well now actually. We have really noticed a phenomenal change in her basically, since she stopped seeing her dad.

Importance of seeing child improve

I: So a lot of improvement ...

M: Ya. Developmentally she is growing by leaps and bounds. I had made the decision to hold her out of kindergarten last year because she seemed so immature for her age. I mean the difference between her then and now ... and socially she is very outgoing now. She is comfortable in new situations. Before, she'd go in and hide and not look at people, suck her thumb. So a phenomenal difference in her attitude and behaviour ...

I: That must feel really good for you to see that.

M: Ya. Even her health has been better this year. It has been most gratifying. And it was evident to us by September. And that was another reinforcement thing to me because you could see such a change in her and there had to be some reason for that change.

I: Kids can bounce back so quickly, and I also think how they bounce back depends on how their parent responds to them when something like this happens. And it sounds like you did a really good job of it. You handled it really well, and it makes it so much easier for her to bounce out of it.

M: And I think too the daycare worker, Lianne, was really good, and she never for a second doubted her. One of the things she told Sue from the beginning was that "It's good that you told and we are going to make sure that nobody hurts you anymore." And Sue was believed by everybody that she told, and I think that's probably significant too for a kid to feel they are being believed.

Concern for child,
importance of
believing her

I: But also particularly by the mother ...

M: Yes, and because we did those things, we took steps to ... And of course once she told us she has never seen her father since. Not even in a supervised capacity. So it's been really reinforcing to her that something was done.

Protective actions

I: And she never talks about him?

M: On the odd occasion we will go to some place where she was with him and she'll mention oh I was here with my father. She never asks to see him. She now calls him Brian. She doesn't call him dad, she used to call him dad.

I: Does she call Don dad?

M: Not most of the time, sometimes. We tried to discourage that initially because Don and I when we were first living together, weren't married. And I have seen too many kids who have gone through dads and uncles. And we started living together a year ago and we decided the first of June that we were going to get married. I just never encouraged it. We never discussed it. And she never called him dad. It was always Don. Matter of fact that was one of the big contentions at the trial was that she could have been referring to Don. But she never called Don dad, we had everybody testifying to that. And when questioned by the psychologist when that issue was brought out she said no very specifically, my dad Brian. But now sometimes she calls Don dad, but most of the time she still calls him Don. Because I have gotten in the habit of calling him Don to her.

Court process

I: With the experience with your first husband do you ever have any concerns now about Don, sort of in the back of your mind, a twinge or a concern that something might happen?

M: Actually no. He had three grown children. You'd almost have to meet my ex-husband and meet Don to see the difference in terms of their personalities. Don is very gentle. They are just so different. And the fact that his children know about what happened. He had a long marriage that broke down because they grew apart. There is just no absolute indication there at all in him that there could be any problem. I suppose you could say that I have looked at it because I'm able to tell you these things. But in looking at it I've not come up with any indication at all that there is anything amiss or that I even have the fear that there could be anything amiss. But I told you in terms of the external, like the 20-year-old son that's in the daycare I wonder about. But you have to have some faith and belief in people in this world. I think you can be careful and maybe I would be a lot more careful in reading signs in Sue if I started noticing things. I would probably be a lot quicker to respond. And again, I feel you have to have some trust. You can't go through your life not letting your child near a man. You can't do that, it's not healthy. Like one of the reasons I wanted her to work through it with a psychologist is because I want her to grow up and be able to have a healthy relationship someday with a man. Again I tried not to expose her through this too much to any of my own doubts. Like we tried not to talk about it in front of her. Like I won't say it's never happened, but we tried really hard. During the trial in February, I had her staying with my mother for about a two-week period because I thought it would be best, because I knew I would be ... And I wanted to feel free to talk about it and I didn't want her to see.

Faith in people vs caution

Importance of trust/faith

Hopes for daughter

Concern for daughter

Protective of daughter

Protective actions

I: Also, now she's got a lot more skills that she didn't have before, having gone through this experience. She's learned a lot of things and would probably be much more inclined to say something immediately or say no ...

M: Ya, I think so, because she has had a good reaction this time to telling, where a child that didn't have that might certainly have a different outcome.

I: Well, you have been a tremendous help.

M: Well I hope that something's been there. I have never had a chance to talk to any other mothers who went through a similar experience. I have talked to women who have told me they have been abused. But I have never had a chance to talk to other mothers. Actually, I wonder sometimes if that might be helpful is some sort of group, because groups are helpful to so many people. I: There are some groups in town, mom's groups.

Need for support

M: Who runs it?

I: There is a place called Act II.

M: Do they? I have heard of Act II.

I: They do. One of the women I interviewed was in that group and that was what she said was a big part of her healing or getting over it, was the support of the other women.

M: Ya, I can really see that actually, because you don't feel so alone.

Need for support, not alone

END OF TAPE

APPENDIX D

PRELIMINARY CLUSTERING OF TRANSCRIPT CODES

Reactions to Disclosure (beliefs, feelings, actions taken):

Ambivalence re believing

Not in her repertoire of what people do

Questions child's story

Initial reaction, shock, disbelief, anguish

Feelings of guilt, responsibility/Difficulties in releasing

No choice issues

Loss of control/Maintaining control

Questions (loss of) judgement, self-doubts

Processing of issues

Inadequacy as mother

Confusion re actions

Protective of child/Protective actions, called authorities

Self-determination re protective actions

Changing Roles/Relationships (New role with systems, changes with family/friends, partner, child):

Court - process, belief in system, difficulties/frustrations

Frustrations or confusion with systems

Feelings towards offender, misogynist

Family's reactions/loyalties

Stigma

Concern re responses of family and friends

Concern for daughter, hopes for daughter

Awareness of mothering issues

Healing Process:

Gathering support/Difficulties in gathering support, help

Partner supportive

Need for support re believing

Need for normalcy

Need to verbalize

Need to escape

Attempts to make it up to child

Trust (faith) vs suspicion

Included in description of sample:

Background of disclosure

Demographics

No prior knowledge

Description of prior relationship, abusive relationship