

2002

## **Mothers Coping With Multigenerational Sexual Abuse : Case Studies Within Feminist/Ecological Systems Frameworks**

Tracey L. Caporn  
*Edith Cowan University*

Follow this and additional works at: [https://ro.ecu.edu.au/theses\\_hons](https://ro.ecu.edu.au/theses_hons)



Part of the [Cognitive Psychology Commons](#)

---

### **Recommended Citation**

Caporn, T. L. (2002). *Mothers Coping With Multigenerational Sexual Abuse : Case Studies Within Feminist/Ecological Systems Frameworks*. Edith Cowan University. [https://ro.ecu.edu.au/theses\\_hons/920](https://ro.ecu.edu.au/theses_hons/920)

This Thesis is posted at Research Online.  
[https://ro.ecu.edu.au/theses\\_hons/920](https://ro.ecu.edu.au/theses_hons/920)

# Edith Cowan University

## Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.
- A reproduction of material that is protected by copyright may be a copyright infringement.
- A court may impose penalties and award damages in relation to offences and infringements relating to copyright material. Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

## USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

**Running head: MOTHER'S COPING WITH MULTIGENERATIONAL ABUSE**

**Mothers Coping With Multigenerational Sexual Abuse:  
Case Studies within Feminist/Ecological Systems Frameworks.**

**Tracey L. Caporn**

**A Report Submitted in Partial Fulfillment of the Requirements for the  
Award of Bachelor of Arts (Psychology) Honours  
Faculty of Community Studies, Education and Social Sciences,  
Edith Cowan University.**

Submitted November, 2002.

I declare that this written assignment is my own work and does not include:

- (i) material from published sources used without proper acknowledgement; or
- (ii) material copied from the work of other students.

  
Tracey L. Caporn

24 Jan 2003

**Abstract**

**Mothers Coping With Their Child's Sexual Abuse and Their Own:**

**Case Studies within Feminist/Ecological Systems Frameworks.**


This study aimed to identify the needs of mothers when they were indecisive (immobilized) about believing or protecting their child who had been sexually abused, taking into consideration that they had also been sexually abused in childhood (multigenerational abuse) and that their ecological contexts may have also played a role. Four Mothers were recruited from an agency dealing in abuse issues. Case studies were compiled after recording a qualitative conversational, semi-structured interview (Burgess-Limerick & Burgess-Limerick, 1998), using questions derived from the literature. Discourse analysis identified that abused mothers believe and act to protect their children within minutes to hours of disclosure. Immobilization was related more to affective disorders and/or problems that prevented the mothers from coping; inadequate, inappropriate, or unsupportive helping systems; and complex relationship issues that required extensive therapy and support within the home and the community. Factors that immobilized or disempowered and mobilized or empowered abused mothers were examined in relation to which ones were required to create supportive and therapeutic ecological system contexts. This study confirms previous literature that immobilization occurs when: emotional/psychological issues overwhelm abuse survivors facing their child's abuse; powerlessness ensues when violent, coercive, inadequate and/or unsupportive personal, social, and/or professional help systems exist (Hooper, 1992; Humphreys, 1990). The findings are interpreted in relation to previous studies in the area. Areas of future research are identified.

**Supervisor: Dr. Lynne Cohen**

**Student: Tracey L.Caporn**

**Declaration**

I certify that this thesis does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any institution of higher education and that, to the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in the text.

**Signature:**  \_\_\_\_\_

**Date: 5 November 2002**

### **Acknowledgements**

This study is dedicated to the women who volunteered to participate in it. Their bravery and inspiration was incredibly humbling and motivating. I would like to thank Samantha Goldberg and Natasha Tucker for their guidance and support. I would also like to thank Dr. Neil Drew for his initial supervision and insightful suggestions, such as having an ecological systems framework. I would like to thank Dr. Lynne Cohen for her incredible encouragement, patience and kindness in supervising this study to its conclusion and her helpful editing suggestions. I would also like to thank Dr. Lynne Cohen and Dr. Elizabeth Kaczmarek for their understanding and commitment to me as a student. Last but not least, I would like to thank Peter and Mackenzie Caporn, and Marion Lawson, whose every day sacrifices and enduring love, despite my neglect of them, has left me humbled. I am extremely grateful to each and every one of you.

### Introduction

Sexual abuse refers to any physical, visual, verbal or sexual act experienced by a person as threatening, assaulting or invasive, that either degrades, harms or prevents one from being able to control intimate contact at the time of abuse or later (adapted from Kelly, 1988a, p41 in Hooper, 1992). It has been well established internationally that the number of child sexual abuse (CSA) survivors who experienced CSA before 18 years old is between 24% and 38% of the population (Baker & Duncan, 1986, Gaynor, 1965, Finklehor, 1979, Goldman & Goldman, 1988, Russell, 1983, Badgley & MacDonald, 1984, as cited in Humphreys 1990).

Furthermore, abuse is typically perpetrated by a friend or neighbour, and not fathers. Australian Bureau of Statistics does not supply exact figures (Australian Institute of Health and Welfare, 1995), but fathers are considered by some to rarely be the perpetrator (Kelly, et al., 1991, & Raffel, 1984, as cited in Hooper, 1992). A prospective study by Browne and Herbert (1995, as cited in Parton & Watlam, 1999) reported that only a small minority of CSA survivors abused their own children. However, one small study revealed that 11 CSA cases out of 15 were perpetrated by a father or father figure (Hooper, 1992).

Nonetheless, when a child is sexually abused, it is their Mother who becomes the focus of therapeutic and intervention strategies (Stanley & Penhale, 1999) because they are culturally assigned (O'Hagan & Dillenburg, 1995) the role of supporting and protecting their child (Stanley & Penhale, 1999). The responsibilities and reactions of fathers who are not the perpetrator of their child's sexual abuse are conspicuously ignored by researchers and therapists (Hooper, 1992; Hooper & Humphreys, 1997;



Humphreys, 1990). However, as non-abusing fathers are often not the primary caregivers (Hooper, 1992; Humphreys, 1990) and as it is frequently the Mother to whom disclosures are made first (Hooper, 1992; Parton & Watlam, 1999), fathers will not be the focus of this study.

Whatever the Father's role, it is the Mother who actively secures their child's recovery from sexual abuse through believing, telling their child they believe, protecting, and cooperating with professionals (Briggs, 1993; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Hooper, 1992; Hooper & Humphreys, 1998; Parton & Watlam, 1999). When maternal disbelief, anger or blame occurs, it is expected that inaction and lack of protection will result, leaving children to experience significantly greater psychological distress (Briggs, 1993; Gomes-Schwartz et al., 1990; Hooper, 1992; Hooper & Humphreys, 1998; Parton & Watlam, 1999).

This claim has been challenged by evidence proposing that Mother's can disbelieve abuse occurred but still sever relationships with abusers and take protective action (Hooper, 1992; Humphreys, 1990). More importantly, such findings are an indication that the Mother's subjective reaction to their child's sexual abuse is not a simple linear matter of discovering, believing, and taking protective action (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Gomes-Schwartz et al., 1990; Hooper & Humphreys, 1998; Humphreys, 1992, 2000; Waterhouse & Carnie, 1992).

In reality, evidence suggests that Mothers are trapped on a multidirectional track between the abuser and child, on which she travels back and forth daily (Humphreys, 1992; O'Hagan & Dillenburg, 1995), making moment-to-moment decisions about

what she knows, believes and is protecting. Throughout an evidence gathering, discovery, and disclosure process (Everson, et al., 1989; Hooper & Humphreys, 1998; Humphreys, 1990, 1992; Waterhouse & Carnie, 1992), emotional or cognitive indecision (ambivalence) and/or disbelief are typical (Humphreys, 1992). While attempting to maintain protection (Humphreys, 1992), ambivalence can result in crisis (Briggs, 1993; Hooper, 1992; Humphreys, 1990) and/or immobilization (Hooper, 1992).

The Mother's power to protect is relative to her not becoming immobilized by the decisions she needs to make (Everson, et al., 1989; Hooper, 1992; Humphreys, 1990; O'Hagan & Dillenburg, 1995). However, the Mother is often immobilized, if not during decision-making, then by her affective reaction to her child's abuse disclosure, and this is often unrecognized (Parton & Watlam, 1999), particularly with Mothers who have also been sexually abused as children (abused Mothers) (Humphreys, 1990). While much has been written about abused Mothers and multigenerational sexual abuse, finding a scientific study that is specifically focused upon this group of women is difficult. Many studies have drawn conclusions about them (Hooper, 1992; Humphreys, 1990; Parks, 1990) and one study observed an apparent research gap concerning their reactions (Humphreys, 1990).

Of the relevant research identified by this study, Parton & Watlam (1999), in their study of one hundred and fifty nine families in which sex abuse occurred, described the outlook for abused parents who had to cope with both their child's and their own abuse, as observed within a Family Centre. Of these families 50% of the parents had been abused in childhood and 27% were in care as children. Psychological disorders were prevalent (61%), as was "domestic violence" (51%) and spousal separation or divorce.

Parental substance abuse (38%) and criminal behaviours (20% had criminal records) were also noted (Parton & Watlam, 1999).

In Parton & Watlam's (1999) study, psychological disorder for CSA survivors were most frequently Post Traumatic Stress Disorder (PTSD) (75%), anxiety (66%), and depression (50%), with 50% of participants having four to six disorders at the same time. Factors that were linked to greater disorder were lack of treatment, broken/disassociated/absent parental bond/relationship, psychiatric disorder of the Mother and/or domestic violence issues (54%). Greater disorder also occurred when CSA issues (68%) or PTSD was unaddressed or denied by significant others, such as therapists, parents or support workers (Parton & Watlam, 1999).

These results are consistent with other studies that found that adults abused as children faced mental health problems and adulthood psychopathology (Browne & Finkelhor, 1986, Mullen, 1990, Palmer et. al., 1992, & Tong & Oates, 1990, as cited in Parton & Watlam, 1999). Several studies noted that CSA survivors had to deal with long term effects; such as re-survivorization, suicide ideation, affective and/or eating disorders, somatisation disorders, and behavioural problems arising from anger, anxiety, fear and depression (Beitchman, 1992, Conte & Schuerman, 1987, Herman, 1986, & Oates & Tong, 1987, as cited in Parton & Watlam, 1999). Multiple personality disorder and borderline personality have also been indicated as long-term effects of CSA. (Beitchman, 1992, Deblinger et al., 1989, Herman et al., 1989, & Terr, 1991, as cited in Parton & Watlam, 1999).

CSA survivors who have an abused child while dealing with these issues may experience triggered abuse memories (Parton & Watlam, 1999) that place them in a position of powerlessness and lack of control over their bodies, emotions and lives (Briggs, 1993). Women in particular have been identified as being twice as likely as men to develop depression when they have experienced multigenerational abuse or violence, and when they are unemployed, lack confidence, are socially isolated, care for young children, their children are under protective State intervention, domestic violence is present, or they have marital friction (Stanley & Penhale, 1999).

While the above factors and issues are occurring at an individual level, when abused Mothers have sought therapeutic relief, they have been historically viewed in a negative and punitive light through Psychoanalytic or Family Systems frameworks (Hooper, 1992; Humphreys, 1990; Humphreys, 1992). In these frameworks it is envisaged that Mothers do not restrain abusers, are passive and sexually unresponsive, are replicating their own abuse situations, and are not reporting abuse to authorities. Furthermore, Mothers are accused of neglecting their roles and responsibilities to protect and care while allowing socialised or violently coercive passive/dependent behaviours to prevail when they work and/or have other interests (Humphreys, 1990; Humphreys, 1992; Hooper, 1992).

Specifically, in the 1930's, Freudian/psychoanalytic theorists blamed children for seducing their fathers (Hooper, 1992) and held that women with high neurosis reported imagined or fantasised sex abuse (Humphreys, 1990). When sexual abuse was acknowledged, victims were thought to collaborate with perpetrators in 'passive acceptance' or 'active seduction' and without detrimental effect (Humphreys, 1990,

p12). In one case CSA was reported to be beneficial in preventing psychosis (Rascovsky & Rascovsky, 1950, as cited in Humphreys, 1990).

In the 1950's and 1960's, family systems theorists blamed Mothers and children for father-daughter CSA (Hooper, 1992; Hooper & Humphreys, 1998), and when abused Mothers disclosed about their CSA experiences they were treated with suspicions of abuse or collusion with their child's perpetrator (Hooper, 1992). The family systems framework is based on the premise that abused Mothers did not learn and model family boundaries (Humphreys, 1990). Therapists still use this framework to treat families who supposedly accept and transfer a 'cycle of abuse' to subsequent generations, focusing on breaking a cycle rather than addressing complex social issues surrounding the dominant male role. This enables professionals to emotionally align themselves with perpetrator's and underestimate the role they play in CSA (Hooper, 1992).

While this view is not universally accepted, it has helped when repairing the Mother-child relationship, particularly when intervening with constructivist or systemic ideals in joint therapy (Hooper & Humphreys, 1998). However, a 'cycle of abuse' has not yet been empirically substantiated (Hooper, 1992; Humphreys, 1990), and neither has the degree of post disclosure trauma, relationship conflict, or Mother-child separation experienced by abused Mothers when facing their child's sexual abuse (Humphreys, 1990). Several studies have found cyclic links but lacked validity as participants in these studies were not CSA survivors (Goodwin, et al., 1981, Leroi, 1984, and Faller, 1989 in Hooper, 1992).

In addition to this, the validity of a cycle of abuse has been challenged by two studies. Firstly, Hooper (1992) found that abused Mothers could not facilitate their child's abuse because they were often unaware that it had occurred or were absent when it happened. Consequently, they experienced guilt and a need to explain and understand their lack of knowledge about it.

Also, Hooper (1992) found that when participants had resolved their CSA losses, they were more secure, resilient, and less likely to experience child care problems than unabused Mothers. For example, participants used their CSA experiences to help confirm their child's abuse and to align themselves with their child to identify CSA related behaviours (Hooper, 1992). This was first proposed by Dempster (1989, as cited in Hooper, 1992) who reported that abused Mothers wanted to support their children post disclosure to prevent them having the same negative experiences they had had. Hooper and Dempster both had findings that conflicted with other studies that held Mothers responsible for their child's CSA (Berry, 1975, Machotka et al., 1967, & Spencer, 1978, as cited in Humphreys, 1990).

Secondly, Humphreys (1990) qualitative study identified 7 of 22 participants that were abused Mothers of abused children, and reported several findings that conflicted with family systems and psychoanalytic theories about these women. Humphreys discussed CSA and political ideology, philosophy, language, power and influences, and found that abused Mothers did not recreate *or* set up their own abuse situations with their children, and that they were therefore not 'incest carriers' in a 'cycle of abuse' (as defined by Berry, 1975, Spencer, 1978, & Machotka et al., 1967, as cited in Humphreys, 1990).

Humphreys also refuted McFarlane (1986, in Humphreys, 1990) who claimed abused Mothers responded to their child's disclosure the same way they were responded to, with disbelief, and lack of protection or support. In contrast, Humphreys found that all seven participants believed their child's disclosure and were more ready to believe that a known and trusted person had perpetrated the abuse. Four participants responded openly to their children, talked about their own abuse in a way that they had not been talked to as children, and took initial appropriate protective action post disclosure (Humphreys, 1990). These Mothers were able to maintain the Mother child relationship and deal with various crises, with one participant being more capable of maintaining protection and support for her child due to significantly greater levels of professional and personal support, when compared to the other six participants (Humphreys, 1990).

Humphreys (1990) identified that problems for abused Mothers, and their subsequent inadequate protection or support of their children, occurred post disclosure, when their child's abuse triggered their own CSA memories and experiences. Three Mothers, when remembering their own abuse, found it hard to empathise with their child and minimized their abuse, while four Mothers reported complete Mother/child relationship breakdown, that resulted in intense arguing, the Mother's physical or verbal abuse of the child, and/or the child leaving home (Humphreys, 1990). This went against Koch and Jarvis's (1987:1996, as cited in Humphreys, 1990, p.212) suggestion that Mothers and abused children have a "symbiotic relationship" that prevents them from separating their needs and behaving as separate people.

The above frameworks are now being questioned and previous study conclusions revised by feminist based researchers who have reprocessed data about Mothers and multigenerational CSA. Subsequently, they have discovered inaccurate, unjustified and incomplete findings based on unempirical research (Gumbleton & Luger, 1996; Hooper, 1992; Humphreys, 1990;1992). Data reanalysis often found that Mothers were treated to authoritarian, intimidating, tyrannical, threatening, dominant, controlling and violent behaviour that left them fearful, lacking self-confidence and powerless within a conflicted marriage (Humphreys, 1990).

Feminist writers have pointed to Finkelhor's (1984) widely accepted model of four preconditions, whereby the offender becomes 1) motivated to abuse and 2) overcomes inhibitions at the first and second precondition stages (Hooper & Humphreys, 1998). Feminists claim that Mothers become involved at the third and fourth precondition stages when the offender 3) needs to overcome external obstacles, such as access to the child, and 4) weakens and defeats the child's resistance by increasing their vulnerability (Hooper & Humphreys, 1998; Hooper, 1992). The Mother-child relationship may therefore determine levels of risk to the child based on the Mother's parental ability, but even if she is extremely neglectful, it is the perpetrator that causes CSA and not the Mother (Hooper & Humphreys, 1998; Hooper, 1992). Therefore, the Mother-child relationship is important when post-disclosure protection is required, as is the non-abusing father-child relationship (Hooper & Humphreys, 1998; O'Hagan & Dillenburger, 1995). Also, non-abusive Mothers are assumed to be capable and protective when their relationships are not undermined, and if they do not protect or support their children, it is because they live in powerless and dominated social contexts



that prevent them from meeting their child's needs (Hooper & Humphreys, 1998; Humphreys, 1992).

The above findings have led the present study to assume that the post disclosure period may be a significant time for abused Mothers, particularly when analyzing individual issues of powerlessness and levels of support. Therefore, the purpose of the present study is to provide some direction for future research and therapeutic intervention by achieving three aims.

Firstly, this study aims to identify factors that possibly contribute to abused Mothers becoming affectively immobilized from making decisions during their abused child's post disclosure period. Themes about immobilization, ecological systems, and needs will be derived from participant narratives using literature based questions about reliance on others, support services and help seeking; relationships; discovery process, disclosure and disbelief; protection and identifying abuse; participation in systems; and crisis, reorganisation and emotional pain.

It is anticipated that abused Mothers will report that they become immobilized or ambivalent post abuse disclosure (Briggs, 1993; Hooper, 1992; Humphreys, 1990) when a number of factors interact to overwhelm them (Briggs, 1993; Hooper, 1992; Hooper & Humphreys, 1997, 1998; Humphreys, 1990:1995; Lewis & Creighton, 1999; Parks, 1990; Parton & Watlam, 1999). These factors may include: the abuser's influence upon them (Everson, et al., 1989; Gumbleton & Luger, 1996; Humphreys, 1990, 1992); personal needs (Briggs, 1993; Hooper, 1992; Hooper & Humphreys, 1997; Humphreys, 1990; Lewis & Creighton, 1999; Parton & Watlam, 1999); family dysfunction and social

issues (Hooper, 1992; Humphreys, 1990; O'Hagan & Dillenburg, 1995; Parton & Watlam, 1999); emotional issues (Briggs, 1993; Hooper, 1992, 1997; Hooper & Humphreys, 1997); loss (Briggs, 1993; Hooper, 1992; Hooper & Humphreys, 1998; Parks, 1990; Parton & Watlam, 1999); Mother/child relationship breakdown (Humphreys, 1990); personal characteristics (Hooper, 1992); and/or inappropriate, unavailable, and inadequate support systems (Briggs, 1993; Everson, et al., 1989; Gomes-Schwartz et al., 1990; Gumbleton & Luger, 1996; Hooper, 1992; Hooper & Humphreys, 1997; 1998; Humphreys, 1990:1992; Parton & Watlam, 1999; Sharland, Seal, Croucher, Aldgate, & Jones, 1996; Waterhouse & Carnie, 1992).

It is also anticipated that during their child's discovery/disclosure process, abused Mothers may not become immobilized when they have resolved their own childhood sexual abuse issues. This is anticipated because abused Mothers have reportedly used their sexually abusive childhood experiences in positive ways to understand and resource their child, become more resilient to losses, identify with their child, and identify abusive behaviours (Hooper, 1992).

The second aim of this study is to develop some initial premises about abused Mother's reactions to their own child's sexual abuse, using previous literature and the results of the present study. These preliminary premises will be founded upon feminist and ecological systems approaches (Bronfenbrenner, 1979) because a Mother's experience is situated within patriarchal, hierarchical, cultural and societal contexts (Humphreys, 1990). Issues of powerlessness will be identified using the ecological systems premise that an ecological system is reciprocal and that two directional

interactions between the individual and their environment demands accommodation (Bronfenbrenner, 1979).

Participant's reactions within their ecological systems will be explored in four contexts: microsystem, mesosystem, exosystem, and macrosystem. Microsystems are immediate environmental contexts such as home or classroom, in which personal interactions contribute to developing internal systems. The mesosystem surrounds the microsystem and consists of the relationships between two or more settings in which the developing person actively participates. For example, the relationship between home, school, and neighborhood peer groups (Bronfenbrenner, 1979). The exosystem surrounds the mesosystem and represents the events and settings at which an individual may not be present but that affect them and provide connections between their developing microsystems and macrosystems (Bronfenbrenner, 1979). The macrosystem surrounds the exosystem and consists of laws and procedures, enacted at the micro, meso, and exo system levels, that impose cultural/ideological beliefs that impact upon the individual (Bronfenbrenner, 1979). Specifically, this study will examine how abused Mothers with sexually abused children express at an individual microsystem level their subjective experience of macrosystem forces (Humphreys, 1990).

This study anticipates that direct background information questions will provide a profile of the participants that will be useful in placing the Mothers within their ecological system contexts (e.g., education and occupation details place Mothers within their micro and meso system contexts). This will enable the present study to gain an understanding of how Mother's in multigenerational abuse are constrained or empowered by the systems they live in, as their responses and involvement within their

systems are important to understanding their interaction patterns that cause or influence non-linear and recursive outcomes (Humphreys, 1990). It is anticipated that the abused Mother will be disempowered and/or constrained to protect their child by:

- a) familial microsystems, through violence and coercion (Hooper, 1992; Humphreys, 1990, 1992; Parton & Watlam, 1999);
- b) social meso/exosystems, through providing judgmental, insufficient, inadequate or inappropriate support and counselling that stigmatizes Mother and child (Hooper, 1992);
- c) and societal exo/macrosystems, through delayed and inefficient legal procedures (Briggs, 1993; Parton & Watlam, 1999), and judgmental/idealized cultural beliefs about the Mother's role (Humphreys, 1990).

The third and final aim of the present study is to identify possible needs of abused Mothers for a specialized child protection agency that manages abuse related support groups and programmes in Perth, Western Australia (WA). It is anticipated that there will be a recommendation for such programmes to provide for the specific ongoing support and counselling needs of abused women. Such a program would address: overwhelming needs (Hooper, 1992); psychological health and motivation (Hooper & Humphreys, 1997; Humphreys, 1990); identity problems (Lewis & Creighton, 1999); the need to repair undermined Mother/child relationships (Humphreys, 1990); and triggered CSA memories (Humphreys, 1990; Parton & Watlam, 1999). However, these results are not expected to be externally or internally valid, but to serve as a preliminary guide for their therapeutic/programming needs.

The above aims will be achieved by compiling four case studies using a grounded, semi-structured qualitative data collection method (Burgess-Limerick & Burgess-Limerick, 1998; LeCompte & Goetz, 1984; Miles & Huberman, 1988; Pidgeon & Henwood, 1997). Methodological problems within this study will be two fold. Firstly, the low number of participants decreases external and internal validity, and secondly, validity will be established by examining research assumptions, procedure, detailing examples from the participants narratives, getting validation from the participants, and checking it against existing literature and research (Burgess-Limerick & Burgess-Limerick, 1998). Each of these issues has been addressed either above, or in the methodological sections of this study. However, the application of this study's results will be limited to the current time-period alone, because the reported experiences will only be representative of the present historical and cultural contexts (Burgess-Limerick & Burgess-Limerick, 1998).

## Method

### Research Design

Empirical research about CSA is rare because many of the factors involved form non-linear relationships, unable to be tested using a hypothesis (Wolfe, 1987). Correlational studies have sometimes been conducted, however, these studies have been unable to establish causative links on which a 'norm of reactions' can be based because there are too many intervening variables: e.g., child's age, stage of Mother's life, life experiences, socio economic status, identity of abuser, levels of trust betrayed, etc. (Wolfe, 1987). Furthermore, quantitative data does not provide a broader context of the shared CSA experience (Rabinowitz & Weseen, 1997), causing permanent and concrete "positivist" psychological states to become constructed using temporary and negotiated realities (Burgess-Limerick & Burgess-Limerick, 1998, p63).

In contrast, qualitative data analysis provides an overall picture. Psychologists have avoided qualitative studies because they have not been considered to yield empirically based data that is consistent or replicable (Miles & Huberman, 1988; Rabinowitz & Weseen, 1997). However, empirical and highly valid data *has* been obtained, using a consistent methodological framework during qualitative reconstruction of groups and environments in discourse analysis (LeCompte & Goetz, 1984). Discourse analysis is the examination of structure and meanings within a written or verbal communication (Potter & Wetherell, 1987).

Nonetheless, the aim of this study was not to yield empirical data, but to gain some direction for therapeutic and future research settings, due to the inconsistent and conflicting literature base that presently exists. Qualitative methodology was used

because it is more efficient at identifying programme development, evaluation issues, and systems requiring change and restructure (LeCompte & Goetz, 1984). This was important to the aims of the counselling service involved and enabled the present study to maintain sequential flow, determine relationships between variables, yield creative analyses, and unify theories (Miles & Huberman, 1988). Therefore, qualitative data enabled the present study to determine the social and psychological reality of abused Mothers, whose children are abused, within their systemic context (Burgess-Limerick & Burgess-Limerick, 1998; National Health and Medical Research Council, 1995).

Specifically, a semi-structured interview within a case study framework was used (see Burgess-Limerick & Burgess-Limerick, 1998; Miles & Huberman, 1988; Pidgeon & Henwood, 1997; Richards & Rose, 1991). This style of data collection has been previously and successfully applied to determine the reactions of Mothers within the context of CSA (Hooper, 1992; Humphreys, 1990) and has also been important in empowering participants and enabling them to relay painful experiences in context (Hooper, 1992).

### **Participants**

Four women were recruited from specialized child protection support groups to compile case studies from which exploratory research could be conducted using qualitative methodology. Participants were approached during a private counselling session by their Psychologist, because a direct approach would invade privacy, not consider emotional vulnerability, and not give participants time to explore the sensitive issues surrounding research; e.g., why they were approached, who would have access to information, how the information will be used, etc. (Hooper, 1992; Humphreys, 1990).

The focus of this study required that participants be: women; who were sexually abused as children; who now have a child who has been sexually abused and whose abuse had been acceptably substantiated; to whom they are a Mother or Mother figure; who are a minimum of six months post disclosure to avoid intrusiveness; and who were willing to discuss their circumstances. Women were chosen specifically for their experiences in relation to CSA and not because they were expected to be representative, so referral or selection biases relating to the participants were not controlled (Humphreys, 1990). Because it was desirable to include a range of experiences, the relationship of perpetrators to Mothers and children were not controlled either (Hooper, 1992; Humphreys, 1990).

### **Case Studies**

#### **Mother 1 (M1)**

M1, was a full time Mother who suffered emotional personality disorder and chronic depression for which she took amphetamines and antidepressants. She was 27 years old and married to the father of her three children, one of whom died of SIDS. The other two children, a boy aged 10 and a girl aged 8, lived with M1 and their father. The father was employed but the family had a low income. M1 had friends as a child, but no significant adult friendships. The family rarely had social contact outside extended family.

M1 was raped at a party, when 13 years old, by an acquaintance of her peer group who got her drunk. The perpetrator was imprisoned after M1 testified against him during a traumatic court hearing. Her family was supportive of her.



The nephew of her parent's next-door neighbour molested M1's son. Disclosure was made through the perpetrator's father in collaboration with a perpetrator counselling service. The case was fast tracked through court and the perpetrator incarcerated when he confessed to Police about the abuse. The son received very little counselling due to the financial and geographical inaccessibility of services.

### **Mother 2 (M2)**

M2 was of an undisclosed age, and divorced from the father of her two eldest children, a boy aged 11 and a girl aged 10. M2 had a third child, a girl aged 5, and was engaged to this child's father after 6 years together. M2 lived with her three children and her fiancée. The family had a low to medium level of income, with the fiancé and M2 both employed in semi-professional jobs. M2 suffered from depression.

M2 experienced continuous sexual abuse from around the age of 2 or 3, which produced almost complete memory loss, including who the perpetrator was, until the age of 13. M2 had little family support. She was adopted, but was close to her sister.

A teacher at a school camp also molested M2, continuing to emotionally abuse her when he was not discovered or prosecuted. At 13 years old, M2 was raped by an acquaintance of a friend. While several people discovered this incident, it was not prosecuted. Her family then immigrated to Australia from New Zealand, where in her late teens, M2 was gang raped by 6 men at her place of employment. Again, this incident was never prosecuted because the evidence went missing. It was believed that one of the perpetrators had arranged for it's misappropriation. While married, an

acquaintance of a friend raped M2. This was not reported or prosecuted either, but led M2 to have a serious car accident and leave her husband.

M2 first suspected and reported her oldest daughter's CSA when her daughter was 4 years old. The daughter did not disclose until 7 or 8 years of age. M2's fiancé was accused, the father of her third child, and she immediately reported this to the Police. They charged and prosecuted him but he was found innocent. M2's daughter rescinded these allegations three months later. M2 did not believe that her fiancée had abused her daughter, but believed that there had been abuse by someone and supported her. M2 was unable to secure counselling for her daughter due to inaccessibility of services.

### **Mother 3 (M3)**

M3 is 31 years old, is unmarried and lives alone with her 9 year old daughter. M3 has no other children. M3's Mother was raped as a child and was often emotionally ill throughout M3's childhood. Her father was socially isolated frequently blamed M3 for not having any friends. M3 suffered from depression and a marijuana abuse problem.

M3 was sexually abused in four different situations. Firstly, by her father whose physical violence had implied sexual gratification, if not literal sexual harassment. Secondly, M3 experienced ongoing CSA from her uncle until 12 years old. Thirdly, the parents of a friend sexually abused her on a school camp. And fourthly, a juvenile family acquaintance sexually abused her. M3 was only able to disclose her own abuse to her family as an adult. Her Mother and father were not supportive of M3. No action was taken against any of these perpetrators, and her uncle later committed suicide.

In 1997 M3 finished her Bachelor of Arts degree and started a natural therapy course, where she met her child's abuser in a class on alternative healing. He became a trusted and valued friend. The perpetrator baby-sat her daughter for 11 months before her daughter disclosed. The perpetrator confessed, was prosecuted and imprisoned. M3's daughter was abused a second time by an older female child, but this perpetrator was not prosecuted. Both M3 and her daughter underwent private counselling.

#### **Mother 4 (M4)**

M4 had been married for two years. She was of an undisclosed age, and had one son and a younger daughter of primary school ages. They had a low income and she did not work. M4 suffered from depression and substance abuse problems.

M4 was sexually abused by her father, who would "let her get drunk", and a stepfather who was engaged to her Mother during the same time period. Consequently, she had suffered chronic memory loss and remembers little of her childhood.

A year after her father's suicide, M4 disclosed the abuse to her Mother. M4's Mother had already known about the stepfather's abuse, and at the time of discovery had immediately protected her by terminating the relationship with him, however she did not press charges or talk to M4 about the abuse. He had also since died. M4 did not want to rely on her family for support, even though she knew she could if she had wanted to. M4 had no close friends, partly due to hiding her 2 year speed, alcohol, and marijuana addiction. M4 still used marijuana daily and alcohol occasionally.

A neighbour's family friend abused M4's daughter when playing with their children in their front yard. M4's son witnessed three incidents that were reported to Police

immediately. The perpetrator was charged but had not yet been prosecuted at the time of interview. M4 attended counselling with her daughter.

### **Materials**

Participants were asked three background questions, adapted from Humphreys (1990, p.475), to gain an understanding of their financial and social circumstances, followed by six open-ended questions, constructed to encourage elaborate narrations about CSA experiences (Potter & Wetherell, 1987) (see Appendix A). For example, a background question was "What is your age?", while an open-ended question was "How did you find the services provided to you and would you change them?"

The interview questions were based on themes derived from a literature review, in order to operationalise the main constructs of multigenerational sexual abuse. These themes were: reliance on others, support services and help seeking; relationships; discovery process, disclosure, and disbelief; protection and identifying abuse; participation in systems; and crisis, reorganisation and emotional pain (see Appendix A for the literature on which these constructs were founded). The answers to these questions were recorded on a micro-cassette recorder.

### **Procedure**

The participants were given an introductory letter (see Appendix B), an information sheet that described specific study aims, benefits and disadvantages (see Appendix C), and the question list (see Appendix A) during a private counselling session conducted by their Psychologist. Participants who wished to be included in the study telephoned the researcher, who arranged an interview time and location of the participant's choosing.

To overcome memory problems associated with post disclosure crisis (Briggs, 1993), a letter was then sent to all participants to confirm their appointment date and location along with a warning that they would receive a reminder telephone call the day before their interview (see Appendix E). To avoid confusion, the letter also outlined the difference between counselling services and research (Hooper, 1992), and provided details of a Psychologist they could contact if the interview caused emotional distress.

Participants were given a reminder call the day before their interview (see Appendix D). On the day of the interview and before the questions were administered, participants were required to sign a consent form (see Appendix F). Participants were also required to verbally consent to the interview whilst being recorded on a micro-cassette recorder. Participants were then administered three background questions, followed by six open-ended questions, using an informal semi-structured style interview (see Appendix A). At the conclusion of the interview, participants were debriefed. They were also offered their Psychologist's contact details again. Interviews took between 1 and 3.5 hours, being dependant on how long participants wanted to talk.

The tape-recorded interview was erased after it was transcribed verbatim (with substituted names) into a written transcript. The transcript was then analysed into themes using grounded theory (coding), or by indexing the data using key words that could be ultimately grouped into an overall theme, as suggested by Pidgeon and Henwood (1997). Coding develops a phenomenological view/conscious understanding of participant's stories (Burgess-Limerick & Burgess-Limerick, 1998). A descriptive and explanatory matrix of themes was formed for each individual participant, and their

transcripts and this analysis was then mailed to them for their perusal (discourse analysis, as suggested by Miles & Huberman, 1998; Pidgeon & Henwood, 1997). The aim of the descriptive matrix was to reduce the amount of data to be analysed by summarizing the data into major themes (Miles & Huberman, 1998).

The participants were then contacted (see Appendix D for telephone Dialogue) to obtain feedback about the accuracy of the transcriptions and their analysis. This was satisfactory for each of the participants. The four matrices were then collapsed into one matrix to gain an understanding of the common theoretical themes that arose from the participant's shared experiences ("nomothetic"), to create a reality that represented them ("ideographic") (Burgess-Limerick & Burgess-Limerick, 1998, p.64). Therefore, this study took the collective narrations of the four participants and identified the common themes about immobilization, multigenerational abuse and needs. Table 1 outlines the major themes identified that were congruent with the abused Mothers and the words used to code those themes.

Two of the four Mothers were then given an unstructured feedback interview in which they commented about data accuracy. The data appeared to represent their experience, and these interviews added new information that increased agreement between participants about the derived themes.

## Results

Analysis of four transcripts from sexually abused Mothers whose children had also been sexually abused resulted in the following themes which are outlined in Table 1.

Table 1

*Content Analysis of Transcripts from Mother's Facing Multigenerational Sexual Abuse*

<b>Themes</b>	<b>Thematic Sub-categories</b>
<b>Disempowerment</b>	Negative Internal Psychological State Social Isolation Social Issues
<b>Empowerment</b>	Positive Internal Psychological State Experience Positive External influence/supportive relationships Being referred to a helping agency
<b>Ecological Systems</b>	
<b>Microsystem</b> Interactions within the immediate family that impacted upon the Mother's development.	Microsystem as an adult Microsystem as a child Family microsystem interactions Interactions with children
<b>Mesosystem</b> Interactions between community groups (like schools, places of work, government departments) and the abused Mother's family that impacted on the Mother's development	How the family microsystem interacts in the mesosystem What abused Mothers wanted in their mesosystem or what they found helpful
<b>Exosystem</b> Interactions between mesosystem level organizations that impacted upon the Mother's family microsystem.	Therapeutic Microsystems Legal Microsystems Educational Microsystems Medical Microsystems
<b>Macrosystem</b> Laws, procedures and beliefs that impacted upon the Mother's family microsystem.	Cultural issues Patriarchal issues Social issues

Quotes from the participant's transcripts express and clarify these themes and the conclusions reached from the discourse analysis. They are not provided as valid evidence of the needs or issues facing abused Mothers. The following provides a

significantly condensed representation of the themes mentioned above, and attempts to clarify their meanings.

### **Disempowerment**

Powerlessness was experienced by abused Mothers when their overwhelming internal psychological state, social isolation, and social issues prevented decision making and contributed to a state of immobilization. These themes combined to place the four Mothers in a situation where they faced an escalation of their needs in a climate of decreasing or non-existent personal and/or community resources with which to meet them, to the point where they became overwhelmed and unable to cope. These themes will now be discussed below.

All four Mothers talked about an internal psychological state that was often overwhelming due to emotional crisis, physical manifestations of their psychological pain, and the roles they played. Emotional crisis was defined by each Mother when they reported: memories that were triggered; shock and anger; anger that facilitated emotional disconnection; depression; and over identification with their abused child. Triggered abuse memories and reliving the feelings surrounding their own abuse was a factor reported repeatedly by each Mother. For example, Mother 2 (M2) said:

*"...when she disclosed it, 'cause I had my own demons to deal with again, 'cause it just made me relive, not like in having flashbacks but just all the feelings, um, I mean, I could stay in bed and I wouldn't get out of bed. The kids had to fend for themselves, get their own breakfast, lunch and dinner. Say "You have to go to school with the lady across the road". So, they'd get themselves ready to go to school. I'd wait in the car to pick them up and I'd go back to bed. And I did that*



*for a good 4 or 5 months. ...it wasn't the fact that I'd lost my fiancé because my fiancé was still there. I lost my energy to fight."*

Intrusive physical manifestations of psychological pain became apparent when each participant reported destructive and/or self harming behaviours, psychological disorders, memory loss, and sexual problems. Destructive and self harming behaviours included drug taking, high risk taking, sabotaging relationships, and physically hurting oneself. While some of these factors may be expected, the extent and effect of memory loss was not. Participants (M1, M2, and M4) reported memory loss during their first interviews, and M3 reported memory loss during her feedback interview. M3 also said that when her daughter felt vulnerable or threatened post disclosure, she experienced memory loss that coincided with the appearance of an alternative personality. As an example, M2's memory loss was described as follows:

*"I don't remember my 10<sup>th</sup> birthday. I don't remember what I did on my 11<sup>th</sup> or 12<sup>th</sup>. I don't remember school camps. There's photos of me on the school camp but I don't remember them. I ..... (a long pause). I, I, I don't know what it's like to have a childhood. ...I don't know what it's like to have normal friends. I don't know what it's like to ever lose your virginity. You know? I don't know what it's like to have a first boyfriend. ...Which to a lot of people may not be important, but to me it is."*

The roles that each participant played as Mothers were two fold. Firstly there was the role of the Mother in desiring to meet her child's needs. For instance, M4 said:

*"That was another big thing where ... my stuff overrode her stuff. I couldn't be there more, as much as I wanted to. I did all the right things. I believed her. I*

*tried to give her whatever support I could and help her whichever way I knew how and whichever way I could, but it wasn't enough and I knew that. I knew it wasn't enough. I knew she needed more. I knew that I wasn't giving what I could if I had been better myself."*

Secondly, the belief that one can protect their child, despite evidence to the contrary, encouraged the role of the over protective Mother.

Social isolation, combined with the above factors that formed the internal psychological state, left abused Mothers with unmet needs and having to cope with a range of issues by themselves because they were unable to seek help from friends, family or support systems. For example, abused Mothers were isolated from friends as children *and* as adults, as indicated in the following statement by M3:

*"I always chose friends who were domineering. ... my brother and sisters always seemed much more popular – I never had friends, ever. They always had friends but I always – always felt alone. ...I never seemed to have good friends or stick to them, ...I always felt this aloneness, sorry for myself, like no-one loves me, everyone hates me, think I'll go and eat worms. ... it's funny that I've created this life, I'm still on my own and can see it happening to my daughter, the isolation and aloneness. It's horrible...."*

Furthermore, abused Mothers were isolated within their families when they did not receive help, particularly from parents, and had to deal with angry family members. M2 demonstrated this when she described this interaction with her Mother:

*"...I think that goes back to being taken away as a child. I mean, I've heard that what happens in your first 4, 5, 6, 7 years of life set you up for the rest of your*

*life. And, I think if you've got parents that believe in you, um, parents that - especially not like my Mother. Like, ... when I was thirty ...I told my mum, and I said, "Look, you know, honestly, you've got to believe that it happened when I was so young, um, and not disbelieve it". And when I told her about everything, ... about being gang raped and everything like that, she said "Well, were you stupid? Didn't you see the warning signs". And then she said, "Well, you must've deserved it then, if you stuck around"."*

The above social isolation from friends and family left abused Mothers reliant upon community resources to meet their escalating social and emotional needs. Unfortunately, all participants found insufficient and poor community support at a time when an overwhelming lack of personal resources made it difficult to cope. M3 described this situation:

*"I was ringing up Red Cross and Wanslea and all those services that seem to help people with physical needs, like Silver Chain? So there needs to be a like a dial-a-parent. Someone to come into the home to help the parent, like who's helping the child. ...I had this 24 hour-a-day job and there was no relief, ... I think I got 8 hours from Wanslea, that I paid \$4 an hour for. ...someone...just to be that strong person that I was trying to be for my daughter. ...Just like, "Okay, let me take you out to a park, or to talk", you know, that I didn't have to do so much effort. ...like Red Cross has that sort of stuff and other services have that voluntary thing. That's what we needed, big time and that's what Perth completely lacks."*

Subsequently, the social isolation experienced by abused Mothers from their support systems meant that, when faced with this frustrating and distressing situation, they became overwhelmed and disempowered. It was further exacerbated by a lack of money for M1, M2 and M3, and served to aid perpetrators in their aim to manipulate victims and their Mothers so that they would become isolated.

Each Mother reported behaviours by perpetrators, of either their own or their child's sexual abuse, that reflected a high degree of manipulation to isolate their victims and included: giving victims alcohol or gifts to coerce silence and enforce a false impression of culpability; threats; and violence. M3 also talked about the subtle and manipulative process of appealing to family needs when she says of her daughter's perpetrator the following:

*"... it was done very subtle. ... paedophiles are very cunning, they find a weakness that they grab onto it, they work at, you are part of a script, he's been studying this. ... they walk the walk, they talk the talk, he could see what sort of person I was, he could see my weaknesses and he dived in. ... I didn't know him in the isolated sense. I met him, I met his family, his grand kids. We went to Aboriginal healing days, he brought his daughter and granddaughter. I could see how close they were, I thought he was an amazing man, you know? ... he was a rare, astute, responsible. ... I'm suspicious myself 'cause I was abused, so the last thing that was ever gonna happen to my daughter was that she would get abused, ... that was the one thing on my mind, ... I was paranoid from word go. ... My daughter was not babysat by anyone, so when he came along ... He was a beautiful person. I thought he was a better parent than me. In fact he was gonna*

*get custody of my daughter if anything happened to me. ... how he got to look after her - he waited for the whole year and then ... he'd come over and we'd go out together as friends, and I could just see the bond that was forming. He was becoming a positive male role model for my daughter. Honestly, it was coming from that point. And then when I began to study ...he just became available ... to try and to help us to have a better life..."*

A final social issues theme, to be added to the negative internal psychological state and social isolation themes outlined above, further illuminates the needs reported by each abused Mother. Social issues were reported as problems with parenting, social stigmas, negative impact of organizations, and lack of money.

Parenting problems were experienced by each abused Mother in three main areas. Firstly, their children denied sexual abuse was happening or had happened, secondly the child would isolate themselves and thirdly, the Mother had to engage or manage the child when they behaved in a problematic manner. For example, each participant reported some disturbed, anti-authoritarian, and/or confused behaviours from their children such as aggression, destructiveness, negative attention seeking, and/or problems at school. M3 talked about her daughter's behaviour after disclosure in the following statement:

*"Yes, so I wanted to die. My daughter was even worse than she was before because she couldn't let it all out. ... so even though she was acting out, she was still cut off. It was like I had a disabled child, someone with some kind of misbehavioural disease, ... she screamed and it was like she was 2 again, she completely regressed and I had just my own pain, it was horrible. I didn't know*

*what the fuck to do! You can imagine this betrayal! And the amount of times she stayed there. And anyway, she started to disclose to me the stuff he was doing and I just thought, "Oh Christ". Went through the stuff, what he made her do..."*

Furthermore, during a feedback interview, M3 reported that her daughter still suffered chronic sleeping problems and bi-monthly anxiety triggered migraines. These are health and social issues.

Abused Mothers sometimes found themselves dealing with abuse related parenting issues in front of family, friends, neighbours, and organizations, who in turn socially stigmatized and rejected their families in anger or embarrassment. The social stigma experienced by an abused child and their family was described by M4 in the following statement:

*"My neighbours basically ostracized me and the kids. I think their response was more of shame. That it was someone they knew. ... my daughter went over there and the Mother came out and basically told my daughter she wasn't welcome there and to go home."*

Another major social issue that each abused Mother faced was the poor, inaccessible, and/or inappropriate service provision received from organizations and individuals. Abused Mothers reported that in therapeutic/helping and justice systems, help was withheld, harmful, and/or had a negative outcome for themselves or their children. For a couple of Mothers, this extended to the education and medical systems. Complaints involved therapists who were impatient, lacked expertise, acted

inappropriately, or who misdirected their therapeutic efforts toward the wrong person or without collaboration with the client.

Some services *were* available to counsel clients, after a waiting period, whereas other organisations were not only unavailable to counsel clients, but failed to refer them to another more appropriate service. For example, M2 reported that she had informed a service about suicidal feelings she had had and received no assistance, and that she persistently requested counselling for her daughter and received one grossly inadequate and slow referral to another agency. She commented:

*"... virtually like 19, 20 months later ... and all that time I was pushing for my daughter to be counselled and pushing and pushing and pushing, no-one counseled her. You know, "Oh, yeah, we'll sort it out, we'll sort it out, we'll sort it out, we'll sort it out". You know? How many times did I have to hear that? And then they finally got in touch ... they said, um, there's a protective behaviours group for my daughter to go to at, ..."*

In the context of poor, inappropriate and/or inaccessible service provision, private expert therapy becomes more important, and lack of funds to access these becomes a social issue. Lack of money means that therapeutic evidence for criminal compensation and immediate emotional assistance for abused children are unlikely. Therefore, lack of money forms a major social issues theme, as opposed to a component of the social isolation within support systems theme mentioned above. M1 suggested:

*"And if they want me to give --- a ring, I mean, their sexual abuse unit, maybe they might just find a place for him up there, I don't know. Because I can't afford to pay for it anywhere. Even though I know it'll come back to me in*

*compensation, ...it's like, ... if they don't do it at ---, you can take him to ---, ...You know, it's too far away... So there's not really many places around you can take the kids for counselling. The Mothers who, ... are on pensions and can't afford to pay ...it takes a bit of money."*

In summary, powerlessness and a state of immobilization was experienced by abused Mothers when their overwhelming negative internal psychological state and social isolation, when facing difficult social issues, prevented their making supported and informed decisions. This situation meant that the needs of abused Mothers escalated while their personal and/or community resources declined to the point where each Mother felt overwhelmed and unable to cope.

### **Empowerment**

Each participant reported the following factors that empowered and mobilized them, therefore enhancing their decision making and coping abilities: positive internal psychological state; experience; positive and/or supportive external influences and/or relationships; and being referred to a helping agency. These themes will now be summarized below:

A *positive* internal psychological state was found to be a major theme in coping and contributed to mobilization in five ways. Firstly, each Mother reported behaviour in which they were able to detach and/or rise above affective states to transcend depression and/or emotions, therefore helping their child and themselves. Secondly, Mothers felt responsible for protecting their child, and in the cases of M1, M2, and M3, for protecting society in general, from perpetrators. Thirdly, every Mother reached a point of wanting



to move on and not dwell on the abuse. Fourthly, M1, M3, and M4 expressed the idea that “compared to me, my child had it much better”, which could be mistaken to mean that abused Mother’s minimized their child’s abuse experience, but actually meant that abused Mothers reflected on how their parenting efforts created a better experience for their child than they had had as abused children.

Finally, a positive internal psychological state was reported by M2, M3 and M4 when they engaged in grounding exercises, that is, any routine or activity that relieved negative affective states by normalizing the situation. M3 described this tangible process and how it worked in the following:

*“...all my feelings are overwhelming. I struggle every day with my negativity. Every day. ... when I used to get depressed I used to do the whole thing of eat lollies and watch a movie and ... totally celebrate the whole thing. Now ... I don't feel good sleeping in past a certain time. I feel more like shit in wallowing in it than I do actually just walking myself through it. But, in that way, it was really good. It was like the blinkers are off. It's just setting your life up, so when you do have things that are heavier than not, like, sometimes I wake up and I feel, really angry or really stressed or really sad, or negative. ... But it's just setting yourself up that, consistent, ... rhythm. ... No matter what happens, you have the 3 meals ...Don't think about how you're feeling, just do it". ... I feel so bad but I'm gonna go and help a granny across the road. So, there's a real art to self-forgetfulness. ... not numbing or cutting yourself off, but ... being able to healthily detach. ... Like, say you've got a 2 year old and they're chucking a fit, and you get involved and get angry too, it's like detaching yourself from her*

*stuff. But, it's the same applies to yourself. Detaching yourself from your own stuff."*

The above mentioned factors created a positive internal psychological state, that coupled with the abused Mother's experience could have served to ground someone faced with their own child's sexual abuse. The abused Mother's experience created five benefits for herself and her child: knowledge of what to look for, which led to extremely rapid (same day) belief and confirmation rates that abuse had happened; an ability to identify and meet an abused child's needs; a learned response to seek help; and perseverance and/or resilience when obtaining that help. For example, each participant demonstrated an ability to meet their child's needs because of their own abuse experience:

*"...his was completely different, you know, he was saved, he didn't have to go through all that humiliation and, because back then we had to ...he didn't really know too much about it, because like, we didn't really feel that we needed to tell him too much ...because he didn't have to be there. We just sorta like told him that the guy had been put in jail and things like that, you know. I suppose I woulda told him more if he had to go through the thing."*

Empowerment and mobilization, while making decisions, also appeared to come from a positive or supportive external influence or relationship. For instance, being able to call someone at disclosure for immediate support empowered M3, reported:

*"...so it all came out and ... I lost it, I've gone, "Are you sure, you sure, are you lying?" ... She said, "Yeah, okay, I am making it up" and I smacked her arm, you know, 'cause it was just like, "What?" ... So I said, "Ring him up, I'd like to*

*know what's going on" ... as I spoke to him, I said, "What is going on?" He was like, "What – about 6 months ago ... she kept rubbing my hand and putting it on her vagina and asking me to do stuff" and I said, "What? And you didn't think of telling me?" ...I was just so in shock. ...he just squirmed himself around it to make my daughter look like the perpetrator. Anyway, I rang up the child abuse section. ... "He's minimizing, he's minimizing." Rang him back. He said, "Oh, I've got this guilt because years ago, ... when my daughter was young" ...she asked him to ... tickle her vagina, and he did ... and he's wanted to do himself in ..."*

Furthermore, each participant believed that positive and supportive relationships with professionals helped them to cope. Being referred to helping agencies was therefore empowering.

In summary, empowerment and mobilization occurred when Mothers detached or transcended above their internal psychological state and used their learned knowledge, abilities, and behaviours, acquired through being abused, to help themselves, their child and their community with perseverance and/or resilience, and in so doing, they were able to move on. This process was better facilitated when Mothers internal strengths were encouraged by external support. This produced a level of empowerment and self determination that mobilized Mothers during decision making processes to meet personal and family needs.

#### **Ecological Systems: Microsystem, Mesosystem, Exosystem and Macrosystem**

Analysis of each Mother's ecological system was conducted to identify possible contexts in which not coping was facilitated by social structures, thereby elucidating

those factors that disempowered and subsequently affected decision making. The following is a summary of these results.

### **Microsystem:**

Adulthood, childhood, family, and parent/child microsystem interactions negatively contributed to the abused Mother's development. To clarify these four themes, firstly, abused Mother's adulthood microsystem interactions were effected by: 1) negative internal psychological states where triggered abuse memories led M2, M3 and M4 to actively control their microsystem interactions; 2) parental issues such as problems securing a counselor for their abused child, perpetrator deceptions that facilitated Mother/child communication breakdown, lack of connection with the child in the microsystem, self isolation of their child, and specific abuse related issues over their decisions to have children; 3) unmet practical "hands on" support needs; and 4) unmet therapeutic needs, such as protective behaviours training for adults.

For example, M3's internal psychological state in her adulthood microsystem while dealing with some parental issues post disclosure, in the context of having to provide 24 hour care for her child after she was expelled from school for misbehaving, is demonstrated in the following statement:

*"But as she would tell me stuff, so you could imagine, I was trying so hard to make her feel good, ...she was experiencing major anger, major hurt ... and I had to just pull rank and do the opposite, so I had to be that complete ideal Mother, like, "My darling" you know? Or "Let's look at this animal, look at this, look how it feels" and "I can see that you're so angry and you have every right to be angry and let's punch your pillow", "let's scream, into the Universe,*

*lets rip up these books". She said, "He hit me". I said, "I understand that, you know you have every right to get angry and yes, let's get angry at him" and "You do have a right to be angry at me because I didn't protect you, but I'm not going to be any good to you if I'm getting hurt, if you're hitting me. Let's do this, let's do that." So I had to be as patient, patient, patient, patient and understanding, and loving as possible."*

Secondly, abused Mother's childhood microsystem interactions were affected by: 1) reabuse, where M2, M3, and M4 talked about multiple abuse incidents in their respective childhoods that strongly supported a need for children to be given protective behaviours training, particularly once they had been abused; 2) isolation, where the same Mothers, to some degree, self imposed interactional withdrawal within their microsystem relationships; and 3) unsupportive families, *where the same Mothers again*, reported lack of support from their families, even if in M4's case it was because she chose not to access the family support she was offered.

Such childhood microsystem interactions point to the importance of family microsystem interactions, and this forms the third theme, where the need for therapeutic intervention to deal with ongoing family needs and relationship problems emerge. Abused Mothers discussed this theme in terms of their need for both family mediation and relationship counselling with sexual partners. M3, who did not have a sexual partner, recounted the following interaction within her immediate family microsystem where mediation may have helped:

*"...Mum was really good but dad just stayed away, went into his bedroom and didn't want to know. Um, didn't understand my daughter, like she was just*

*freaked out and he didn't have any tolerance to her. And I ended up one day just yelling at the top of my voice ... everything came up then, "You fucked me up as well, you're not going to fuck my daughter up – " ... my sister was angry with me, my brother didn't want to know. ... my mum was really good. ... up until the court case when she said to me, "It's too much. I can't deal with it". I said, "Okay, thank you for your honesty" but I really wanted to say, "Well, isn't it a good thing, I can't really deal with this, but I'm doing it for my daughter" ..."*

The fourth and final microsystem theme, that of the abused Mother's interactions with her children, consisted of: 1) the relationship that the Mother had had with her children; 2) the desire of each Mother to meet her children's needs; and 3) the emphasis that each Mother placed on gaining immediate counselling for her abused child. For example, some of these factors were reported by M4 in the following statement about her relationship with her children:

*"They were pretty much neglected. ... their emotional world was pretty much crumbling down around them. Their stability was non-existent as far as having that sense of security and stableness at home. My son was struggling very, very badly at school. My daughter was seeking my attention in any way she could and, ... they could run rings around me and they did, ... they didn't have much of Mum. The lights were on but nobody was home ... Mum was there but she wasn't, so they suffered tremendously and that wasn't just with the abuse."*

### **Mesosystem**

Mesosystem structures were examined for systems that served to empower and disempower abused Mothers, to identify what organizations were doing that helped and

did not help abused Mothers to cope better. Mesosystem interactions were therefore reported in two main thematic areas. Firstly, each Mother reported the types of interactions their immediate family microsystem had had with other microsystems, and these were reported to be: therapeutic, legal, extended family, and friend/socialization microsystems. Secondly, each Mother reported what they wanted in their mesosystem, or what they found helpful. The following paragraphs describe these mesosystem interactions.

The participant's immediate families interacted with therapeutic Microsystems/agencies and they reported: 1) negative interactions, where individual needs were not met due to inaccessible, inappropriate, or inadequate service provision; and 2) positive interactions, where individual needs were met when service provision was available, supportive, accessible, empowering, and a rapport was formed when the participant felt listened to. M4 illustrated service provision in general:

*We waited "Three months ...With the counselling, the programme I'm going to now, everyone I've spoken to has come across very supportive, very interested and concerned. ... they're on the phone apologizing to me. Not that I was upset with them. I can understand ...there's not enough funding. ... So, therefore, that's distressing again. You're already distressed, and then you're distressed again when you're speaking to someone that's distressed as well because they can't help you, because they want to. ... But, ...I can't really say anything derogatory about anyone ... when I initially, finally gotten support, they've been fantastic. You know, they've – "don't hesitate to call". I've never felt judged.*

*I've never felt, made to feel bad about what's happened. ...I would change...the availability."*

Each abused Mother's microsystem interacted with legal microsystems in both positive and negative ways. Positive interactions/outcomes occurred for M1, M2 and M3 when they reported supportive and helpful staff. In the negative stream, M1, M3 and M4 reported that a long and abusive legal process ensued. For example, M3 said:

*"Almost a year to the day where she gave her interviews to the court and that's good. ... so that needs to change because ... that was another bad experience, that whole court thing. It was just another abusive situation, so that's gotta change."*

M1, M2 and M3 also reported personal issues with the justice system where children and Mothers experienced emotional distress, such as when they felt judged and/or that they and the rest of the abused child's family were not being viewed as victims. Also when Mother's believed that police were being incompetent and/or unethical, or when they perceived that perpetrators received minimal sentencing and lack of counselling, they had strong emotional responses.

Furthermore, each abused Mother reported mostly negative mesosystem interactions with their extended family microsystems. M1 demonstrated this when she said:

*"His parents 'n' that (husband's parents) were a bit shocked, but it wasn't really talked about around his parents or anyone else..."*

Part of this lack of support from extended families may arise from being confronted by the abused Mother about their abuse issues, as occurred for M2, M3 and M4.



Moreover, each Mother found that she was isolated from friends and/or socialization microsystems, as suggested by M4:

*"Friendships – if you can call them that – acquaintances – I always considered myself a real people person, but in actual fact, over the years, no, I didn't have anyone that I could say I was close so. I don't have a lot of friends. Not someone who I would ring up and spill my guts to, or talk about my problems with or just go and have a coffee with. ... I am very selective about who I spend time with. Sometimes I just prefer to be on my own. ... I've wanted to have close relationships with people and friendships but, um, I just wasn't functioning enough to be able to do that. ... I've never really had lots of relationships, friendships, been a very social person at all."*

Finally, it should be noted that in addition to the above mentioned interactions in the mesosystem, the family microsystem interactions of M2 and M3 with the education and medical microsystems were also negative. The school microsystem was considered unsupportive or unsafe when they reported sexual abuse at school camps by a teacher and both parents of another child respectively. When abuse was identified and behavioural problems ensued, M3 reported that her daughter's school was unwilling to work with a psychologist to assist her child in overcoming them. The medical microsystem was mentioned by M3 in relation to a lack of training and sensitivity when dealing with her child while doing a rape kit.

The second mesosystem interaction theme, that of what Mothers wanted in their mesosystem or what they found helpful, consisted of three main factors. Firstly, the Mother's negative internal psychological state meant that each Mother wanted

appropriate, available therapy and/or home help for themselves. This was a very strong factor that each participant mentioned several times. M2 discussed therapeutic needs when she said:

*"Make the government officials set up committees; finding out how many people have been abused; how many Mothers of children ...have been abused; ... need counselling, ... Set in place an action group, ... make psychiatrists and psychologists accountable. When there is a problem ... it has to be counseled. ... Every person needs a support network and I think that's where a lot of funding needs to become involved. ... You don't need to be made to pay for counselling. That needs to become free, ..."*

Each Mother discussed that a part of this need for therapy and home help was about dealing with anger and/or emotions and needing management courses for overwhelming affective reactions. For M2, M3, and M4, grounding exercises were reported as being helpful, but these were learned and applied by the Mothers who had experienced some therapeutic intervention.

Secondly, every participant reported that they wanted counselling for their abused child and help with parenting problems from their mesosystem to improve their microsystem. For example, M3 talked about the need for counselling for her child:

*"Yes, so I wanted to die. My daughter was even worse than she was before because she couldn't let it all out. ... so even though she was acting out, she was still cut off. It was like I had a disabled child, someone with some kind of misbehavioural disease, ... she screamed and it was like she was 2 again, she completely regressed and I had just my own pain, it was horrible. I didn't know*

*what the fuck to do! I just, you can imagine this betrayal! And the amount of times she stayed there. And anyway, she started to disclose to me the stuff he was doing and I just thought, "Oh Christ". Went through the stuff, what he made her do..."*

Securing appropriate and available or accessible counselling while dealing with parenting problems became very frustrating for all participants, and this was linked to a need for counselling of siblings of the abused child for M2 and M4.

The third and final factor, which each abused Mother found helpful, stretched the idea of appropriate, available counselling to include extended family in their mesosystem, who were reported to have problematic, insensitive and unsupportive interactions. These often led to conflict or discomfort, and a withdrawal of the Mother from her extended family or vice versa. This was indicated when M4 stated:

*"Family's reactions? We don't talk about it. My brothers generally don't talk about. ... I think they just don't know how to deal with it. Because then obviously, my brothers now know that my father abused me. ... I know that if I really, really needed them I could go to them but I'm not comfortable with it. But I know they'd be there as best they could. ... I can't communicate with my – one brother in particular. ... They don't understand, ... between talking about it too much with them, ... and with that barrier there, I suppose I tend to not utilize them as a support system. You know, even with my husband. It's, these people want to support you as much as they can, but they just don't know how, ..."*

### Exosystem

The laws and procedures of therapeutic and legal microsystems negatively governed abused Mother's microsystems, as they existed in the mesosystem. Educational and medical microsystem procedures also had an impact, but only for M2 and M3. These laws and procedures are discussed below.

All Mothers reported information about therapeutic microsystems that indicated that some fiscal rationalization decisions and implemented procedures, based on these rationalizations, had caused families with a lack of money to be unable to access immediate and expert counselling for their abused child. This meant that verification of the need for further counselling would not be obtained and, subsequently, families were likely to receive less money from criminal compensation hearings due to reliance upon inaccessible or possibly inappropriate service provision. M1 said:

*"...And if they want me to give --- a ring, I mean, their sexual abuse unit, maybe they might just find a place for him up there, I don't know. Because I can't afford to pay for it anywhere. Even though I know it'll come back to me in compensation, ... So there's not really many places around you can take the kids for counselling. The Mothers who, ...are on pensions and can't afford to pay - ... it takes a bit of money. Plus, when you've got to travel there and, ...I've got to get him out of school ..., so I'm just having trouble finding someone that will do after-counselling, because it's been requested that he do counselling when the perpetrator got out."*

This situation appeared to leave each Mother confused, angry, lost, or frustrated that they could not access appropriate community resources, and was counter-productive to

their empowerment. It contributed to their feelings of depression and powerlessness. In addition to this, M2 and M3 reported psychological harm that they believed to be caused from procedures by therapists who lacked expertise, and M3 reported this of untrained medical staff also.

The legal microsystem was also reported to have negative laws and procedures that impacted upon each Mother's microsystem, with the main issue being that it took too long to prosecute and incarcerate perpetrators. M1, M3, and M4 reported that slow prosecution resulted in two main effects. Firstly, their need for immediate action was frustrated, and secondly, their children had to relive abuse incidents in court after long time periods had elapsed. M4 indicated this when she said:

*"To have the system, the legal side of it, to be happening straight away. You know, my kids now, it's 12 months down the track, they have to go into court and repeat this whole thing over again. You know, it stinks. ... To me, a week later. ... get it done and save the kids from having to relive that shit. So that's something, yeah, I'd really love to see different."*

M3 described her experience of the court situation as abusive, and that that was why it needed to be a quick process. Slow prosecution, and therefore incarceration of perpetrators, also led to M1, M2, and M4, who wanted perpetrators incarcerated quickly, reporting that unstable and fearful microsystems were created due to apprehension over the perpetrator's threat to both their child and others.

Furthermore, M1 reported that her son's perpetrator changed his name after he was released from gaol. The law did not preclude him from doing so, even though he is a

convicted multiple sex offender, and indicated in court that he would do it again and had no motivation to change his behaviour.

### **Macrosystem**

The micro, meso or exo-systems of each participant carried cultural, patriarchal and social beliefs or ideals that impacted upon their development and their culture or subculture. These will now be discussed.

Every participant experienced a culture of not dealing with the issue of sexual abuse or denial within their families. This was supported when M3 said:

*"I mean, I remember my Mum saying one day, "You know, I always knew something was wrong" and then she went back into denial and actually put a picture of my uncle (M3's perpetrator) up on the wall, so that's how good they were. And Dad even said to me he was charged with paedophilia when I was 11 of someone's - another child."*

There was also a culture of not dealing with this issue in the mesosystem. This was coupled with an Australian cultural norm of keeping problems in the family for M1, M2, and M3.

M1, M2, and M3 also mentioned patriarchal issues/beliefs they had about a Mother's role, and subsequent expectations they had of their Mothers within their experience. For example, M3 reported of her Mother:

*"...Mum was really good ... She was really good up until the court case when she said to me, "It's too much. I can't deal with it". I said, "Okay, thank you*

*for your honesty" but I really wanted to say, "Well, isn't it a good thing, I can't really deal with this, but I'm doing it for my daughter"*

This quote reflects the expectations/beliefs M1, M2, and M3 had that Mothers were meant to be supportive. This result is further reinforced when examining the abused Mother's transcripts and finding that fathers have either not been mentioned at all, or are mentioned as being unsupportive or obstructive.

Furthermore, gender stereotypes about boys and girls caused M1 to feel judged. M1 indicated that there was an expectation from others that boys could look after themselves and were not sexual objects, and when this belief or expectation was proved false, it was met with a degree of surprise or discomfort that she felt.

Finally, there was an indication from M1, M2, and M3 that social beliefs had an impact upon them when they were expected to maintain family norms/ideals, and that when they challenged these ideals they were met with great resistance. M2 reports the following resistance from her fiancé's family members when she reported him to the Police after her daughter had identified him as the perpetrator:

*"Well, his (fiancé's) family wanted to talk to me. ... I quite liked both of them, thought very highly of both of them until this happened and his brother's wife said, "Well, you know, why did you say it was him?" And I said, "Look, I had no choice." She goes, "Yes, you did." And I said, "So, if this happened to your daughter and she said it was your husband, you wouldn't do anything?" She said, "No". And I said, "Well, that's where the difference is. I believed in my daughter. And I hated it, but I did it as a Mother". ...I get Christmas cards from his side of the family to my fiancé and my youngest daughter. ..."*

Social issues also arose for M2 and M3 when media reports appeared to be supportive of perpetrators instead of victims. These two Mothers also experienced singular social problems in their mesosystem relationships that stemmed from beliefs that community members held about sexual abuse. For example, M2 felt judged, ostracized and alienated for supporting her falsely accused partner. This caused her to feel isolated from and angry about some mesosystems. These feelings of alienation caused M2 to feel denied as a victim, to resist the evidence gathering process, and to be less supportive of her child throughout the trial process. M2 also talked about a class system, where she believed an influential member of society used their power base to avoid detection of her having been gang raped, and in which he had participated. Finally, M3 talked about feeling stigmatized as a single parent, which she believed to be a common social problem.

### **The Ecological System of an Abused Mother**

In conclusion, the micro, meso, exo, and macro-systems impacted upon the abused Mother's development so that she felt disempowered and overwhelmed, which hindered her ability to make decisions and contributed to overall negative affective states of depression and not coping. These are the factors that characterized a state of "immobilization". Microsystem and mesosystem interactions meant that parents, or mostly Mothers, were expected to interact well during difficult circumstances without accessible, appropriate and/or expert practical or therapeutic family or community support. For abused Mothers who were already not coping with negative internal psychological and affective states, these added micro and meso-system social pressures meant that each Mother became overwhelmed and unable to cope completely, or they



became “immobilized” and isolated. Consequently, all children had to cope without the emotional or psychological support of their Mothers, and, as indicated in macrosystem beliefs, the withdrawal of their fathers. Legislation and procedures enacted by legal and therapeutic microsystems in the mesosystem also meant that Mothers experienced a further disempowerment from exosystem processes that caused them to have a lack of money to obtain adequate help, and to experience, what they perceived as, a slow, abusive, and unjust legal system. The disempowering impact of exosystem processes coupled with macrosystem beliefs and ideals meant that Mothers struggled and lost an insurmountable battle against an ecological system that served to stigmatize, alienate, and isolate them from their familial and community support systems.

## DISCUSSION

The purpose of the present study was to examine multigenerational CSA issues to provide some direction for future research and therapeutic intervention. The post disclosure period was confirmed to be a significant time for abused Mothers, as suggested by Humphreys (1990), and discourse analysis achieved this studies first aim of identifying some of their needs and many factors that contributed to affective immobilization during this time. Overall, these factors were identified as negative internal psychological state, social isolation, and social issues. Ambivalence when making decisions about protection and support was a secondary effect to the impact of disclosure, that triggered or exacerbated overwhelming CSA related memories and disorders. While immobilization of abused Mothers would be described as typical by this study, it is not qualified to make such assertions, given it's low number of participants, and substantiation of same is required through future research. Nonetheless, by identifying during therapy the individual issues that trigger affective immobilization in abused Mothers, it may be possible to reduce the severity and endurance of the immobilization period.

### **Factors that Contributed to Affective Immobilization and Associated Needs**

This study anticipated and confirmed that abused Mothers experience affective immobilization or ambivalence post CSA disclosure (Briggs, 1993; Hooper, 1992; Humphreys, 1990) when overwhelmed by (Briggs, 1993; Hooper, 1992; Hooper & Humphreys, 1997, 1998; Humphreys, 1990; Lewis & Creighton, 1999; Parks, 1990; Parton & Watlam, 1999) personal needs (Briggs, 1993; Hooper, 1992; Hooper & Humphreys, 1997; Humphreys, 1990; Lewis & Creighton, 1999; Parton & Watlam,

1999), particularly the need to deal with negative affective reactions (Briggs, 1993; Hooper, 1992, 1997; Hooper & Humphreys, 1997; Parton & Watlam, 1999). Affective distress triggered or exacerbated destructive or self harming behaviours, psychological disorders, and unwanted abuse memories, even when abused Mothers had believed their CSA issues had been previously resolved. These outcomes were consistent with previous studies where disempowered abused Mothers lacked control over their bodies, emotions and lives (Briggs, 1993), and parental substance abuse, psychiatric/psychological disorders (Browne & Finkelhor 1986, Mullen 1990, Palmer et al., 1992, Tong & Oates, 1990, as cited in Parton & Watlam, 1999), and triggered abuse memories were identified (Humphreys, 1990; Parton & Watlam, 1999).

Specifically, Humphreys (1990) claimed that Mothers with triggered CSA memories inadequately protected or supported their children during the post CSA disclosure period, however this study found that this was not necessarily the case where Mothers were able to manage their affective states and/or remain emotionally connected to their child. This study disputes that Mothers minimize their child's abuse and lack empathy to the point of complete Mother/child relationship breakdown, either as a precursor to reducing support and/or protection or as a consequence of it. In contrast, this study proposes that Mother's facing multigenerational CSA possibly over identify with their child's needs and are therefore *more* motivated to seek help for them, *but* that their overriding memories of CSA cause a personal crisis that causes them to withdraw from their child and have difficulties maintaining optimum levels of support or protection.

Evidence for this is that Mothers surviving CSA provided better healing environments for their children than they were afforded, and statements that appeared to

minimize were actually a reflection of this, when taken in context. The above findings also provided evidence that Koch and Jarvis's (1987:1996, as cited in Humphreys, 1990, p212) suggestion of a Mother/ child "sympiotic relationship" is incorrect. In effect, at the time of extreme personal crisis, the Mothers in this study withdrew and self isolated in affective disconnection/separation from their child. The Mothers maintained basic needs like providing shelter and food, but in the context of emotional support and connection with their child, they were affectively disabled.

Participants in this study appeared to be further affectively immobilized by social isolation from friends, family and support systems. This was partly due to the long-term effects of CSA, where perpetrator orchestration and manipulation instilled in participants the need to be isolated, and this carried over into adulthood relationships. The focus on the perpetrator in creating this situation, coupled with the lack of help to be found even when participants did seek it, provides evidence that abused Mothers are being further victimized by perpetrators when their child is abused, and that they are not themselves facilitating a cycle of abuse or family dysfunction but that perpetrators are (Hooper, 1992; Humphreys, 1990; O'Hagan & Dillenburg, 1995; Parton & Watlam, 1999).

However, this study agrees with Hooper (1992) that the family systems model that focuses on breaking a cycle rather than addressing complex social issues (Hooper, 1992; Humphreys, 1990; O'Hagan & Dillenburg, 1995; Parton & Watlam, 1999), enables professionals to underestimate perpetrators and revictimizes Mothers and children. While this model may aid the repair of the Mother-child relationship, it requires empirical validation (Hooper, 1992; Humphreys, 1990).

This study observed the struggle that abused Mother's underwent with social issues, that while they were isolated and socially stigmatized, they had to manage the reactions of their abused child, that of withdrawal, self isolation, and/or problem behaviours. When these issues became unmanageable and there was insufficient support for the abused Mother, withdrawal from their child was inevitable, particularly while dealing with overwhelming personal CSA issues. This is consistent with Parton & Watlams (1999) claim that parental bond/relationships in multigenerational CSA are broken, disassociated or absent and further discounts the symbiotic relationship concept (Koch & Jarvis, 1987:1996, as cited in Humphreys, 1990).

The immobilizing influence of isolation for participants extended to the negative impact of organizations upon them, due to poor or inappropriate service provision. Unfortunately, it appeared there had been little change from the inappropriate, unavailable, and inadequate support systems that were reported by many previous studies (Briggs, 1993; Everson, et al., 1989; Gomes-Schwartz et al., 1990; Gumbleton & Luger, 1996; Hooper, 1992; Hooper & Humphreys, 1997, 1998; Humphreys, 1990; Humphreys, 1992; Parton & Watlam, 1999; Sharland et al., 1996; Waterhouse & Carnie, 1992). This was unfortunate, given Humphreys (1990) finding that parents were more capable of maintaining protection and support when they had greater levels of professional and personal support. However, further verification is required on the impact of supported/unsupported treatment effects on Mothers facing multigenerational CSA.

The personal characteristics of the abused Mother were unable to be confirmed as being factors that contributed to CSA (Hooper, 1992), however, this study identified that

the ability of abused Mothers to overcome/transcend their negative affective state was possibly a predictive factor of beneficial Mother/child outcomes and requires empirical examination. This study observed that participants were empowered by being able to identify their ability in preventing negative abuse side effects for their child, and used their CSA experiences to confirm their child's abuse, recognize and address their needs with perseverance and resilience, and subsequently seek help (see also Humphrey, 1992).

Furthermore, each participant reported the following factors that empowered and mobilized them, therefore enhancing their decision making and coping abilities: positive internal psychological state; experience; positive and/or supportive external influences and/or relationships; and being referred to a helping agency. This was consistent with Hooper's (1992) and Dempster's (1989, as cited in Hooper, 1992) findings, that participants used their CSA experiences to help their abused child post disclosure to prevent their having the same negative experiences they had had.

However, these factors alone did not prevent immobilization, as suggested by Hooper (1992). Even when participants had resolved their own CSA issues, they still experienced an emotionally immobilizing period of time where they needed external support, due to reliving incapacitating CSA memories and emotions that facilitated depression. This is consistent with Stanley and Penhale's (1999) finding that women experiencing multigenerational abuse are twice as likely to develop depression and be socially isolated.

It is interesting to note that Mothers in this study were not swayed by the specific influence of the abuser as claimed by Everson, et al. (1989), Gumbleton and Luger (1996), and Humphreys, (1990, 1992), but more by specific affective reactions to their own CSA experiences. In contrast, this study observed the vehement rejection of the child's perpetrator by participants, even when he was a father figure. Mothers had been said to respond to their child's disclosure the same way they were responded to (McFarlane, 1986, as cited in Humphreys, 1990), but none of the Mothers in this study disbelieved their children, they all took initial protective action and attempted to be supportive when their own parents had not been, as with Humphrey's (1990) findings.

It is therefore identified by this study that abused Mothers, whether they had resolved the issues they faced from CSA or not, become immobilized from not only making decisions but from functioning in general, and are made powerless during their child's post abuse disclosure period by an overwhelming internal psychological/emotional state, characterized by chronic depression and post traumatic shock that is exacerbated further by social isolation and social issues. These factors together appear to disable and create ambivalence to decision-making, contributing to a state of affective immobilization. Mothers are therefore placed in a situation where they face an escalation of their needs in a climate of decreasing or non-existent personal and/or community resources with which to meet them, to the point where they become overwhelmed and unable to cope.

#### **Abused Mother's Reactions within Feminist and Ecological Systems Frameworks**

The second aim of this study was also accomplished, that of developing some initial premises about abused Mother's reactions to their own child's sexual abuse using previous literature, the results of the present study, and a feminist and ecological systems

framework. Some of the anticipated themes about participant immobilization, reactions and needs have already been discussed above, however not in terms of ecological systems that account for participant's experiences within their patriarchal, hierarchical, cultural and societal contexts (Humphreys, 1990).

It was anticipated that participants would be disempowered and/or constrained to protect by familial microsystems through violence and coercion (Hooper, 1992; Humphreys, 1990, 1992; Parton & Watlam, 1999). In contrast, this study found that while violence and coercion was present for 3 of the participants, it did not prevent any of them from protecting their abused child, and they were often overprotective before disclosure and even more so after. This finding may not be reliable when you consider that the participants of this study did not experience violence from the perpetrators of their child's CSA, but from a third party.

However, there were several interactions at the microsystem level that served to disempower and negatively impact upon participant development, therefore hindering the maintenance of their child's protection and support, as identified but not defined by Humphreys (1990). Firstly, participant's childhood microsystems were characterized by isolation, lack of familial support, and/or subsequent reabuse. This indicated a need for protective behaviours training and immediate CSA counselling for abused children. Secondly, such childhood microsystems provided the foundation for adulthood microsystems that were inherently characterized by overwhelming negative internal psychological/emotional states, as previously asserted by several studies (Browne & Finkelhor 1986, Mullen 1990, Palmer et al., 1992, & Tong & Oates, 1990, as cited in Parton & Watlam, 1999). Therefore, when Mothers had to cope with multigenerational



CSA, they also dealt with associated parenting issues, perpetrator deceptions that facilitated Mother/child communication breakdown, and the lack of connection and self isolation of their children. These are the factors that contributed to a participant's state of not coping or disempowerment.

At this point, while their child's sexual abuse and their own lack of control over affective states may motivate help seeking to overcome the destabilized personal and immediate family microsystem, when extended family, therapists, or home help agencies were inaccessible, inappropriate, or unsupportive, abused Mothers in this study became further isolated. Furthermore, this study confirmed ongoing relationship problems and family needs, however, it disconfirmed that Mothers in these microsystems were cold or aloof (Hooper, 1992; Humphreys, 1990:1992). Participants in this study expressed a desire to meet their children's needs and emphasized immediate counselling for them. Participants sought to help their children, in ways that their own parents had not, after recognizing the enduring life long issues of CSA. These factors indicated the level of therapeutic and practical support required at the microsystem level for child, Mother and family.

Following on from this, in the social meso/exosystems it was thought that participants would be constrained to protect due to judgmental, insufficient, inadequate or inappropriate support and counselling that stigmatized Mother and child (Hooper, 1992) and this was mostly confirmed by the present study. Most service providers were not judgmental and therefore did not stigmatize the Mother and child, however services were generally considered insufficient, inadequate, or inappropriate. In this study, participant mesosystem structures consisted of immediate family microsystems

interacting with therapeutic, legal, extended family, and friend/socialization microsystems.

Overall, participants were empowered and coped better when therapeutic microsystems provided positive interactions, where individual needs were met and service provision was available, supportive, accessible, empowering, and a rapport was formed when the participant felt listened to. It was further identified that participants coped better when legal microsystems provided positive interactions and/or outcomes from supportive and helpful staff.

However, the present study identified that participants were mostly disempowered and discouraged from coping by therapeutic microsystems that provided negative interactions due to inaccessible, inappropriate, or inadequate service provision, and overwhelming interactions with legal microsystems that were procedurally long and perceived as abusive. Specifically, the Mothers perceived the justice system to be judgmental (Hooper, 1992) and they felt that they and their un-abused children were not viewed as victims along with their abused children. The justice system appeared to distress Mothers and children.

This study therefore recognizes the urgent need for adequate funding to be provided to both the therapeutic and justice systems, that provides enough expert staff to cope with the 24% to 38% of the population that have experienced CSA prior to 18 years of age (Badgley & MacDonald, 1984, Baker & Duncan, 1986, Finklehor, 1979, Gaynor, 1965, Goldman & Goldman, 1988, Russell, 1983, as cited in Humphreys 1990). Participants specifically identified their need for appropriate, available therapy and/or home help for

themselves, and discussed this need as arising from parenting, anger, and/or emotional issues that needed management.

Another specific need that participants reported was that of counselling for their abused children. A part of this is recognition that mesosystem structures do not include in their definition of sexual abuse those incidents where sexual penetration did not occur, as many legitimate acts of sexual abuse are being ignored and victims denied access to services on this basis. For example, where a child may have been forced to perform oral sex by a perpetrator, or where a sibling witnesses CSA or experiences family problems that arise from CSA. This is relevant where services redefine sexual abuse to meet budget restraints, rather than the literal occurrence of CSA. However, even when children's CSA experiences did fall within the correct parameters for receiving therapeutic assistance, this study recognized that families experienced difficulty when seeking immediate access for their children to appropriate services.

Following on from this, it was also identified by this study that participants were disempowered and discouraged from coping when extended family microsystems provided insufficient support, particularly where abused Mothers had confronted their extended family about the role they played in the Mother's CSA situation. Moreover, each participant found that she was isolated from friends and/or socialization microsystems. This study therefore recognized the pervasive isolation of abused Mothers with abused children and the need for appropriate and available CSA counselling to be broadened to include extended family and friends to enable them to provide better support. Participants claimed that including extended family in the counselling process would have assisted them when they experienced problematic,

insensitive and unsupportive interactions that often led to conflict or discomfort, and a withdrawal from extended family or vice versa. However, where the family cannot be relied upon, there is the need to provide abused Mothers with an accessible daily mentor or support system to help with childcare, personal crises, and relief.

Finally, this study identified that participants were disempowered and discouraged from coping when interactions with the educational and medical microsystems lacked expertise in dealing with CSA issues, or were unwilling to deal with them. For example, two participant's reported school microsystems where CSA occurred through a teacher and parents of a friend, both in a school camp setting. Furthermore, this study recognizes the need for funding to be provided to schools to support CSA victims whose academic achievement is hindered by behavioral and social problems, and for medical professionals who do CSA rape kits to receive psychological training.

Many of the above problems and issues were sourced from the exosystem, where detrimental laws and procedures effected microsystem interactions and were generated and enacted through therapeutic, legal, educational and medical microsystems, as they existed in the mesosystem. In the larger societal exo/macrosystem, it was anticipated and confirmed that participants would be constrained to protect, through delayed and inefficient legal procedures (Briggs, 1993; Parton & Watlam, 1999), and judgmental/idealized cultural beliefs about the Mother's role (Humphreys, 1990).

Generally, these microsystems appeared to constrain by providing services based on fiscal rationalizations rather than actual need. Therefore services had insufficient funds to provide immediate services, and used procedures to exclude legitimate victims of

sexual abuse that caused families with a lack of money to be unable to access immediate, expert counselling, medical, legal, or educational help. This situation produced specific negative effects for participants, such as preventing verification of counselling needs for criminal compensation hearings, increasing/creating individual and family distress, preventing/hindering CSA recovery, decreasing academic participation, and encouraging long term unresolved CSA problems.

Furthermore, the exosystem generated a lack of funding in the justice system that prevented immediate prosecution and incarceration of dangerous perpetrators, causing significant distress for the whole family, whose immediate concerns for the psychological health and safety of their child and the community was unaddressed. The Participants in this study expressed that when prosecution was not immediate, their recovery and resolution of CSA issues were delayed due to the anxiety and retraumatisation caused over testifying in court, a process that they felt was inherently abusive and punitive to survivors.

The micro, meso or exo-systems of each participant carried cultural, patriarchal and social beliefs or ideals that impacted upon their development and macrosystem culture or subculture. Participants experienced a culture of not dealing with the issue of CSA or denial within their families and in the mesosystem, and social beliefs had an impact where maintenance of family norms/ideals were expected. This was disempowering when perpetrators were family members. When Mothers challenged these ideals, they were met with great resistance from their families, perhaps due to the Australian cultural norm of keeping problems within the family or not 'dobbing'.

Patriarchal issues/beliefs about the Mother's role were also confirmed by this study (O'Hagan & Dillenburg, 1995; Stanley & Penhale, 1999), where even the Mothers surviving CSA believed that Mothers were responsible for support of the abused child and criticized their own Mothers who had not been, with no such expectations or criticism for their fathers or husbands, if they were mentioned at all. If CSA is not typically perpetrated by fathers (Kelly, et. al., 1991, & Raffel, 1984, as cited in Hooper, 1992; Browne & Herbert, 1995, as cited in Parton & Watlam, 1999), then future research needs to determine their needs, their abilities to support, and their responsibilities and reactions to their child's abuse also (Hooper, 1992; Hooper & Humphreys, 1997; Humphreys, 1990). This study asserts that both Mother-child *and* father-child relationships are important when post disclosure protection is required (Hooper & Humphreys, 1998; O'Hagan & Dillenburg, 1995).

Finally, the Western Australian culture created disempowering macrosystem pressures for participants that contributed to their isolation. For example, participants lacked acknowledgement as victims of their child's abuse and were misconstrued as consciously supporting abusers over their children. Furthermore, stigmatization and isolation associated with single parenting increased their vulnerability when perpetrators already target this group of people. Participants also felt isolation when perpetrators received public support or evaded conviction. These social issues arose from a lack of information and understanding in the community about the effect of CSA upon victims, or perpetrators and the relationship dynamics created during the CSA experience.

### **Identification of Counselling Service Needs**

The third and final aim of the present study was to identify possible needs of Mothers coping with multigenerational CSA for a counselling service. It was anticipated that there would be specific ongoing support and counselling needs of abused women and this was confirmed. This study agreed with previous literature that overwhelming needs (Hooper, 1992) existed for Mothers coping with multigenerational CSA, the most prominent being the need to repair undermined Mother/child relationships (Humphreys, 1990) and triggered CSA memories (Humphreys, 1990; Parton & Watlam, 1999). While it was anticipated that psychological health and motivation (Hooper & Humphreys, 1997; Humphreys, 1990) and identity problems (Lewis & Creighton, 1999) would also be prominent issues, they were in reality not as important as the need for affect management, parental issue management, relationship problems and isolation. It is therefore recommended that counselling services focus on these needs and the other issues mentioned above that created disempowering ecological systems and overwhelming affective immobilization.

### **Future Research**

A grounded, semi-structured qualitative data collection method produced four case studies (Burgess-Limerick & Burgess-Limerick, 1998; LeCompte & Goetz, 1984; Miles & Huberman, 1988; Pidgeon & Henwood, 1997). Low participant numbers decreased external and internal validity, however, taking into consideration that this study aimed to be a guide for future research and therapeutic direction, and achieved this through combining the four case study findings with previous literature findings, then this studies findings have some validity. While the application of this study's results are limited to

the current time-period alone (Burgess-Limerick & Burgess-Limerick, 1998) and are not expected to be generalized to large populations of people, they are significant on a therapeutic level, where an individual's needs are assessed in relation to immediate contexts.

Having said this, future research in this area seems to lack empirical process. Specifically, quantitative research could linearly relate factors between CSA and many of the factors discussed above. The non-linearity of research in this area becomes an issue when multigenerational CSA is not considered as a major intervening variable in parental reactions.

It seems that research on CSA is not specific enough to identify the relationships between typical CSA experiences and individual behavioural outcomes. Treatment and needs assessment would be far more effective and easier should this occur. For example, one of many possible linear relationships that this study identified was the possible relationship between childhood CSA and drug use and/or self harming behaviours. As a social issue, drug use has become a major concern. A large amount of money is spent annually on drug related problems such as crime and health issues (Parton & Watlam, 1999). If CSA contributes to, or is a factor in, drug taking, then the treatment dynamic for this group of people would change, and instead of treating the symptom "drug addiction", one could treat the cause "child sex abuse". The focus could then change from intervention to prevention.

This is only one issue of many, and other relationships could possibly exist between CSA and problems in the following areas: infant bonding; anger management;



affective/personality disorders; crime; suicide; decreased academic achievement; medical problems; re-survivorization, fear/depression/anxiety; domestic violence; any non-biologically based psychological disorder; behavioural problems; sleeping/eating disorders; (Beitchman 1992, Conte & Schuerman 1987, Herman 1986, Oates & Tong 1987, as cited in Parton & Watlam, 1999); multiple personality disorder and borderline personality; (Beitchman, 1992, Deblinger et al., 1989, Herman et al., 1989, & Terr, 1991, as cited in Parton & Watlam, 1999); unemployment, lack of confidence; social isolation; child being under protective State intervention (Stanley & Penhale, 1999); domestic violence; marital friction (Parton & Watlam, 1999; Stanley & Penhale, 1999); etc. Multiple regressions could provide linear links between many of these factors and much previous research remains unverified.

### **Conclusion**

Given that previous literature and many of the assumptions of this present study were confirmed, it is likely that abused Mother's are affectively immobilized through personal issues, social issues, and unsupportive ecological systems. Correct assessment of the client's affective and ecological state and what contributed to it becomes a key therapeutic aim when attempting to vacillate or empower affectively immobilized individuals coping with long term CSA outcomes, particularly Mothers with abused children. If these factors could be typified then this process would be much less difficult. Therefore, the crucial need for empirical research to substantiate typical factors in multigenerational sexual abuse becomes obvious.

## REFERENCES

- Briggs, F. (1993). *Why my child?: Supporting the families of victims of child sexual abuse*. Australia: Allen & Unwin.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. London, England: Harvard University Press.
- Burgess-Limerick, T., & Burgess-Limerick, R. (1998). Conversational interviews and multiple-case research in psychology. *Australian Journal of Psychology*, 50(2), 63-70.
- Everson, M., Hunter, W., Runyon, D., Edelsohn, G., & Coulter, M. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry*, 59(2), 197-207.
- Gomez-Schwartz, B., Horowitz, J., & Cardarelli, A. (1990). *Child sexual abuse: The initial effects*. London, England: Sage Publications.
- Gumbleton, J., & Luger, C. Resolutions: Working with families where responsibility for abuse is denied. *Child Abuse Review*, 5, 191-201.
- Hooper, C. (1992). *Mothers surviving child sexual abuse*. London, UK: Routledge.
- Hooper, C., & Humphreys, C. (1997). What's in a name? Reflections on the term 'Non-Offending Parent'. *Child Abuse Review*, 6, 298-303.
- Hooper, C., & Humphreys, C. (1998). Women whose children have been sexually abused: Reflections on a debate. *British Journal of Social Work*, 28, 565-580.

- Humphreys, C. (1990). *Disclosure of child sexual assault: Mothers in crisis*. NSW, Australia: University of New South Wales.
- Humphreys, C. (1992). Disclosure of child sexual assault: Implications for Mother. *Australian Social Work*, 45(3), 27-35.
- Humphreys, C. (1995). Counselling and support issues for Mothers and fathers of sexually abused children. *Australian Social Work*, 48(4), 13-19.
- Humphreys, C. (2000). *Social Work, domestic violence and child protection: Challenging practice*. Bristol, UK: Policy Press.
- LeCompte, M.D., & Goetz, J.P. (1984). Ethnographic data collection in evaluating research. In D.M. Fetterman (Ed.), *Ethnography in educational evaluation* (pp37-59). London, England: Sage Publications.
- Lewis, V., & Creighton, S. (1999). Parental mental health as a child protection issue: Data from the NSPCC National Child Protection Helpline. *Child Abuse Review*, 8, 152-163.
- Miles, M.B., & Huberman, A.M. (1988). Drawing valid meaning from qualitative data: Toward a shared craft. In D.M. Fetterman (Ed.), *Qualitative approaches to evaluation in education* (pp222-244). NY, New York: Phaegeer.
- National Health and Medical Research Council. (1995, March). *Ethical aspects of qualitative methods in health research: An information paper for institutional ethics*

- committees.* (Available from the Australian Health Ethics Committee, AHEC Secretariat, MDP 38, GPO Box 9848, Canberra, Australia, 2601).
- O'Hagan, K., & Dillenburg, K. (1995). *The abuse of women within childcare work.* Buckingham, Philadelphia: Open University Press.
- Parks, P. (1990). *Rescuing the 'Inner Child': Therapy for adults sexually abused as children.* London, UK: Souvenir Press.
- Parton, N., & Watlam, C. (Eds.). (1999). *Child sexual abuse: Responding to the experiences of children.* West Sussex: John Wiley & Sons Ltd.
- Pidgeon, N., & Henwood, K. (1997). Using grounded theory in psychological research. In N. Hayes (Ed.), *Doing qualitative research* (245-273). London, England: Psychology Press.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour.* London, England: Sage.
- Rabinowitz, V.C., & Weseen, S. (1997). Elu(c)id(at)ing epistemological impasses: Re-viewing the qualitative/quantitative debates in psychology. *Journal of Social Issues*, 53(4), 605-630.
- Richards, D. A., & Rose, J.S. (1991). Exposure Therapy for Post-Traumatic Stress Disorder: Four Case Studies. *British Journal of Psychiatry*, 158, 836-840.
- Sharland, E., Seal, H., Croucher, M., Aldgate, J., & Jones, D. (1996). *Professional intervention in child sexual abuse.* London, England: HMSO.

Stanley, N., & Penhale, B. (1999). The mental health problems of Mothers experiencing the child protection system. *Child Abuse Review*, 8, 34-45.

Waterhouse, L., & Carnie, J. (1992). Assessing child protection risk. *British Journal of Social Work*, 22, 47-60.

Wolfe, D. (1987). *Child abuse: Implications for child development and psychopathology*. London, England: Sage Publications.

## **Appendix A**

### **Interview Questions**

#### **Background Information Questions (Adapted From Humphreys, 1990, P475)**

1. What is your age?
2. How many children have you had, what are their ages, gender, and where do they live now?
3. List your situation in the following areas and, if it applies to you, state how they have changed since your child's abuse was discovered: a) your job; b) the activities that occupy the main bulk of your time (what are/were they); c) your living arrangements; your source of income; d) childcare arrangements; e) marital status; f) your supportive relationships with family or friends; g) your use of substances or drugs (including alcohol, cigarettes, and/or medications); and h) your general psychological health, e.g. depression, anxiety, stress, etc.

#### **Questions to Facilitate Participant Discourse based on Reviewed Literature**

1. How would you describe your relationship with your child/children from birth until now?
2. How did you discover/recognize the possibility of your child being abused and what enabled you to believe/disbelieve?
3. Describe your emotional reaction and physical actions when you began to discover your child's abuse?
4. Are your experiences and your child's experiences different and/or the same and why?

5. How would you describe the reactions and/or actions of other people, helping services, etc, and if you could, how would you change them?
6. Describe the types of relationships that your immediate family members have with people outside of the family unit?

#### **Literature Review on Which Semi-Structured Interview Questions Were based**

A literature review created many questions that were grouped into overall themes, and then compacted into several open-ended questions for each theme. One final question for each theme was then determined, as listed above in the questions list. However, the following section of this appendix is structured so that you can see how these overall questions were derived from literature review. The theme is listed as a title, the questions this theme generated is listed beneath it, and then the information on which these questions are based is listed in point form beneath this. Underneath each information segment you will notice a specific question that this study is attempting to answer, but cannot directly do so as this will lead participants and decrease internal validity.

#### **Reliance on Others, Support Services and Help Seeking**

How did you find the services provided to you and would you change them? On whom can you rely for help? What prevented you from seeking help?

- Mothers are particularly vulnerable when they are constantly ill and rely upon the abuser (Humphreys, 1990), or when affectionate abusers dominate family matters to

the point of making the mother ineffectual and powerless (Humphreys, 1990).

*On whom did you rely before and after disclosure?*

- It is important to place the mother's reactions to their child's abuse in the social context that it occurs (Hooper, 1992). Loneliness and isolation were often chosen over seeking support from family, friends, or professionals who could judge, criticize and invade privacy (Humphreys, 1990). Class and ethnic backgrounds also prevented approach to certain agencies that were historically associated with blaming, disempowering, and invading privacy that served to generate fear and low expectations (Hooper, 1992); e.g. fears of losing children by working class aboriginal women decrease their desire to have police involved. Furthermore, There are circumstances where abused mothers may want to maintain a silence or privacy about their own abuse or their child's; e.g. to protect friends and family from the truth; to protect their children from ongoing difficulties arising from people knowing; to protect their child from the legal system where their violation is relived repeatedly (Humphreys, 1990). *What prevented you from seeking help?*
- While the Children's Act of 1989 (Section 17) (an Eastern States Act – we don't have a Children's Act in WA) places statutory responsibility to provide appropriate services with local authorities, many basic needs are not met (Hooper & Humphreys, 1997). For example, parents were reported to receive counselling when a 5 to 20 minute interview was provided by counselors seeking information, as opposed to their addressing parent's personal or child related concerns and information needs



(Humphreys, 1995). Even when basic services are supplied, they are withdrawn once the abuser no longer has access to the child (Humphreys, 1995). Post-disclosure support during crisis periods is predictive of the abused child's outcomes (Humphreys, 1995). *When meeting both your needs and your child's needs, what was good/bad or liked/disliked about the services provided to you?*

- Mothers have ongoing treatment and support needs due to overwhelming feelings about issues requiring professional, individual, and joint mother/child counselling, emergency relief, support and information (Humphreys, 1995; Hooper & Humphreys, 1997). The issues mothers reported were as follows: child's crisis and erratic behaviour; own crisis; undermined parental role; withdrawal of previous supports; emotional and sexual marital conflicts/problems with non-abusing father who often blamed them; exclusion from child's counselling; and judicial system problems (Humphreys, 1995). *What other services would you like to see made available to women in your position or children in your child's situation?*
- The mother's support network may not be available when their significant friends or relatives are also grieving (Hooper, 1992). *What is it about your family and friends that enables you to rely/not rely upon them for support or help?*

### **Relationships**

*How would you describe your relationship with your child/children from birth until now? Have your feelings toward your child changed and if so, how and why? How are*

*your experiences in childhood different from your child's? How did your husband behave toward you before and after you were married? If he was violent, how did you cope? What hardships have you experienced that you would not have endured if abuse had not been discovered?*

### **Abuser and Child**

- The abuser manipulates an estranged mother-child relationship (Gumbleton & Luger, 1996; Hooper & Humphreys, 1997; Hooper & Humphreys, 1998; Briggs, 1993) by undermining, accusing and blaming the mother (Hooper & Humphreys, 1998) and drawing the child into a collaborative and secretive relationship to shut the mother out by “excluding” and/or “rejecting” her (Hooper, 1992, p39), to maintain silence and avoid discovery (Briggs, 1993). In addition, the strength of the bond between the offender and the mother is predictive of whether a child will be believed or rejected (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Furthermore, the mother/child bond may be important. When their child is clingy and has behavioural and emotional disorders, mother's can either suspect something is wrong and seek to discover what it is or not suspect anything is wrong and dislike the child (Briggs, 1993). *How would you describe your relationship with your child/children from birth until now? Have your feelings toward your child changed and if so, how and why?*
  
- The main concern within the group setting is how to manage and accept changes in the abused child's affective range, e.g. disassociation, (blank flat responses),

followed by awareness, anger, and depression (Parton & Watlam, 1999). *What types of problems or concerns do you have about your child?*

### **Violence**

- There is clearly a connection between men who seriously assault female partners in domestic violence (see Humphreys, 2000 for a definition) and the high likelihood that they are also child sex offenders (Humphreys, 2000; Hooper, 1992). *How did your husband behave toward you before and after you were married? If they were violent, how did you cope?*

### **Homelessness and Marital Separation**

- A lack of refuges has been reported to prevent mothers leaving husbands and making them powerless to protect their child (Humphreys, 1990). Furthermore, there is no legislation to compel the abuser to leave the family home (Briggs, 1993). Emergency relief care, refuges, and social security requirements become some of the many other issues the parent then has to deal with (Briggs, 1993). *What factors were involved in your decision to leave/not leave your abusive partner? If you did not leave, how did you behave in your relationships with your partner and your child? If you did leave, what hardships did you experience that you would not have endured if you had not left home?*

### **Family Background**

- There has been evidence to suggest that abusive or socially incompetent behaviours modelled to children transfer to the next generation (Wolfe, 1987). Wolfe (1987) concludes cautiously that adults whose childhood is characterized by abuse and violence are 3 to 5 times more likely to use the same behaviours in adulthood. *What differences exist between your childhood and your child's?*

- Parenting styles may impact on a child's vulnerability (Hooper, 1992). For example, permissive parenting styles could increase a child's vulnerability. *How would you describe your parenting/discipline style?*

### **Discovery Process, Disclosure and Disbelief**

*How did you discover/recognize the possibility of your child being abused and what enabled you to believe/disbelieve?*

- When physical symptoms (e.g. sore bottom) or the child's negative behaviour cause mothers to suspect abuse that is then confirmed at disclosure or by accident (Humphreys, 1990), mothers are more likely to take quick protective action than when the discovery process begins with disclosure (Humphreys, 1990). Therefore, a discovery process appears to be essential to belief, rather than an isolated incident of disclosure (Humphreys, 1990). *How did you discover your child was being abused and what enabled you to believe it was true?*

- Even when the mother believes abuse is occurring, there are no specific signs of abuse that can be used to confirm absolutely (Humphreys, 1990). An “interpretive process” occurs in which the mother discovers signs of abuse and struggles to recognize them in the context of supportive or unsupportive relationships with family, friends and professionals (Humphreys, 1990). Recognition in Humphreys (1990) study required assistance in all 22 cases. *How did you recognize that your child was being abused?*
  
- For some mothers, abuse discovery is a long-term process that is suspected and confirmed by disclosure, while for others disclosure is a complete surprise for which they are unprepared (Humphreys, 1992). However, all mothers experienced disbelief when facing evidence, lasting between 5 minutes and a lifetime (Humphreys, 1990). All mothers were either emotionally or cognitively ambivalent, felt guilty about ambivalence, and did not know whether to believe or disbelieve while evidence was gathered. *How did you come to believe or disbelieve that your child had been abused?*
  
- Mothers can have fractured, multifunctional thoughts and behaviour where they believe and protect their child but have emotional doubts motivated by the abuser courting her, family anger being directed at her for protecting the child over the offender, or self preservative urges to believe that none of it happened (Hooper & Humphreys, 1998). Women are therefore faced with the more difficult task of

judging their own intellectual and emotional evidence and believing or disbelieving that their child was abused (Hooper & Humphreys, 1998; Humphreys, 1992). *What, if anything, created doubts about your child's abuse?*

- Many mothers reported a theme of not knowing what abuse was, even when they witnessed genital stroking (Hooper, 1992). Women who have a dysfunctional family life, dysfunctional sexual experiences, and/or dysfunctional intimate relationships, particularly when coupled with violence, have more difficulty identifying abuse (Hooper, 1992). Furthermore, abuse may not be immediately identifiable to mothers because discovery can be procedural (Humphreys, 1990). However, unabused mothers do not allow for the possibility of csa, whereas abused mothers structure their lives around the possibility of csa (Humphreys, 1990). *Before your child's disclosure, were there behaviours that you witnessed or experienced that others said were sexually abusive, but that you were unsure about or were unable to identify as abusive at the time? If so, what were the behaviours that were not clearly abusive? If not, what were the behaviours that were clearly abusive?*

### **Protection and Identifying Abuse**

*What caused/influenced you, if anything, to take action to either stop the abuse or prevent it from happening and why? When looking at what your child's capabilities were in protecting his/herself, how would you describe your child's behaviour?*

- Mothers reported difficulty maintaining protection and support while they believed their child was abused because the offender influenced them by denying abuse, seeking love and support, promising to change, and undermining the mother/child relationship (Humphreys, 1990). Congruence needs to be achieved between belief that abuse occurred, ability to tell child they are believed, and ability to protect and support the child (Humphreys, 1990). *When the accusation was made and your reactions occurred, what actions did you take and what influenced them?*
  
- Some mothers take more risks with their children when: they don't think the abuse will recur; guilt levels are low; they do not hold the abuser as responsible; they see the abuse as a disease or an out of character incident rather than an intentional act; and information about the child/abuser relationship is kept from mothers (e.g. grooming tactics the abuser employed) (Hooper, 1992). *How would you describe your child's safety before and after abuse was suspected until now?*
  
- There is a research gap on why mothers act protectively (Humphreys, 1990). *What caused you, if anything, to take action to either stop the abuse or prevent it from happening and why?*
  
- Some mothers have difficulty recognizing that adults have power over children because of unequal power bases in the adult/child relationship (Hooper, 1992). *When looking at what your child's capabilities were in protecting his/herself, how would you describe your child's behaviour?*

### **Participation in Systems**

*Approximately, how much contact did each member of your immediate family have with people outside the family unit and with who? What motivated you to notify/not notify authorities and to subsequently participate or not participate in police investigations and/or court hearings for your child?*

- Involvement in the legal system is often not beneficial for mother or child (Briggs, 1993; Humphreys, 1990). *What motivated you to participate or not participate in police investigations and/or court hearings for your child?*
- Notification of authorities about csa is listed at 75% notifying, and 25% not notifying and being collusive or neglectful (Humphreys, 1990). *What was your decision to notify/not notify authorities based upon?*
- Abusive parents were found to be socially isolated while non-abusive parents were not (Wolfe, 1987). *Approximately, how much contact did each member of your immediate family have with people outside the family unit and with who?*

### **Crisis, Reorganisation and Emotional Pain**

*How would you describe your personal psychological pain when the abuse discovery process began for your child? How capable/prepared did you feel about coping with your child's abuse and the abuser and why?*



- Abuse revelations cause mothers short-term crisis and disequilibria that require resolution and individual reorganization for restoring (Humphreys, 1990) an enduring and meaningful secure self (Hooper, 1992) and establishing coping strategies to prevent, avoid or control pain (Hooper, 1992). Reorganisation/coping strategies take place to inactivate emotional responsiveness, thereby reducing pain and suffering, e.g: displacing emotions; reducing self pity; using emotional crutches; redirecting emotional energy into fighting for the child in the justice system or in assisting and supporting the child; problem resolution in accepting powerlessness, spiritual identification, and identification in parental role (Humphreys 1990).

When pain and disruptions caused by acceptance is too great, intellectual reorganization redefines abuse so it is denied (Humphreys, 1990). So disbelieving mothers use intellectual reasoning to reorganize, while believing mothers do not (Humphreys, 1990). Reorganisation during crisis is based upon the mother/abuser relationship, the child/mother relationship, the available information to the mother predisclosure, the emotional pain being experienced, the amount of support made available, and material or social consequences resulting from belief and whether disbelief is an available option (Humphreys, 1990). Ultimately, there is a clear relationship between emotional and intellectual levels of acceptance and pain that influence a mother's capabilities to perceive and believe abuse occurred (Humphreys, 1990). *How would you describe your personal psychological journey/state during your child's discovery/disclosure?*

- Crisis occurs post disclosure (Humphreys, 1990; Hooper, 1992; Briggs, 1993) and threatens well-being, self esteem, purpose, and the cognitive and emotional existence on which one's "vital role" (one's personality and deeply significant emotional and perceptual identity and interpersonal life) depends (Humphreys, 1990, p153). *What did you base your idea of a mother's role upon? How did you feel about your role as a mother when you discovered your child had been abused?*
  
- Support networks assist mothers to cope and to support their child, but professional assistance is often removed and mothers are left to cope with subsequent crises (Hooper, 1992; Parton & Watlam, 1999; Sharland, Seal, Croucher, Aldgate & Jones, 1996) while still vulnerable to the abuser's influence and disruption (Humphreys, 1990). *How prepared were you to deal with your child's abuse and the changes it brought about? How capable did you feel about coping with your child's abuse and the abuser and why?*
  
- Abused mothers commented that their pain was greater now than it was when they were children and experienced the same thing (Humphreys, 1990). This indicates that there is an emotional reaction that is different to unabused mothers? *Was emotional pain experienced relating to your own abuse experience and if so what did it involve? How would you like your child to deal with their abuse and why?*

- The effect of abuse was seen by many mothers to be an irreversible event that would be a permanent feature of their lives (Hooper, 1992). *What, if any, lasting effects of sexual abuse do you think your child will experience and why? Are any of these experiences different to what you experienced and if so, why?*

## Appendix B

### Introduction Letter

Dear Parent,

I am a Psychology student at Edith Cowan University (ECU) who is doing an honours project on mothers who were sexually abused as children, and whose children have also been sexually abused. Discussions with your counselling service revealed that the reactions of mothers in this situation was not understood. After interviewing you and others, it is hoped that the needs of women in similar situations will be better known. The ECU School of Psychology Ethics committee has approved this study.

You may benefit from participating in this study because I will listen to your story, you will get a typed record of our interview together, and you may be helping other mothers in the same situation. It would be greatly appreciated if you could help because studies of this kind are important and people's experiences are different. It is therefore important to include as many people as possible. If you decide to be a part of this study, you may feel some negative or unwanted emotions when talking about private problems, but your psychologist will be available to counsel you (Ph: confidential to public) if this happens.

A face to face interview will take about two hours and will be tape recorded. I will also be telephoning you a few times to arrange the interview and to get comments from you about the typed interview. You will decide when and where the interview takes place, and what you decide to talk about and for how long. The questions that I will ask you are provided with this letter. Once our interview has been typed out, the tape recording of the interview will be erased. Your typed interview will not, **at any time**, contain information that will identify you. **Your identity will remain confidential at all times.** This information will be used to help plan programs for women in your situation and will be used to help me complete a Psychology Honors Thesis for ECU. This information may also be published but no-one will be identified.

Your decision to participate will be greatly appreciated, but you are not obliged to be a part of this study. If you decide not to participate, it will not affect the service you receive from your counsellor in any way. At **any** time, you are entitled to withdraw your typed interview information. If you wish to participate in this study or you want further information, please telephone Tracey Caporn on 9223 1111. If you have any problems you can call me or my supervisor, Dr. Neil Drew, of ECU, Joondalup, on 9400 5541.

Thank you for your time and consideration

Tracey Caporn

## **Appendix C**

### **Study Aims, Benefits and Disadvantages**

#### ***Aims***

This study will be asking mothers to answer 3 background questions, and to talk about their sexual abuse experiences in general, using a 6 question discussion guide, to accomplish the following three aims:

1. To identify what helps/does not help mothers, who were sexually abused as children, to make decisions in the aftermath of their own child's abuse discovery.
2. To develop some basic premises and an understanding about how the systems that sexually abused mothers live in impact upon how they react to their child's abuse. For example, how one might react to their child's abuse when belonging to an Aboriginal, middle class family in Perth, under a Liberal Federal Government, and while being in contact with government protection or justice systems, a counselling agency, a Psychologist, or another member or organization within their community.
3. To identify the needs of sexually abused mothers for your counselling service, who will use the information to help with future planning of programmes.

#### **Benefits**

- Mothers will be listened to while they relay their experiences.
- A typed transcript will be provided to mothers for their personal use.
- Sexually abused mothers who use your groups or programmes, or who use other services that read about the study, may be better assisted.

- Mothers will be in control of what they wish to divulge, the length of time they wish to spend being interviewed, and the location of the interview.
- All information will be reported without identifying participant's or their families.

**Disadvantages**

- Mothers will be approached at a time when they may still be emotionally vulnerable.
- When including follow up telephone calls, the study may take between two and seven hours of the mother's time.
- Mothers will need to relate personal/private information.
- Mother's may experience negative or unwanted emotions.

**Appendix D****Telephone Contact Dialogue Sheet****First Contact Call**

*Lets make an appointment, when would be the best time for you? Secure a date and time with the participant. The interview can take place anywhere you like, but it will need to be in a quiet place where we will not be interrupted. This could be at your house, at Joondahup Edith Cowan University, or at your counselling center. Where would you like the interview to take place? Secure location with Participant. Did you have any further questions about the research, or problems relating to the research, that you would like to discuss? After answering questions and addressing problems, Okay, so thank you for deciding to participate in the study. I'll see you at arranged place, on arranged date at arranged time, but I would also like to send you a letter with those details on it, so what is your address for me to put on the envelope now? Participant responds. Great, I'll see you then. Participant says goodbye and I respond Bye, Goodbye, See you later, etc..*

**If participant wants to withdraw.** *Well thanks for your time anyway. If you change your mind you have my contact details. Participant says goodbye and I respond Bye, Goodbye, etc..*

**Reminder Telephone Call**

*Hello, is (name of participant) there? If no, I will not leave a message but call back later. If yes, Hello, it's Tracey Caporn calling again about the research project you*

*have volunteered for through your counselling center. I am just calling to confirm that tomorrow is still a good time for you?*

**If yes,** *Great, I'll see you at place then at time. Do you know where you are going? If not, give directions. Do you have any other concerns? If yes, I address their concerns before ending the call. If no, participant says goodbye and I respond Bye, Goodbye, See you later, etc.*

**If no,** *Would you like to make another appointment then, or would you rather not participate in the study anymore?*

- **If they want to still participate,** make a new appointment and get their address again to send out another reminder letter. *Do you have any other concerns? If yes, I address their concerns before ending the call. If no, participant says goodbye and I respond Bye, Goodbye, See you later, etc.*
- **If they do not want to participate anymore,** *Well thanks for your time anyway. If you change your mind you have my contact details.* Participant says goodbye and I respond *Bye, Goodbye, etc.*

### **Final Feedback Telephone Call**

*Hello, is (name of participant) there? If no, I will not leave a message but call back later. If yes, Hello, it's Tracey Caporn, the researcher from Edith Cowan University who you gave an interview to. Participant acknowledges. I am calling again for a couple of reasons. Firstly to make sure you received your typed interview transcript,*



*and secondly to see if you wanted to add or change anything in the transcript.*

Participant confirms they received their transcript.

**If participant has any changes or comments to make,** I will use reflective listening skills to gain an understanding of their comments and write them down. Depending on the meaning of what the participant is saying, *So, you felt/did not feel the themes I got from your transcript represented you?*

- **If they did feel represented** with no changes to make, *Great, well thanks for your feedback and for participating in the study. It has been really appreciated.*

Participant responds and says goodbye, and I respond *Bye, Goodbye, etc.*

- **If they did not feel represented** and want to make changes, then I will use reflective listening skills to understand where their transcript was misunderstood and write their comments down. When they have finished, I will say *Thanks for your feedback, I will make a point of changing / adding those points. I really appreciate your taking the time to clear up those discrepancies / add those points. Thanks for participating in the study.* Participant responds and says goodbye, and I respond *Bye, Goodbye, etc.*

**If the participant does not wish to make any comments,** then I will say, *well thanks for participating in the study. It has been greatly appreciated.* Participant responds and says goodbye, and I respond *Bye, Goodbye, etc.*

**Appendix E**

**Appointment Reminder Letter**

Dear (name),

Just to confirm our conversation on (date). I have made an appointment to interview you on (day of week), the (day of month) of (month) 2002, at (time). This interview will take place at (address). To confirm these details, I will telephone you the day before the interview.

The purpose of the interview is to gain information. You will be asked 3 personal background questions, and then 6 broader questions to help you relay your experiences. This information will be used to compile a thesis document for Edith Cowan University and a report for your counselling agency. You do not have to answer any of these questions if you do not want to.

It is important that you understand that the interview will not be a counselling session. If you require counselling, either now, because of personal problems, or after you are interviewed, because the research questions you are asked create negative emotions, you need to contact:

**Name, Address and Telephone Number Supplied to  
Participant here. Removed for Confidentiality.**

Again, thank you for choosing to participate in this study. It is greatly appreciated.

Yours gratefully,

Tracey Caporn  
(Dp.Soc.Sci.Dp.Welf.)