

MOTHERS' REACTIONS TO DISCLOSURES OF SIBLING SEXUAL ABUSE

by

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B.A., University of Kansas, 1999  
M.S., Oklahoma Baptist University, 2003

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Family Studies and Human Services  
College of Human Ecology

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

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## **Abstract**

This qualitative research study explored how mothers reacted to sibling sexual abuse disclosures while investigating the treatment and supportive services they engaged in to help them cope with this family trauma. Previous research focused on the role mothers played in intrafamilial sexual abuse cases, indicating that mothers were collusive and aware that the sexual abuse was occurring and did not intervene or protect their daughters. This research study's purpose was to begin the foundational process of filling the gap in the literature concerning mothers and sibling sexual abuse disclosures.

Qualitative data from the interviews conducted with mothers of sibling sexual abuse cases were utilized for this study. Participants were asked to reflect upon their early childhood experiences, characteristics of relationships in their families, how they handled the sibling sexual abuse disclosure, their level of functioning after the abuse disclosures, and any treatment strategies utilized, as well as their perceived effectiveness.

The study shared the lived experiences of mothers who had sibling sexual abuse disclosures occur within their immediate families. The results revealed that the participants' immediate reactions were not indicative of the action they took, following the disclosure, to protect their daughters from further abuse. Also indicated was a connection between mothers' ability to cope with the abuse disclosure over time and their daughters', the victims', ability to make progressive steps towards improved functioning, following the abuse disclosure. This research can assist clinicians in understanding the importance of the therapeutic relationship and being sensitive to the delicate role mothers of perpetrators and victims have to play in these cases. In addition, clinicians must assist these mothers in transitioning through their numerous emotions, in order to return to a functional level of interaction in their lives.

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## **CHAPTER 1 - Introduction**

Childhood sexual abuse (CSA) is a traumatic event which, unfortunately, affects many families. According to the United States Administration for Children and Families (2005), 78,188 children (1.2 per 1,000 children) were reported as being sexually abused in 2003. Studies have found that the percentage of sexual abuse victims who are female range from 78% to 89%. Fourteen percent of these sexual abuse victims are between the ages of 0-5 years old, 20% of the victims are ages 6-11, and 33% are ages 12-17 years old (Snyder, 2000). Therefore, 67% of sexual abuse victims are victimized before the age of 18 years old.

The CSA research literature typically is categorized according to the nature of the relationship between the perpetrator and the victim, whether the perpetrator was within or outside of the family. Extrafamilial sexual abuse (ESA) is defined as a child's being sexually abused by someone who is external or outside of the family (Regehr, 1990). In contrast, intrafamilial sexual abuse (ISA) or incest occurs when a child is sexually abused by a member of his or her family, usually the biological father or the mother's boyfriend (Barrett & Trepper, 2004). The majority of studies use ESA and ISA to differentiate one group from another when studying its affects, trauma, and the family's level of functioning (Manion et al., 1998).

Despite its history of being underreported, research has found that one of the most common types of intrafamilial sexual abuse is sibling sexual abuse (SSA), (Bierker, 1989; Ichikawa et al., 1999; Rudd & Herzberger, 1999; Russell, 1983). Rudd and Herzberger (1999) found, in their research on brother-sister and father-daughter incest, that sibling sexual abuse is five times more common than any other type of abuse. SSA is not only underreported but it has also been under-researched.

The results of research conducted to determine common characteristics of families who have experienced sexual abuse identified eight predictors of sexual victimization. Predictors specific to the children in these families included the child having lived without a mother, having a stepfather present in the home, the child not having a close relationship with her mother, the child not receiving physical affection from her father, and the child having two friends or fewer during her childhood. A mother having never finished high school and the mother being sexually repressive are predictors specific to the mothers in these families. Lastly, a family having an income under \$10,000 is a predictor for sexual victimization in these families (Finkelhor, 1984). Paveza' study (as cited in Friedrich, 1990) added two important risk factors, marital dissatisfaction and spousal violence, which were specific to intrafamilial sexual victimization cases. Therefore, the relational interacting of the family, the social aspects of childhood, and the economic status of the family are all important risk factors to the occurrence of sexual abuse. The presence of these factors should not be confused with causality but should be considered as risk factors associated with sexual abuse.

### ***Defining Intrafamilial Sexual Abuse***

Intrafamilial Sexual Abuse (ISA) has been defined as any sexual contact such as: touching and/or kissing with the intention of sexually arousing the child or perpetrator, fondling of genitals or other parts of the body in a sexual or prolonged manner, and/or overt sexual contact such as oral-genital contact, manual stimulation of genitals or intercourse. Included is sexual contact by a person who is in an older developmental stage than the child (Barrett & Trepper, 2004; Finkelhor, 1979; Russell, 1983). The latter is relevant to discussions of SSA because this research will focus on mothers in families in which an older son sexually abused his younger sister.

### ***Multiple Systems Model***

The Multiple Systems Model suggests that there are many systems that impact individuals and their families when dealing with intrafamilial sexual abuse. This model addresses the interaction that takes place between multiple systems such as external, internal, and family systems (Trepper & Barrett, 1989). Although this model was developed to identify the factors that contribute to incestuous abuse, I believe it is also a useful framework for examining the factors that contribute to a mother's reaction to the disclosure of sibling sexual abuse.

Socioenvironmental, family-of-origin, individual psychological, and family system factors contribute to a family's level of vulnerability to the extent that when a sexual abuse disclosure occurs for a mother, if she possesses strong coping mechanisms, she will be able to take action for the sexual abuse to end and the vulnerability factors can be reduced. If mothers have weak coping mechanisms, the abuse may continue and vulnerability factors may be exacerbated by the continuation of the sexual abuse. The Multiple System Model includes vulnerability factors, precipitating events, and coping mechanisms which address the presence of incest in a family.

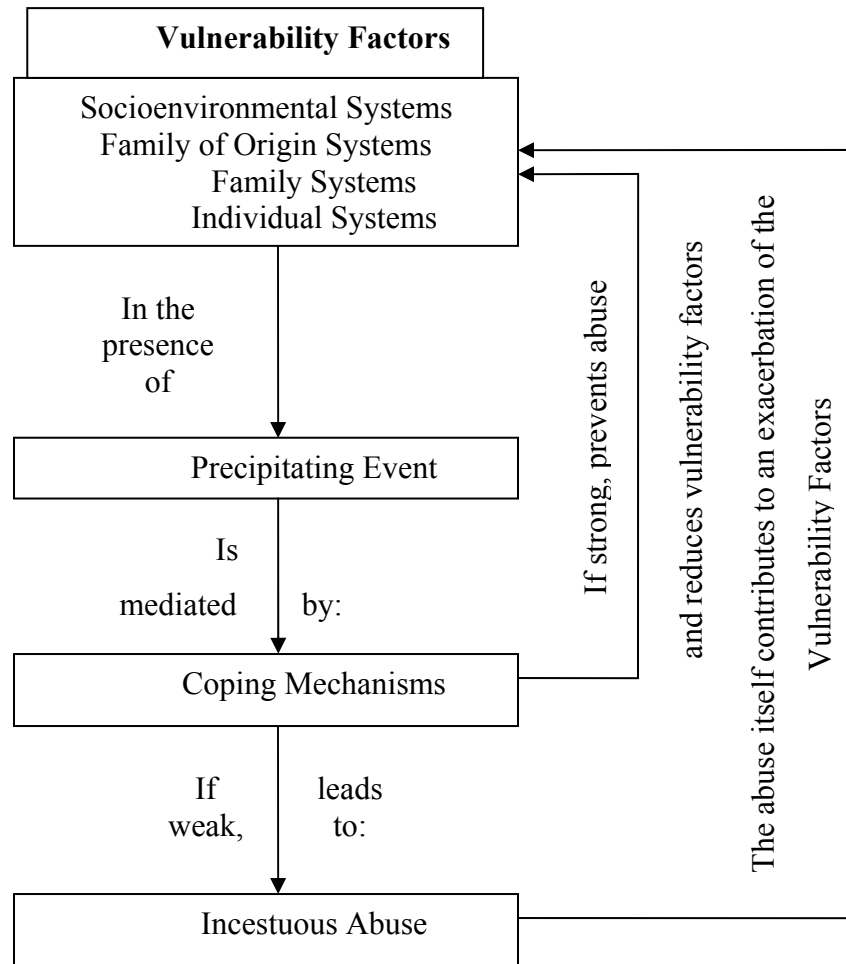
Figure 1 portrays this model.

#### ***Vulnerability Factors***

Socioenvironmental, family-of-origin, individual psychological, and family system factors are areas that compose vulnerability factors. Socioenvironmental factors that contribute to a family's vulnerability to incest consist of cultural and societal ideologies. These influences include the power and relational dynamics within a family, community ideas surrounding forms of abuse, social isolation, and chronic stress (Trepper & Barrett, 1989). Families that perpetuate the ideology of male superiority, which is derived from the culture, may indirectly reinforce and encourage the abuse of women. These families may have chores known as "women's work",

such as caring for the children, washing the clothes, cleaning the house, and cooking all the meals, for example. Fathers may be the sole disciplinarian and main source of income for the family. In this regard, the fathers hold the power and control in the family, which leads to male superiority, which may lead to CSA. Sometimes the family's culture, ethnicity, or religious influences support this male dominance and inadvertently may perpetuate sexual abuse in a family.

Families are also influenced by their communities. When families live in communities that ignore or tolerate abuse, a family's vulnerability to abuse increases because abuse then seems to condone abuse, as a means for reliving stress or handling chaos in the family. The media in the community can also be a factor by supporting the sexualization of women and children through media outlets such as television, billboards, and magazines to name a few. When communities have high tolerance levels and are full of oversexualized media, the vulnerability for sexual abuse for some families increases. These families, with an increased level of vulnerability, may also experience chronic stress due to such things as job loss, low socio-economic status, inadequate housing, and poor health care. These types of families become socially isolated, due to their lack of appropriate resources. Therefore, they may not have the money or assets to participate within social settings. The isolation and constant stress increases the vulnerability level because families may become desperate and turn to unhealthy methods such as sexual abuse as an attempt to regain control of their family or to regain a feeling of homeostasis for the family.



**Figure 1.1 Vulnerability to Incest Model (Trepper & Barrett, 1989)**

Family-of-origin factors address the fact that many children who experience intrafamilial sexual abuse have a mother who was sexually abused herself. This traumatic history impacts her parenting style as well as her view of perpetrators and victims. As a child, the mother either learned that sexual abuse is a natural part of family life or she gained enough strength from her family of origin to prevent sexual abuse from occurring to her children. Family-of-origin plays a role in the way such ideologies, concerning relationships and childrearing, are displayed in the family of procreation (Trepper & Barrett, 1989). The idea here is that people learn from their parents how to interact relationally and how to parent children and then implement what was



learned as a child into their families of procreation when they become adults. For example, in a family where sexual abuse is occurring and the mother is aware of its occurrence, she may not take protective action if she was also a victim of sexual abuse as a child and her mother was not protective. This may be what she learned as a child in her family of origin. The history and socialization of parents when they were children play a role in their parenting styles as well as their marital interactions as adults. If they came from parents who failed to communicate effectively and used their children to triangulate their spouse, characteristics such as these may be perpetuated when they become adults/parents. In the same regard, if the parent never learned to adapt to change and transitions, these difficulties will continue in her family of procreation. When negative influences from the parents' family of origin impact their family of procreation, a possible vulnerability to incest may be created if a precipitating event occurs and the family's coping skills are inadequate.

Family system factors contributing to the vulnerability of intrafamilial sexual abuse include "the family's abusive style...the structure of the family...and the communication style of the family" (Trepper & Barrett, 1989, pp. 24-25). These factors address the family's role in the initiation, maintenance, and eventual treatment of the sexual abuse. The family's abusive style hints at the intent of the abuse whether it is a result of seeking affection, being oversexualized, a way to release frustration and disappointment, or is connected to one's psychopathology such as paranoia. Larson and Maddox (1986) outlined four abusive styles of incest families: (1) affection seeking families require a large amount of affection exchange and seduction. They are nonviolent and use sexual intercourse as a way to exhibit physical nurturing. In these families, sexual intercourse is more likely to occur; (2) Pansexual or erotic exchange families are oversexualized and attach sexual meaning to normal interactions. Language, clothes, and

physical appearance are channels for eroticism to be passed to family members. Individuals are made to feel guilty when they attempt to take control of their bodies and who has access to their bodies; (3) Aggression-Exchange or Hostile-Negative families use sexualized anger to release their frustration and disappointments with different aspects of their lives. In this style, anger and sexuality are paired as anger is displaced sexually on the family's members. For example, an adolescent male may sexually abuse his younger sister in retaliation for being abandoned and rejected by his parents. This male child may also view the daughter as being favored over him in the family which may influence his perpetrating; he gets "even" with his sister by forcing his sexual will on her. (4) Rage Expression or Violent Rape families have perpetrators whose abusive behaviors have a direct connection to their individual psychopathology, their paranoia, and weak reality testing. In these cases, perpetrators focus their abuse on the least resistant child in the family because of the lack of supports surrounding her and her fear blocks communications with the other family members, which keep them from intervening. This abusive style is violent and often irrational. For example, Larson and Maddock (1986) illustrated this style by noting a case in which "the father who physically beat and anally raped his young adolescent son in order to teach him" (Larson & Maddock, 1986, pp. 37) how to avoid homosexual advances.

Family structure is organized around the family's levels of cohesion and adaptability. Vulnerability in family structure often revolves around rigid and enmeshed or chaotic and enmeshed families. In rigid and enmeshed families, rules are inflexible and sex roles are stereotypically defined, often giving power to the males in the family. In these families, SSA may occur because of the powerlessness of the females in the family and their inability to deter the abuse from happening. In chaotic and enmeshed families, the rules and sex roles are

constantly changing, keeping the family in chaos. These families are isolated from the outside world and rely on each other to meet emotional needs and keep outsiders out of the system (Trepper & Barrett, 1986). When families reside in continual chaos, not knowing what to expect, and rely on each other for their emotional needs, SSA may occur as an attempt to gain some control and power over the chaos that takes place in the family.

Family communication also becomes a factor when assessing a family's vulnerability to sexual abuse. Dysfunctional communication patterns include the acceptance of secrets as a way of life, conflict avoidance, and hostility. They work against family harmony and/or togetherness. The lack of healthy communication may be present between the mother-father dyad and other family members, such as the children, may be triangulated as a way to avoid direct communication within this dyad. Children may be asked to pass messages to one of their parents from the other parent as a way to avoid communicating with that spouse. In sexually abusing families, this lack of communication proves problematic for the daughters because they may be expected to take on the roles and responsibilities of their mother which, in these cases, include sexual responsibilities. When the mother-daughter dyad, in sexually abusing families, lacks communication skills, hostility and avoidance may act as a shield and sexual abuse may continue because of the fear of not being believed or believing that the abuse occurred as a result of something the victim did (Trepper & Barrett, 1986). For example, family secrets may be common and abused children may experience difficulty in knowing how to reach out for help without being disloyal to the other family members. Disloyalty feelings may come from the lies the perpetrator has told the victim in order to keep her from exposing the abuse. She may avoid asking for help to keep her family together or so she is not taken away from her parents/family.

The last factor to contribute to a family's vulnerability to incest is individual psychopathology. When individual characteristics in one person interact with certain characteristics of others, incest can occur and be perpetuated by the family, due to one's mental illness and the family's inability to appropriately deal with that person's psychoses (Trepper & Barrett, 1989). For example, when a depressed mother parentifies one of her children due to her mental illness incapacitating her ability to function in the family, and that child begins to sexually abuse a younger sibling, the abuse may continue due to the mother's inability to provide protection and guidance for her children.

### ***Precipitating Events and Coping Mechanisms***

Trepper and Barrett (1989) asserted that, in order for an incestuous episode to occur, a family must be vulnerable to incest and then experience a precipitating event. Because of the family's vulnerability, this precipitating factor sets off a cascade of events that lead to the occurrence of the abuse. For mothers' experiencing sibling sexual abuse disclosures, the disclosure itself may act as a precipitating event and result in a series of events that perpetuate the abuse. Other typical precipitating events are an alcohol or drug binge by a parent or the loss of a job. For example, a daughter could disclose to her mother that her older brother is sexually abusing her when the mother leaves her brother in charge of watching or babysitting her. This disclosure may trigger the mother's own feelings of her abuse and render her helpless in this situation, unable to protect the daughter because she may have never gained a voice against her own abuser to protect herself. These disclosures can also thrust families into a state of secrecy, due to the stigma attached to incestuous behaviors. The mother may scold the brother and forbid the abuse to continue but this may not stop the abusing triggers used by the abuser to terrorize the child. Possible triggers could be threatening behaviors such as raising one's fist like he is

going to hit his sister (victim), making her get him something to drink, or preparing him something to eat. Such behaviors reinforce the perpetrator's superior position over the victim. Other triggers may be one's tone of voice when interacting with the victim or his body language when she is in the room. All of these examples of triggers are ways the victim could continue to be terrorized by her perpetrator without her mother's knowing. Each interacting behavior from her brother could remind her of any part of the abuse, the grooming before the abuse would begin, or the threatening after the abuse ended, and the mother may not be aware of these occurring. The way a mother copes with her child's sexual abuse disclosure is crucial to the perpetuation or termination of the abuse. If she believed that talking to her son about his behavior was enough to make him stop, the perpetuation of the abuse may occur through different means such as more secretive or more aggressive behaviors to assure his sister does not share their secret. If the mother decides to engage in both individual and family therapy for herself and her children, learning about triggers and sexual abuse effects, as well as increasing her supervision of her children, making sure they are not left alone unsupervised, the sexual abuse would probably end.

Coping mechanisms are strategies used to prevent stressful situations from resulting in dysfunctional behaviors. When adequate, these mechanisms can deter the beginning of sexual abuse, as well as stop sexual abuse from continuing. These mechanisms may be found in social networks, belief systems, and/or therapy services. Social networks are crucial for these families because they have usually been isolated. By increasing their socialization, they may be regulated by their social environments and gain the skills necessary to protect their family from further abuse. Belief systems also aid in the development of skills necessary to prevent future abuse from occurring and by encouraging believers to forgive and be survivors. Belief systems also

allow for the development of a religious network or support system which helps individuals and their families to deal with stressful situations in healthy ways. Lastly, therapy services such as individual, family, and/or group therapy are helpful in giving individuals a healthy avenue to relieve their stress and help them feel supported in their situation. Unfortunately, when coping mechanisms are inadequate, sexual abuse can begin or be perpetuated for a longer period of time, as a result of the lack of a support system to deter the use of dysfunctional behaviors to deal with or avoid stressful situations (Trepper & Barrett, 1989).

The Multiple Systems Model is based on the assumption that:

There is no one cause of incestuous abuse. Instead, all families are endowed with a degree of vulnerability based on environmental, family, individual, and family-of-origin factors, which may express as incest if a precipitating event occurs and the family's coping skills are inadequate. (Trepper & Barrett, 1989, pp. 22)

In addition to vulnerability factors, mothers have been found to play an important role in sexual abuse disclosures, due to the societal expectations of mothers' being nurturing caretakers who protect their children from harm (Strand, 2000). David Finkelhor (1979) asserted, in his work with sexually abused children, that girls without mothers or girls who have mothers but who are incapacitated due to illness or substance abuse, are at high risk for being sexually abused. Therefore, an analysis of the mothers in these families is vital to sexual abuse research.

### ***Purpose***

The purpose of this study is to examine the lived experiences of mothers, following disclosures of SSA. With SSA's being underreported and underresearched, sparse information about this population has been obtained, which limits the implementation of appropriate treatment strategies. This study will investigate the state of functioning prior to the abuse, how

the disclosure of SSA affected the mothers' responses, as well as the coping mechanisms and treatment resources utilized by mothers. The rationale for this exploration is that, despite underreported cases, SSA reports do occur and research is lacking about what these mothers experience and which treatment strategies are the most effective for these women.

### ***Research Questions***

Using the feminist framework and family systems will make it possible to examine these overarching research questions: what is the essence of the lived experience of mothers following disclosures of SSA? Also, what treatment approach and/or services are most effective following these disclosures? To gain an overall understanding, the following questions will need to be addressed:

1. What are the common themes found in the early childhood experiences of mothers in families where sibling sexual abuse has occurred?
2. What are the common characteristics found in the parental and family relationships of these mothers?
3. What are the mothers' level of functioning following the disclosure of sibling sexual abuse?
4. How do mothers cope with sibling sexual abuse disclosure?
5. What kinds of treatment strategies were sought by the mothers following the disclosure of sibling sexual abuse?

## *Glossary of Terms*

It is vital that the terms utilized in this research be defined. The following definitions are specific to the discussion used throughout this dissertation.

Childhood Sexual Abuse (CSA) – forcing of unwanted sexual activity by an adult or an older sibling on a child by use of threat or coercion

Intrafamilial Sexual Abuse (ISA) – forcing of unwanted sexual activity which occurs between adults or an older sibling and children who are related within the same family

Extrafamilial Sexual Abuse (ESA) – forcing of unwanted sexual activity which occurs between adults and children who are not related within the same family

Sibling Sexual Abuse (SSA) – forcing of unwanted sexual activity which occurs between siblings who are at different developmental stages within the same family

Perpetrator/Offender – a male or female who forces sexual activity on an adult or child by the use of threats or coercion

Disclosure – the act of a person telling of their sexual abuse for the first time

Collusion – the concept used to describe mothers who know about sexual abuse's occurring between their spouses and their children but they do nothing to stop the abuse from continuing

Protectiveness – procedures taken by a mother to protect her child from future sexual abuse

Trauma – psychological distress experienced after a tragic event

Coping – dealing with responsibilities and problems appropriately

Homeostasis – maintaining a steady state of equilibrium; the tendency to resist change to maintain a steady state

Family Communication – way in which a family exchanges information using verbal and nonverbal messages



Dysfunctional Communication – inadequate attempts between two or more individuals to exchange information using verbal and nonverbal messages without success

### ***Organizational Overview***

This dissertation proposal is organized into three distinct chapters. Chapter One is an introduction providing the purpose of and rationale for the study, and a brief description of conceptual definitions. Chapter Two provides a review of the literature, exploring research concerning the characteristics of mothers, their responses to sexual abuse disclosures, and treatment strategies for this population. This chapter also addresses theories dealing with sexual abuse. Chapter Three focuses on the methodology used to conduct the research, primarily the sample criterion, credibility of the researcher, as well as the interview procedures and data analysis.

## CHAPTER 2 - Literature Review

Researchers have consistently explored sexual abuse over the decades because of a growing concern for many children across the world. Approximately 20% of females and 5-10% of males experience some form of sexual abuse in their childhood (Finkelhor, 1994). These experiences of sexual abuse range from a variety of sexual contact to non-contact sexual experiences between a child and a person who has power over that child. Examples include exposure to genitalia, fondling, oral, anal, or vaginal penetration, visual exposure to sexual acts, or being forced to view pornography. Regardless of the form of sexual abuse, child victims experience a variety of psychological, behavioral, emotional, and interpersonal difficulties, short- and long term, as a result of their sexual encounter (Browne & Finkelhor, 1986; Russell, 1983). According to research, the most frequently observed symptoms include depression or sadness, aggression towards others, sexually inappropriate behavior such as open masturbation, fear, and academic problems in school (Deblinger & Heflin, 1996; Friedrich, 1990; Hibbard & Hartman, 1992).

In childhood sexual abuse, the perpetrator, who has power over the child, may sometimes be a member of the child's family. In these cases, this form of sexual abuse is labeled incest or intrafamilial sexual abuse (ISA). Research states that it has been difficult to determine the number of incestuous cases and the number of incest victims over time because incest has been difficult to define, research has struggled with the use of retrospective investigations, and there have been low numbers of families willing to report this form of abuse (Trepper & Barrett, 1989). Although these difficulties are present, researchers continue to investigate this phenomenon and the effects it has on families.

The most common form of sexual abuse is sibling sexual abuse (SSA) (Bierker, 1989; Ichikawa et al., 1999; Rudd & Herzberger, 1999; Russell, 1983). As with other forms of sexual abuse, SSA also poses many psychological difficulties such as depression, guilt, and shame to name a few (Barrett & Trepper, 2004). An important component in coping with sexual abuse is the nonoffending parent, more specifically, and most often the mothers. A body of literature exists that provides insight about how mothers respond to disclosures of sexual abuse from their children when the perpetrator is an adult within or outside the family. In both cases, mothers experience feelings of denial, guilt and anger (De Jong, 1988; Herman & Hirschman, 1981; Regehr, 1990). When the perpetrator is a family member, mothers must deal with being held responsible, in many cases, by professionals, friends, other family members, and themselves (Carter, 1993; Deblinger & Heflin, 1996; Johnson, 1992). Research focused on how mothers respond to disclosures of SSA, is non-existent. Therefore, I have borrowed from the existing literature on mothers' experiences following disclosures of intrafamilial sexual abuse (ISA) and extrafamilial sexual abuse (ESA) in order to create a framework for understanding how mothers may experience SSA disclosures.

This literature review will discuss theories that offer a lens through which to gain an understanding of these cases. Next, personality characteristics of mothers of sexually abused children will be described to address the transition literature has made in moving away from blaming mothers in incestuous sexual abuse cases to viewing these mothers as secondary victims. Finally, this review will conclude by addressing the coping strategies implemented as well as treatment recommendations for these mothers and their families. A conceptual framework for mothers' responses to disclosures of SSA has been developed from the existing literature and will be explained in the following methodology chapter. Preconditions of Abuse

David Finkelhor (1986) proposed that sexual abuse typically does not occur unless four preconditions exist: a motivation to sexually abuse a child, the ability to overcome internal inhibitions to sexual abuse a child, the ability to overcome external inhibitions to abuse, and overcoming the child's resistance to the perpetrator's sexual advances.

The first precondition addresses three different motivations sexual perpetrators experience. The primary motivation of sexual perpetrators deals with the desire to sexually abuse a child. Perpetrators may be motivated to sexually interact with a child to fulfill an important emotional need, such as the need to feel powerful and in control of a sexual relationship, or they may become attracted to the children in a way that motivates them to engage sexually with them. In addition, the perpetrator may not have other alternate means of sexual gratification, which may increase the likelihood of abuse occurring. All of these motivations do not have to be present in each perpetrator but research has indicated that a combination of these three motivations and, often times, all three have been found to be present among this population of offenders.

The second precondition addresses the reality that sexual perpetrators are aware that their motivations to sexually abuse children are wrong but use such things as alcohol, learned rationalizations, and stress to overcome their inhibitions or conscience. For example the perpetrator may become intoxicated through the use of alcohol or drugs to overcome the feeling and/or belief that sexually abusing a child is wrong. A perpetrator may rationalize the abuse by thinking that the child is flirting or making sexual advances towards him, therefore believing that he or she wants the sexual interaction to occur.

The third precondition addresses the environmental protectors present that deter perpetrators from having sexual contact with children. When children are poorly supervised and

perpetrators are allowed access to children, the environmental protectors fail and the children may be sexually abused. For example, if a child walks home from school alone may provide opportunity for the perpetrator to kidnap, coerce, or force himself on the child sexually. In this example, environmental protectors such as children being escorted by an adult afterschool or staying in a group with other children when leaving school has failed and provided perpetrators the opportunity to sexually abuse a child.

The final precondition acknowledges that a child's personality can discourage perpetrators from abusing them. For example, children who are actively resistant to sexual advances and/or likely to fight back or run away are least likely to be pursued by sex offenders. On the other hand, children who are emotionally insecure or have a trusting relationship with the abuser are more vulnerable to being abused because they are the least likely to resist the abuser's advances (Finkelhor, 1986).

These preconditions reflect both the individual and social factors associated with sexual abuse and are considered to be connected one to another. Individual factors, such as being motivated and sexually attracted to children, coupled with the opportunity to be alone with a child, can be enough of a combination for sexual abuse to occur. Therefore, if one or more of these preconditions does not exist, it is believed that sexual abuse probably will not occur because the remaining preconditions are usually not influential enough to function on their own. For example, without the motivation to abuse and the ability to overcome the beliefs that sexual abuse is wrong, the perpetrator will unlikely proceed with the abuse (Finkelhor, 1986). As a result, sexual abuse does not occur randomly but has definable precursors visible in families.

Finkelhor's (1986) preconditions of sexual abuse model has been utilized in other studies to aid in the understanding of sexual perpetrators, both children and adult. Cunningham &

MacFarlane (1996) adopted these four preconditions of abuse, believing that family environments facilitate the development of problematic sexual behaviors in children through the lack of adequate boundaries and controls. These researchers focused on childhood abuse histories and children's negative feelings such as isolation, anger, and aggression, as well as problematic sexual behaviors. The preconditions set forth by Finkelhor (1986) added support for Cunningham & MacFarlane's (1996) assertion that a lack of clear familial boundaries allows a child to express her sexualized and aggressive feelings that are a result of her sexual abuse history. Firth, Balogh, Berney, Bretherton, Graham, & Whibley (2001) conducted a study with child and adolescent victims and perpetrators of sexual abuse. Their research addressed the extent of post-traumatic stress disorder (PTSD) in this sample, as well as any distinctions between two groups of perpetrators. One group was made up of perpetrators whose motivations were sexually impulsive and the other group encompassed those perpetrators who were more controlling and acting out sexually as a reaction to their own sexual abuse experience. The results from this study were consistent with the preconditions developed by Finkelhor (1986). These researchers asserted that there are factors present in perpetrators that influence their sexually abusive behaviors such as poor impulse control and a history of sexual abuse, coupled with an inappropriate support system and the presence or absence of physical abuse within the family, contributed to the coping strategies of individuals. As a result, these individuals either became perpetrators or were able to avert their sexual predatory feelings.

### ***Sexual Abuse Effects***

Sexual abuse has a profound influence on different areas of the victim's life as well as the lives of his or her family members. Children, in particular, struggle with being able to fully understand or explain the impact of abuse. Therefore, adults must rely on the development of

symptomatic behaviors to signal underlying emotional difficulties (Gil, 1991). CSA survivors commonly display withdrawal from social and familial relationships, changing their level of participation in activities with friends and family members to spend more time alone. They can become quieter and seem to want to be “invisible” or go unnoticed in their environment. These survivors may also become non-compliant, struggling behaviorally to follow directives given by authority figures such as their parents, teachers, and other adults. Some may exhibit signs of aggression and anger by engaging in fights with their parents and/or peers, becoming destructive to the property in their house, and/or destructive to community property such as breaking desks or vandalizing buildings with spray paint. Sadness or depression is often displayed, coupled with the shame of being sexually abused. Survivors may experience difficulty sleeping, eating, finishing school assignments, and completing their chores, due to an overwhelming feeling of sadness. Anxiety is common in that the fear of being sexually abused again, as well as reliving the abuse they experienced, elicits excessive worrying and concern for their own safety and the safety of other family members. (Deblinger & Heflin, 1996).

In his work with sexually abused children and their families, Friedrich (1990) reported that externalizing behaviors such as sexual acting out, conduct disorder, and delinquency were common among children who had been sexually abused. Sometimes children who have been sexually abused begin to display sexual behaviors such as masturbating and engaging in sexual play with other children which may involve kissing and “petting” of each other’s sex organs, as well as exposing their bodies to others. Conduct disorder and delinquency, which involves being defiant towards authority figures, destructive in the community in ways such as setting fires, getting into physical fights, and gaining the attention of law enforcement through stealing and

trespassing, to name a few, may become the way in which children, who have been sexually abused, display their feelings.

In addition to behavioral, emotional, and externalizing problems, some children also experience physical and sexual disturbances such as difficulty falling asleep and staying asleep, in addition to, significant changes in eating patterns can be common. Unfortunately, some adolescents who are sexually abused may become pregnant by the perpetrator, which can greatly increase the level of stress in the family. Open masturbation, sexual preoccupation, and exposure of their genitals, are all common ways sexually abused children relieve their anxieties and fears about their sexual abuse experience and their future. For example, children who have been introduced prematurely to sex, realize sex is important but they are unaware of why sex is important and when sex is appropriate. All of these externalizing problems can result in considerable difficulties for family functioning because these behaviors gain attention from people outside the family which some families consider to be embarrassing and unnecessary (Hibbard & Hartman, 1992).

In some cases, internalized and externalized behaviors can overlap because children can have differing types of reactions to a specific feeling. For example, fear can have a motor reaction such as escape, a subjective reaction such as verbalizing terror or discomfort in a situation, and a physiological reaction such as an increased heart rate and sweating (Barrios & O'Dell, 1989). A child may present with internalized behaviors, but as she gains trust with others such as therapists or her parents, she may begin to express her hidden emotions and show feelings of anger and hostility (Gil, 1991).

However, in their research on treatment for sexually abused children, Saywitz, Mannarino, Berliner, and Cohen (2000) found that not all children who have been sexually



abused exhibit detectable or overt symptoms. Despite the absence of observable symptoms, asymptomatic children should still receive psychoeducation and prevention awareness to try to ensure their safety in the future from other unwanted sexual experiences. Saywitz, et al. (2000) asserted that sexual abuse effects are influenced by the child's level of functioning before the abuse occurred, the existence of risk and protection factors, as well as the presence of social, emotional, and financial resources available. For example, children, who function at a lower level or tend to become incapacitated when negative events occur, may show greater sexual abuse effects such as overwhelming sadness, fear, and isolation. As a result of these symptoms, the child may be at a greater risk for sexual abuse to occur again because they have isolated themselves and may move further away from being able to disclose the sexual abuse to an adult who will keep them safe. Children who have a difficult time making friends and tend to struggle with expressing their emotions in appropriate ways may exhibit different effects from their sexual abuse experiences than those children who have good social skills and are able to communicate their emotions. Financial resources make a difference in that families with financial resources may seek assistance from social services, such as counseling and law enforcement, to provide treatment for the abuse and protection from the perpetrator. Unfortunately, families with minimal financial resources may not seek outside help for their children which may delay the minimizing of sexual abuse effects.

### ***Intrafamilial Sexual Abuse***

Research has consistently demonstrated that intrafamilial sexual abuse (ISA) is potentially more traumatic than sexual experiences with strangers or acquaintances because the closer the relationship between perpetrator and victim, the greater the violation of trust and security, as well as the more complicated the family dynamics and guilt experienced following

the disclosure of the abuse (Bierker, 1989). Therefore, the negative consequences of ISA, experienced by the victims and their families, are important areas to examine.

### ***Negative Consequences of Intrafamilial Sexual Abuse***

Extrafamilial sexual abuse (ESA) and intrafamilial sexual abuse (ISA) victims exhibit similar internalizing and externalizing behaviors such as withdrawal from relationships, difficulty sleeping, and possible pregnancy for example. When sexual abuse occurs, a child's emotional needs and social development are affected, violating her trust and boundaries, making it difficult for her to trust other people and maintain appropriate contact with others. ISA exposes a child to possible future victimization by damaging her sense of identity and forcing her to become parentified and take on more responsibilities but with poor, damaged boundaries (Bierker, 1989). By being forced to become a pseudo-adult, the child may be exposed to future victimization as a result of having poor boundaries and being unable to regulate proper physical contact with other adults, possibly misunderstanding sexual contact as a form of love instead of abuse.

Barrett and Trepper (2004) suggested that common long-term effects of ISA included feelings of guilt and shame over the abuse's occurring, possibly feeling as though the abuse was their fault, and understanding that the abuse was wrong. Some survivors have a diminished self-esteem, beginning to think of themselves as a "bad person" and not worthy of positive things. Depression may be experienced as a result of feeling sad and overwhelmed about the abuse's occurring and any consequences which occurred or could occur when the abuse is disclosed. Survivors may also experience relationship difficulties with members of their family, due to possibly being blamed for the abuse and/or the resulting effects. Mothers may blame their child for breaking up their relationship if the perpetrator was her boyfriend/husband and other children

may blame the child because their father or father figure had to move from the home. They may also experience difficulties in their peer relationships, feeling older than they were before since having experienced the abuse and being unable to manage their externalizing symptoms such as open masturbation, which may deter their peers from interacting with them. Lastly, as they become adults, they may have never developed appropriate relational skills and may be unable to engage in a loving relationship because of their connection between love and abuse.

### ***Family Characteristics and Effects***

Researchers conducted an exploratory study to examine specific family characteristics present in incestuous families. These results stated that families dealing with ISA had similar characteristics, one of which described the mother of the family as having a history of CSA as well as functioning as the primary disciplinarian. These families were often socially isolated, very enmeshed or lacking personal separateness, rigid, and unable to adapt to change. Their communication patterns usually consisted of family secrets, unclear messages, and few problem-solving skills as these patterns protected the abuse secret and influenced the abuse to continue. They may have had infrequent discussions about feelings and lack an appropriate level of attentive listening, thus keeping the possibility of disclosure to a minimum. Substance abuse also played a key role in these families and their level of functioning prior to abuse, providing insight into individual psychopathology. Substance abuse was not the cause for incest but was definitely a vulnerability factor because alcohol or drug use often occurred prior to an abusive episode because substance use and/or abuse were common in incestuous families (Trepper, Niedner, Mika, & Barrett, 1996). When illegal substances and alcohol were abused, one's decision making was altered and poor decisions were sometimes made. In some sexual abuse cases, the

perpetrator's altered state influences his or her inability to control their sexual urges and sexual abuse occurs.

According to theory, the most common characteristic among intact sexually abusing families is the presence of denial. These families deny and openly challenge whether the sexual abuse ever occurred. By denying the abuse, the impact of the disclosure is lessened for the family members, especially mothers, and they are able to insist that the abuse occurred without their knowledge. These families tended to remove blame from the perpetrator to someone or something occurring outside of the family (Trepper & Barrett, 1989; Trepper et al., 1996). For example, the mother may say that, since the father lost his job, he hasn't been himself, thus excusing his behavior and removing the blame from the perpetrator. In addition to having common characteristics, intrafamilial sexually abusing families report similar changes and losses following the sexual abuse disclosure.

Massat and Lundy (1998) coined the term "reporting costs" to describe their findings on familial transformations for nonoffending parents of families who experienced ISA. They discovered that these families experienced changes and losses as a result of ISA disclosures in the following areas: relational, financial, vocational, and residential.

Relationally, parents reported family members and friends expressed dissatisfaction, anger, and became less friendly following disclosures of sexual abuse. Some parents lost custody of their children for a period of time because of delays that occurred in removing the perpetrator from the house and/or because there was some concern about the nonoffending parent's not being able to protect the child from further harm or abuse. Parents' relationships with the perpetrators also changed, because they were possibly forced to choose between their abused child or their relationship with the perpetrator, which proved to be difficult. Despite some

parents' reporting negative changes in their relationships, some parents also indicated receiving a substantial amount of support from family and friends (Massat & Lundy, 1998).

Financially, nonoffending parents experienced a significant loss of income following disclosure and an increase in reliance on governmental assistance programs such as food stamps, disability, and social security. Coupled with financial changes were changes experienced vocationally. Numerous mothers reported that they lost their job and had to obtain a new job as a consequence of father-daughter sexual abuse disclosures because they had to take time off to attend therapy appointments, court proceedings, or other appointments related to the abuse disclosure. Some mothers may have missed work as a result of not being able to control their sadness and, consequently, not being able to perform the essential requirements of their job (Massat & Lundy, 1998).

Lastly, with changes in relationships, finances, and vocation, nonoffending parents also reported a change in residence. The level of families' living conditions did not always significantly change, but 50% of the sample reported not being able to remain in their same residence following the sexual abuse disclosures mainly because of the decrease in financial resources with the removal of the perpetrator and his contribution to the household bills. During this time of trauma, having to relocate can further disrupt the functioning of the family, adding additional changes to an already disrupted family, disrupting the functioning of the non-abused children and nonoffending parent (Massat & Lundy, 1998).

## ***Sibling Sexual Abuse***

### ***Family Dynamics***

Russell (1986) suggested that the idea of brother-sister incest's being a harmless, peer interaction is a myth. Her research discovered that the average age difference between siblings

was about seven years, which is too large of a gap for the siblings to be considered peers. This age difference also represents a considerable power differential which affects the younger sibling's ability to resist the abuse. Despite SSA's being the most common type of abuse, it shares some of its dynamics and family characteristics with other intrafamilial and extrafamilial sexual abuse.

Families in which SSA occurs have been found to have physically and/or emotionally absent parents. With the absence of parents, children are poorly supervised or being cared for by an older sibling. Research has indicated that in families with sexually abusive brothers, these brothers were often given a caretaking role in the family and such families often consisted of more siblings, more brothers, and more older brothers. In these families, parents were less likely to be involved in parenting and the supervision of the children, delegating their parental duties to older male siblings, which placed those male siblings into a superior position with their younger siblings. This is a risk factor for sexual abuse to occur (Rudd & Herzberger, 1999). Similarly, these families tend to have absent or inaccessible mothers, as well as enmeshed and blurred boundaries, which allow the family to become dependent on one another, further secluding them from the outside world which is crucial when the sexually abused child tries to disclose the abuse. When seclusion has occurred in incestuous families, it is not likely that the victim will be believed and protected from future abuse. Consequently, when families are enmeshed, members are deprived of their privacy, proper sex education, sexual expression, appropriate supervision, and parental involvement (DiGiorgio-Miller, 1998; Rudd & Herzberger, 1999). In contrast, Deblinger et. al (1993) compared three different groups of mothers whose families experienced CSA: mothers of children abused by current or prior maternal partners, mothers of children abused by other relatives, and mothers of children abused by nonrelatives. This research

challenged the idea that incest mother's absence from the home created environments conducive to CSA, affirming that a mother's absence from the home did not create such environments. Instead, they asserted that mothers of incestuously abused children supervised, believed their children's allegations, and acted as advocates for their children at the same rate as other nonoffending mothers outside of the home. Therefore, when studying the family dynamics in sibling sexual abuse cases, researchers should take into consideration all dynamics and be careful not to assume that a mother, who is absent from the home, will not protect their abused child.

Families experiencing ISA may also be dealing with serious family pathology over long periods of time, therefore, the degree of force and length of abuse was great because the family pathology masked the abuse from being discovered and terminated. The use of force and violence in these sexual abuse cases were commonly coupled with power and control. The threat and actual use of force was found to be high in both sibling and father-daughter abuse victims. In cases of father-daughter abuse, often times the abuse continued until the daughter was old enough to leave home whereas in brother-sister abuse, the abuse usually ended when the older brother left home. According to research, father-daughter incest averaged 14 years, while sibling incest averaged closer to 8 years. When incest occurred for long periods of time, the level of chaos in the family, as well as the powerlessness of women in the family, was indicated. Although SSA occurred in intact families, the absence of a father, whether through death or emotional distance in these cases, had been found to play an important role because of reasons such as their brother's betraying their sisters' trust and telling them that the abuse was "what their father wanted" (Rudd & Herzberger, 1999). The length and degree of force in sibling sexual abuse cases provided important information when investigating underlying family dynamics, such as mental disability, that influenced the beginning as well as the continuation of abuse.

### ***Frameworks Dealing with Intrafamilial Sexual Abuse***

Theoretical frameworks provide possible explanations for understanding various phenomena. When attempting to understand mothers' responses to sibling sexual abuse, the feminist perspective and family systems framework lends helpful explanations. These theories will be described briefly below.

#### ***Feminist Perspective***

A feminist lens is beneficial when investigating this topic. Feminists place greater emphasis on the patriarchal society, the social and cultural system, as well as how unequal power relationships impact family systems. According to this perspective, women are often “devalued and oppressed” (White & Klein, 2002, p.183) by the basic structure of society. While men are valued and privileged, women are devalued and viewed as inferior to males. Patriarchal systems have rigid sex-role structures that tend to place mothers in the role of nurturer. In these systems, women are often viewed by their children as the protector of the family. This can eventually set mothers up for blame when sexual abuse occurs because the children expected the mother to keep them safe. If they were abused, the mother was accused to have failed as their protector and therefore, she was to blame (Womack, Miller, & Lassiter, 1999).

When sexual abuse occurs, power and control aspects, rather than sexuality, are at the core of the abuse. Sexual perpetrators are often more interested in feeling powerful and controlling others than they are in exchanging sexual feelings and pleasure. Their motivation rests in their need to dominate and sexuality becomes the vehicle used to obtain this goal, usually because the perpetrator himself has a sexual abuse history. Sexual perpetrators then use different forms of manipulation to maintain power and control over their victim so the abuse can continue. Feminist perspective identifies fathers as perpetrators because of their power and dominance in



the family. Fathers, according to this perspective, exploit their power in the family to maintain dominance over their wives and daughters (Bolen, 2001). Because families are central to the continuation of oppression through gender socialization (White & Klein, 2002), male children are often given power over their female siblings, often being told to take care of them or to protect them at all times. This allotment of power and control may play a role in sibling sexual abuse when the older male child is the perpetrator because he becomes responsible for his younger siblings and parents reinforce his power by demanding that the younger children “obey” their older brother(s). The younger siblings may not be able to determine whether their older sibling’s demands are legitimate and reinforced by their parents’ authority or whether they are self-serving and not validated by their parents. Similar to that of father perpetrators, brother perpetrators exploit their power to exert control over their sisters, using manipulation, force, and power to control them and make them keep the abuse a secret. This approach reminds researchers to examine power relationships in incestuous families when attempting to understand the mother’s role in the family (Johnson, 1992) by focusing on the experiences of women and identifying oppressive states as they occur in society. For example, in the workforce, men are more apt to make more money in the same positions as women because of the oppressive nature of society to women.

Families who experience sexual abuse have been living in a state of chaotic homeostasis. Therefore, family systems theory offers an appropriate lens for examining these families.

### ***Family Systems Model***

Family systems has been considered more as a conceptual model rather than a theory. While focusing on relationships, its premise is that every system is a subsystem of a larger system (Nichols & Schwartz, 2001). For example, the family system consists of parents and

children, which are subsystems of the larger family system. Families can also be considered a subsystem of the larger ecological system. As these systems function, there exists a tendency for them to regulate themselves in order to maintain closeness in response to the changes they experience in their environments. This concept is known as “homeostasis”. Families, who experience sibling sexual abuse disclosures, may use denial as a way of maintaining their equilibrium or homeostatic state. As long as the family is able to deny the abuse occurred, no changes have to be made that would challenge their family structure, financial resources, or overall home environment. This concept plays an important role in understanding mothers’ reactions to sibling sexual abuse disclosures. Denial or minimizing on the part of mothers may be viewed as attempts to avoid drastic changes in their family system and maintain homeostasis.

Family systems model allows for the assessment of individual family members, as well as their interactions with each other. It considers the role each family member plays in the sexual abuse, as opposed to placing blame on the victim or perpetrator, allowing for the abuse to be viewed as a result of the problematic family system (Trepper & Barrett, 1989). This approach considers characteristics, such as overlapping boundaries and enmeshment, to be symptoms of a dysfunctional system which can lead to sexual abuse (Womack, Miller, & Lassiter, 1999).

The family systems approach has been criticized for focusing on the psychological functioning of each individual in the family and how his or her level of function can contribute to the continuation of the sexual abuse (Conte, 1986). Through the examination of individual dynamics, this theory could be used to place blame upon the victim for the occurrence and maintenance of the abuse along with the perpetrator and nonoffending family members. In an effort to avoid blaming the victim and/or the nonoffending mother, each family member’s role in the family will be considered and viewed as a result of the chaotic family system.

### ***Boundaries***

Boundaries can be identified as “invisible membranes surrounding each set of relationships or subsystem within a family” (Nichols & Schwartz, 2001, p.125). These boundaries can vary and may determine how close or distant relationships are as well as the rules that assist in maintaining them. Healthy boundaries are open enough to allow an appropriate amount of resources into the system, but yet closed enough to protect the system itself (Nichols & Schwartz, 2001). SSA is an unhealthy interpersonal boundary violation because the sibling victims in these cases are not allowed to express themselves and reach out for protection. Instead, they are bound by their perpetrators to secrecy through the use of force and shame, in order to allow the abuse to continue undetected. When families have healthy boundaries and a violation occurs, the abuse may be reported earlier and end sooner than when unhealthy weak boundaries are violated. Enmeshment is the term used to identify boundaries that are too weak (Nichols & Schwartz, 2001).

*Enmeshment.* The concept of enmeshment addresses relationships that are surrounded by weak boundaries such that “each person has trouble differentiating his or her own feelings and thoughts from those of others” (Nichols & Schwartz, 2001, p.125). This term can be applied to sibling relationships that have become incestuous because victims experience difficulty trying to differentiate from their perpetrators. The victim may begin to believe that the abuse is needed or is what her parents would want because that is what they were told by her older brother. Often times, enmeshment may occur within the family system as a whole and the beliefs of the family may perpetuate the abuse by giving power as well as parental responsibility over younger siblings to the males or older siblings in the family. Parents in these families may be considered disengaged or isolated from their children; therefore, unaware of or unwilling to believe the abuse is occurring.

In summary, family systems model asserts that families act as organizing systems in order to function and handle challenges that may occur. Through the development of boundaries, subsystems, such as siblings and parents, are able to determine who is allowed into the system as well as who is not allowed in the system. Boundaries are in place to regulate the information being allowed into and out of the system. When these boundaries become unhealthy, as in CSA cases, enmeshment occurs and family members are unable to differentiate between their personal ideas and those of the other system members. When enmeshment occurs in sexual abuse cases, the victims' boundaries are violated and the perpetrators are able to control the thinking and actions of their victims. This enmeshed family begins to create a reality where all problems and boundary violations are minimized or ignored, leaving the sexual abuse victim with no recourse to address their concerns.

### ***Mothers***

Tamraz (1996) conducted an analysis of the literature concerning nonoffending mothers of sexually abused children and indicated that the literature consisted of opinion-based information, where the nonoffending mother was not the focus of research but was figured into the interpretation of the findings, and research-based information, where the nonoffending mothers were the focus of the research. The former characterized nonoffending mothers as a problematic population who were rarely described in positive terms. They were often described as being physically ill, psychotic, sexual abuse victims, who were dependent, passive, submissive, and emotionally absent from their abusive homes. They were also reported to be inconsistently supportive of their children following abuse disclosures. However, these opinions or judgments about nonoffending mothers do not appear to be supported by empirical data (Tamraz, 1996).

In research-based literature, this population was characterized as being a much more heterogeneous group. Findings indicated that some mothers presented with depressive symptoms or personality disorders, while other studies suggested that mothers did not present with these symptoms. Research-based information described these mothers as being unaware of the occurrence of sexual abuse and showing genuine distress following the sexual abuse disclosure. This contrast within the research-based literature was mainly attributed to the inconsistencies of research findings, noting that many studies had limitations which affected their results concerning nonoffending mothers' reactions to abuse disclosures. Most importantly, these mothers were seen as being very protective of their children (Tamraz, 1996).

The section that follows discusses the characteristics and history of nonoffending mothers. I rely on both opinion-literature as well as research-based literature to discuss this population because both forms of literature provide a helpful timeline as the field moved from the idea of the collusive mother to the research supported idea of the protective mother.

### ***Characteristics of Collusion***

According to the American Heritage Dictionary (2006), "collusion" is defined as "a secret agreement between two or more parties for fraudulent, illegal, or deceitful purpose" (p. 267). This concept of collusion has been used in the literature to describe the mother's role in the development of sexual abuse within the family and to explain her attitude towards the victim following the sexual abuse disclosure. When considering the presence of collusion in sexual abuse cases, researchers have looked to identify whether the mother was consciously or unconsciously aware of the abuse prior to disclosure, using the presence of denial upon disclosure as evidence of collusion. When mothers denied knowing anything about the sexual abuse's occurring, they were blamed and accused of being a co-conspirator with the abuser by

either not doing anything to stop the abuse from occurring or continuing or by refusing to even acknowledge the abuse and allowing her daughter to fulfill her mother role in the family.

Research has identified maternal characteristics consistent with this collusion concept, such as having a history of sexual and/or physical abuse and having an injured parental self-image as a result of not providing protection for her children (Joyce, 1997). Mothers with abuse histories often were considered to be passive and conflict avoidant, therefore, matching the collusive description of knowing about the abuse but allowing it to continue to avoid family disruption.

When mothers had a negative parental self-image, they became focused on not having been able to protect their children from the abuse and continued to feel inadequate as a result of not focusing on ending the abuse and/or future protection of their children. Therefore, they were accused with colluding with the abuser because they did not provide protection for their children.

In cases of father-daughter incest, the term “collusive mother” has been used to describe a mother who was cold, withdrawn, physically ill, or psychologically impaired and who resigned from her role as responsible wife and mother, pushing her daughter into fulfilling her roles, including the sexual satisfaction of her husband. A collusive mother also avoided and denied that the sexual abuse was occurring or had occurred (Johnson, 1992). In a study of mothers following ISA disclosures, Deblinger and Heflin (1996) reported that mothers were collusive, denying, unprotective, and nonsupportive, due to the level of distress experienced following the disclosure of abuse. Historically, literature in the field of ISA has generally blamed mothers for the occurrence of abuse. Recent literature has attempted to change this belief by developing a new conceptualization of these mothers, as well as placing the responsibility on its rightful owners, the perpetrators.

The set of beliefs surrounding blame can be summarized into four categories: the non-fulfillment of their role as a wife and/or lack of sexual relations; the depiction of mothers as sick, absent, or powerless; the mother's involvement or collusion in the sexual abuse; and the victims' anger (Breckenridge & Baldry, 1997). The non-fulfillment of the wife role belief, asserts that mothers deliberately stayed unattractive and avoided sex, forcing their husbands to look for sex in other places. This belief also alleges that families approved of the daughter's fulfilling the wife's role, thus justifying the sexual abuse. Maternal characteristics such as being absent, sick, or powerless have been considered as useful ways to measure maternal collusion with the perpetrator. This was thought to be a good indicant of how connected and protective the mother has been in the family. These characteristics should be considered vulnerability factors but are often misconstrued as being causative factors, thus placing the blame on the mothers in these families. By blaming mothers, sexual perpetrators can evade responsibility for their actions (Breckenridge & Baldry, 1997). The collusion literature focuses on the perpetrators' and workers' in the sexual abuse field blaming mothers for the sexual abuse's occurring. The research on sexual victims has found that the sexual abuse victim may also blame her mother for the abuse's taking place as well, accusing her of knowing about the abuse and not taking action to protect her from her abuser (Meiselman, 1978).

The idea of mothers' being unconsciously aware of the sexual abuse occurring between her husband and her daughter is supported by the notion that "mothers always know". This belief that a mother can be unconsciously aware of sexual abuse allows for blame to take place because, if she was unconsciously aware of the abuse, then she unconsciously allowed the abuse to occur by not acting upon her unconscious awareness. The concept of unconscious knowledge has been challenged, stating that, if it was unconscious, how could a mother really know about

the abuse and take action? This belief also places all of the blame on the mother and allows the perpetrator to be excused (Breckenridge & Baldry, 1997).

Sexual perpetrators often rely on their ability to isolate and intimidate their victims in order to promote the secrecy involved in sexual abuse. This isolation and intimidation, coupled with desperation and fear, encourage a direct expression of anger towards their mother for not keeping them safe. The notion of mothers' being omnipotent and all knowing plays a role here in that children often believe that their mother can protect them from everything. Therefore, the anger experienced and expressed by the victim, comes from blaming their mother for not protecting them from the abuse (Breckenridge & Baldry, 1997). These victims, in their desperation and fear of exposing the abuse, instead exude anger towards others as a way to release their frustration from being sexually abused. They may not feel as though they can express their anger towards the victim due to his threats of what will happen if the victims report the abuse. For this reason, victims may find it easier to misplace the blame on their mothers.

This concept of blaming the collusive mother has begun to be challenged largely by the feminist theorists who identify and highlight the many ways in which women have been oppressed in society, such as not being paid equal salary to men when working the same job, not being allotted opportunities to work in the same occupations as men, and not having the same expectations as men when it comes to family life, for example. These theorists advocate for equal parental responsibility and call for mental health professionals to properly assess all those involved in and affected by the sexual abuse (Ehrmin, 1996).

According to Cammaert (1988), women in incestuous families tended to adopt an extremely traditional view of their roles, believing they should be passive, submissive, dependent, and compliant because they believed those characteristics were an important part of a



traditional good mother's role. During the disclosure of sexual abuse, a mother's role in the family plays a significant part in the conceptualization and recovery process.

### ***The Role of the Mother in Sibling Sexual Abuse Cases***

When mothers are confronted with disclosures of sexual abuse, a simultaneous process takes place, requiring her to assess the truthfulness of the information, determining the meaning of the sexual abuse for her and her family, all while making decisions and locating resources (Elbow & Mayfield, 1991). The mother's role in the family, as well as her relationship with her daughter following disclosure is very important. Lovett's (1995) study of female victims' perception of their relationship with their mothers found that most females perceived their relationship with their mothers to be warm and accepting. This finding directly challenges the view that mothers in incestuous families have abandoned their role as mother and put their daughters in their place (Ehrmin, 1996). When examining mothers of victims and mothers of perpetrators, some similarities between the two sets of mothers are discovered. For example, mothers of children who were sexually abused by their partners were more likely to have experienced domestic violence, be employed outside of the home, believe their child's sexual abuse accusations, and have had a history of sexual abuse themselves (Deblinger, Russell-Hathaway, Lippmann, & Steer, 1993). Similarly, in a study examining the characteristics of mothers of young male perpetrators, New, Stevenson, and Skuse (1999) found these mothers had a history of physical and sexual abuse as a child, as well as physical abuse as an adult. One difference from the mothers of victims was that these mothers were more likely to attribute blame for the sexual abuse to their sons and experienced a feeling as though they had no control over negative events that occurred in their lives.

Literature that addresses parents with a sexual abuse history, considered how the actions and parenting practices of these adults affected the victim after disclosures occurred. Research has asserted that nonoffending parents' belief of their child's sexual abuse accusations and their support of that child, during and directly following the sexual abuse disclosures, played an important role throughout the recovery and treatment process for the victims. Having a history of sexual abuse has also been found to impact women's parenting skills. As suggested earlier in this work, when mothers possess a negative view of herself as a parent, their ability to protect their child from further abuse is affected because their focus is on themselves, rather than on the child who was being abused. Also, these mothers often used physical punishment strategies in their parenting, which affected their child's sense of confidence and trust in their parent, negatively impacting their healing process (Banyard, 1997).

In another study (Leifer, Kilbane, & Kalick, 2004), researchers were able to identify greater relational problems in nonoffending mothers who had a sexual abuse history than nonoffending mothers who did not experience CSA. For example, mothers who had been sexually abused as a child and had children who were also sexually abused, experienced major disruption in their attachment relationships, alluding to the fact that the effects of CSA continued into adulthood, affecting both adult and parental relationships. These women were either less securely attached or were more dismissively attached than mothers with no history of sexual abuse and who had children who were sexually abused. Therefore, this suggested that nonoffending mothers with a sexual abuse history were more likely to be uncomfortable with people, being reluctant to rely on them. They also were more likely to be self-sufficient and comfortable with not having close emotional relationships. These less securely attached mothers lacked a sense of worthiness and were less comfortable with intimacy and autonomy. The

dismissively attached mothers had a negative view of others but a positive sense of self. They found others to be untrustworthy. Therefore, they avoided intimacy in order to protect themselves. On the contrary, when these mothers who had a history of CSA were able to protect their children from being sexually abused, they had significantly healthier outcomes of their relationships as adults than did mothers who were not able to protect their children from sexual abuse (Leifer, Kilbane, & Kalick, 2004).

### ***Personality Characteristics***

When ISA is discovered, attention frequently is focused on the mothers of these families, rather than the sexual perpetrators. These mothers are viewed as villains or inadequate to the point that their behaviors are examined to determine how they contributed to the sexual abuse (Ehrmin, 1996; Elbow & Mayfield, 1991). Historically, mothers of incestuous families were viewed as being weak and submissive in relationships. Recent research suggests that these mothers exhibited similar personality characteristics that differed from the historical traits of being weak and submissive (Smith & Saunders, 1995). Smith and Saunders (1995) examined both individual and dyadic traits in a sample of 63 women and partner dyads who experienced father-daughter sexual abuse disclosures. They found that mothers scored low on warmth, emotional stability, impulsivity, imagination, and radicalism personality traits. Therefore, these mothers were described as being reserved and distant, temperamental, quiet and cautious, practical women, who were resistant to change. They were found to be highly group-oriented, seeking interactions with others, and often putting others' needs before their own. Despite this study's providing information concerning the personality characteristics of mothers, this study was unable to determine whether these characteristics were present before the disclosure of sexual abuse or whether they were a result of the stresses experienced following the disclosures

of abuse. Being able to determine whether these characteristics were present before or after the abuse disclosure would provide some definitive direction for research to take to ascertain the personality changes experienced by nonoffending parents.

Research conducted at a child psychiatry department of a medical center with mothers from incestuous families used the Millon Clinical Multiaxial Inventory to research which personality disorders were present in this community: mothers who protected their children were typically classified as Dependent Personality, mothers who were immobilized and did nothing after the disclosure of abuse were more likely to be classified as Borderline Personality, and the mothers who rejected their abused children were more likely to be classified as Narcissistic Personality (Myers, 1985). Salt, Myer, Coleman, & Sauzier (1990) used the same sample and found five patterns of emotional dysfunction, ranging from minor to major among these mothers. These five patterns consisted of submission, emotional lability, social withdrawal, reality distortion, and negativism. Even though personality changes among these mothers have been substantiated, it is important to note that research has determined that this population has great variability and are not easily categorized.

Despite findings indicating that mothers manifest some personality disorders that affect their functioning after disclosure, Crawford (1999) affirmed that nonoffending mothers' functioning typically fell within normal ranges. Studies which examined the personality characteristics of mothers of sexually abused children found that, although mothers exhibited some specific personality changes and distress symptomology, overall, mothers did not present with greater levels of psychopathology following the sexual abuse disclosures (Salt et al., 1990; Wagner, 1991). This fact is important because it shows mothers were affected to some degree

following the sexual abuse disclosures but that, in general, mothers were able to function at a normal level and provide protection for their children when necessary.

### ***Disclosures of Sexual Abuse***

Disclosures of sexual abuse can occur in two ways, accidental and purposeful. Accidental disclosures are revealed through discovery of the act itself or through clues leading to the sexual behavior. This type of disclosure is considered accidental because no one intended to tell of the abuse or have people discover that the abuse was occurring. Purposeful disclosures differ in that a participant in the sexual abuse decided to tell an outsider who may or may not be the victim's mother. Either way leads to the mother's finding out (Johnson, 1992). These purposeful disclosures usually come about after a change in the sexual relationship occurs, making it too difficult for the daughter to endure anymore, such as when the father's abuse is increasing from fondling to intercourse after his daughter has reached puberty (Herman & Hirschman, 1981). Once the decision to disclose the abuse is decided, the victim must determine in whom she should confide.

When victims of sexual abuse think about to whom they should open up about the abuse, they consider the possible reactions that they may receive. Sometimes "parents may become hysterical, interrogate the child, act as though a catastrophe has happened, and perhaps blame the child in the process" (Finkelhor, 1979, p. 106). This reaction may cause the disclosure event to elevate to a higher level of intensity. Ideally, children should tell their nonoffending parents and parents should react in a supportive role. Unfortunately, due to parents' reactions, mothers and fathers often tend to be an unhealthy outlet for children to first disclose their sexual abuse (Finkelhor, 1979). Children may choose to disclose their abuse to someone outside of the family such as a friend, neighbor, or counselor. The trauma experienced during the disclosure of abuse

is not relieved after the secret is revealed. In fact, some researchers believe that what takes place after the disclosure is when the trauma begins (Finkelhor, 1979; Herman & Hirschman, 1981).

### *Cognitive and Emotional Responses*

The cognitive and emotional responses from mothers were similar to that of the victims. They experienced guilt about the sexual abuse's occurring without their being able to protect their children. Generalized fear about things such as leaving the house and leaving their children alone, grief over the experiences their child has gone through, as well as a feeling of loss surrounding their child's innocence pervade the mother's life. Powerlessness in the abuse's occurring is often felt as a result of not being able to change the past and protect their child. They also struggled with self-esteem issues, feeling as though they were not a good mother, a good wife, or a good girlfriend (Womack, Miller, & Lassiter, 1999).

Often times, the mothers' responses appear to progress through the stages of grief, except in these cases, the mothers are grieving the loss of their feelings of safety and control within their family home, instead of the death of a person. According to Kubler-Ross (1969), the stages of grief consist of denial, anger, bargaining, depression, and finally acceptance. During the denial stage, mothers were in disbelief that the sexual abuse occurred. The denial was followed by anger at themselves, the perpetrators, and/or even the victims for the abuse and the subsequent changes which the abuse precipitated. Bargaining occurred when mothers try to reason with themselves or a supreme being, such as God, in an attempt to either gain back time or make things right for the victim. After this point, depression seemed to set in and the nonoffending mothers had difficulty in proceeding with their daily life. For example, they may have become secluded and have struggled with daily tasks such as hygiene and eating. Lastly, these mothers

came to terms with the sexual abuse and began to take action to protect their children from future abuse situations.

For nonoffending mothers, their initial responses of shock and denial transitioned into anger, bargaining, depression, and finally acceptance of the abuse. These feelings of loss, confusion, and conflict can occur within the family, focusing on the victims, perpetrators, and extended family members for their support or lack of support following the abuse disclosure. These feelings may also take place with people who were considered outside of the family such as therapists, police officers, and judges who may have conflicting ideas of what action the mother should have taken during the abuse or should have taken following the disclosure (Womack, Miller, & Lassiter, 1999).

Research indicates that 90% of mothers' emotional reactions have to do with concern for their child's well-being, followed by a preoccupation with the effects the abuse may have on herself, as well as feeling angry towards the abused child for the situation's occurring. There is an obvious link between mothers' actions and their emotions. For example, the more concern the mother has for the child, the more protective action taken for the child (Gomez-Schwartz, Horowitz, & Cardarelli, 1990). Actions also influenced the reactions of the abused child and other family members. For example, a mother who believed her child's abuse disclosure and took action to protect the child from the perpetrator, may have built confidence in the victim and maintained an open channel of communication between mother and child. Other family members may have also worked to protect the child, while being more likely to have communicated their thoughts and feelings about the abuse. If a nonsupportive action was taken, the sexual abuse may have continued and the family may have begun or continued to treat the abuse as a family secret.

### *Internal and External Responses*

Upon receiving a disclosure of sexual abuse, research has found that mothers experience a variety of different emotions which influence the way in which they respond to their abused child. Denial, guilt, and anger were the most common internal responses experienced (De Jong, 1988; Deblinger & Heflin, 1996; Herman & Hirschman, 1981; Regehr, 1990), followed by some mothers' experiencing shock (Herman & Hirschman, 1981), sadness, frustration, fear, inadequacy, and distrust (De Jong, 1988; Deblinger & Heflin, 1996). Internal responses experienced by these mothers were important for researchers to explore because of the link between these responses and the actions taken, following the sexual abuse disclosures of their children. For example, a mother, who was struggling with the internal response of guilt, may have blamed herself for not protecting her child, which influenced her ability to help her child cope with the traumatic experience. Also important and more obvious were the external responses such as difficulty sleeping, a decrease in appetite, and recurrent crying. When these responses were experienced by mothers of sexually abused children, therapists, law enforcement, and other family members examined these responses in order to determine whether the mother was being supportive or nonsupportive of the child. Unfortunately for outside supporters, research has affirmed that both supportive and nonsupportive mothers exhibited similar external responses. Therefore, external responses cannot be relied upon solely to determine a mother's belief or disbelief of her child's disclosure (De Jong, 1988). For example, a mother may experience recurrent crying and still take action to receive psychotherapy and take legal action against the perpetrator.

De Jong (1988) found in his research on maternal responses to the sexual abuse of their children that some mothers had to deal with pressure from family members and friends to protect the perpetrator by allowing him to remain in the family home and not taking legal action against



him. In addition, she also must deal with economic pressures from losing her spouse or boyfriend's monetary contribution to the household if he was removed from the home. He also found that nonsupportive and supportive mothers had different feelings towards the support received from law enforcement and social service agencies. Nonsupportive mothers, who were often angry with their child and occasionally angry with the perpetrators, reported feeling frustrated with police and protective services for doing too much with the family as far as providing services and guidance in decision making and taking legal action. On the other hand, supportive mothers complained that too little was being done to help her and her family recover from this traumatic experience.

Maternal responses were considered to be significant to the post-disclosure actions of the mothers, as well as contributing to the abused child's ability to process the trauma and possibly divert the development of serious psychopathology (Howard, 1993). Mothers, who experienced a substantial number of internal, external, cognitive, and emotional responses, often struggled with providing support for their abused child.

### ***Belief, Disbelief and Protective, Non-Protective***

The initial disbelief and denial of intrafamilial disclosures of sexual abuse are natural maternal defensive reactions because mothers are usually shocked that such abuse could occur in her home without her knowledge. However, they are not an accurate depiction of the mothers' permanent feelings. It is believed that mothers' feelings transition from disbelief that the abuse occurred to belief of the victims' disclosure and subsequent protection for the child victim. Simultaneous to this cognitive transition, mothers also shifted from denial of the abuse to acceptance that the abuse had occurred and that changes needed to take place within the family. Research has supported these transitions, contending that disbelief and belief were on a cognitive

continuum, whereas denial and acceptance existed on an emotional continuum, rather than each concept being dichotomous (Johnson, 1992). For example, as a result of her initial shock, a mother may not believe that the abuse occurred, denying that such abuse could happen in her family without her knowing. However, after the initial shock subsides, most mothers believe their children, accept that the abuse occurred, and take action to protect their child from further hurt or danger.

Howard (1993) researched factors that influenced a mother's response to her child's disclosure of ISA and found that mothers' responses were also on a belief to disbelief continuum. This continuum consisted of mother's immediately believing the child's report, sometimes followed by a silent lack of response, to the mothers' actively and secretly keeping their children from reporting to any other people, while making empty promises to intervene in the abuse. These actions depicted the mothers' internal battle that occurred to assist them in coping with the abuse disclosure. A mother may believe the child's disclosure but be unable to take action to protect the child out of fear or guilt. This continuum could end with the mother's reacting with hostility towards the child for the occurrence of the abuse. Researchers have worked to connect a mother's belief and disbelief to protective/supportive actions and non-protective/unsupportive actions. The results of this research found that many factors, specific to the mother of the abused child, influenced the actions taken after disclosure.

Pintello and Zuravin (2001) conducted research to determine the percentage of nonoffending mothers who believed and protected their abused children. Key predictors of mothers' belief in their children was the mother's age when she first gave birth, the type of relationship between the mother and the perpetrator, as well as having no prior knowledge of the abuse. Mothers, who gave birth to their first child during adulthood rather than adolescence,

were more likely to believe their child's disclosure and were more likely to protect their child after the disclosure because they were more emotionally prepared and developmentally mature to handle parenting responsibilities. When sexual abuse disclosures were made about a previous sexual partner, mothers were more likely to believe and protect their children because there existed less conflict between the maternal role and any obligation to the perpetrator, allowing full support and protection to be provided for the children.

When abused children exhibited sexualized behaviors or sexual acting out, mothers were more likely to struggle with believing and supporting their children (Pintello & Zuravin, 2001; Wagner, 1991). In these cases, mothers may presume that the sexualized behaviors exhibited by the child invited or initiated the sexual abuse instead of the abuse's influencing the sexualized behaviors. Education about sexual abuse and the displaying of sexualized behaviors, as well as specific strategies to reduce these behaviors, have been considered beneficial to these mothers (Pintello & Zuravin, 2001).

Upon discovering that their children were being sexually abused, having no prior knowledge, the majority of mothers believed their child's disclosure (Heriot, 1996; Pintello & Zuravin, 2001; Wagner, 1991). When mothers learned of the abuse at disclosure, they were less likely to experience guilt because they did not know of the abuse, prior to the disclosure, and did not have to struggle with keeping the abuse a secret and/or being unable to stop the abuse from occurring. Heriot (1996) examined mothers' responses to their children's being abused by family members and discovered that the length of time following the disclosure did not influence mothers' responses because they seemed to transition along the disbelief/belief continuum regardless of the amount of time elapsed. One predictor of protectiveness for these women was having rejecting and hostile feelings towards the perpetrator. If she was angry with the

perpetrator for committing the abuse, she was more likely to take action to protect her child from further harm. On the contrary, mothers were less likely to believe, support, and protect their children when the perpetrator was their partner. Adolescents were at the greatest risk for nonprotection because of the belief that they are capable of stopping the abuse or telling someone the abuse was occurring, because they were older and capable of communicating with adults.

When analyzing the research conducted with mothers of sexually abused children, the difficulty comes from the significant number of methodological issues. Some researchers used secondary data, such as investigative reports and interviews with child protective service workers, to determine the responses from these mothers (Carter, 1993; Heriot, 1996; Pintello & Zuravin, 2001). Secondary data sources can be helpful to glean information from cases where a professional could interpret responses from the mothers. The limitation of this source is that mothers' responses may not be interpreted accurately and the person gathering the information may be bias in their interpretations. Other researchers interviewed the mothers after a significant amount of time had passed and had them recount what they were feeling at the time of disclosure (De Jong, 1988; Massat & Lundy, 1999). This approach has the positive aspect of gathering information directly from the mother herself but also poses a limitation when asking mothers to recollect a feeling. After time has passed, their idea of what they felt could be influenced by the events which occurred during the time lapse. Some research utilized the reports of the abused child to determine the level of belief, disbelief, support, and unsupportive actions of the mother (Johnson, 1992). Through the use of the abused child's report, information was gathered to determine one's feeling of being supported which could be positive when examining maternal protective action, but this source does not address mothers who were taking action and trying to

be supportive with good intentions because this report is only the child's and she may not have felt supported. Therefore, investigators must pay close attention to methodology, when building upon sexual abuse research and take into consideration the means through which previous findings were determined.

### *Culture*

Culture plays a critical role in the nonoffending parents and other family members reactions to ISA. Minority groups tend to be overrepresented in reports of child abuse and neglect. As a result, many people of color experience feelings of anger and mistrust of mental health workers. Women of color may consider the oppression they may be receiving from their husbands or boyfriends to be secondary to the overwhelming oppression experienced by Whites in society. Therefore, supporting their men becomes very important and a crucial area to address when dealing with these cases. These women may or may not be aware of the abuse but the shame brought to their family, as a result of the abuse, is an important fear and plays a vital role in whether or not they show support towards their children, risking social and cultural ridicule and being blamed for not protecting their children (Strand, 2000).

Research conducted by Ramona Alaggia (2001) asserted that cultural factors played a significant role in how mothers understood the sexual abuse of their child, as well as influencing the mothers' supportive or less supportive actions following the sexual abuse disclosure. Cultural and religious concepts concerning issues of forgiveness, cultural beliefs about preserving the family, and value conflicts between mothers and service providers were strong themes which emerged from this research and were determined to be important areas of analysis when researching intrafamilial sexual abuse.

Culture and religion are often intertwined when discussing one or the other. For example, in the Alaggia (2001) study, when participants discussed cultural concepts, religious beliefs were almost always mentioned as well. For these mothers, cultural and religious beliefs played a key role in their problem-solving and decision-making processes during the aftermath of the abuse disclosures. The examination of religious beliefs were mainly associated with issues of forgiveness and mothers believing in the perpetrator's ability to change. Mothers who felt they could support both the perpetrator and the victim were found to have strong religious beliefs about forgiveness, sacrifice, and recovery. These participants also experienced tension with service providers during the treatment process because they often wanted to work to preserve their family unit because of cultural beliefs about family togetherness and the disapproval of divorce (Alaggia, 2001).

Just as cultural and religious beliefs play a role in how mothers understood the sexual abuse of their children and how supportive or nonsupportive their actions were following disclosure, similar concepts are hypothesized as being important in sibling sexual abuse cases. One can assume that a mother would struggle with forgiving the abuser, even if it is her own son, as well as struggle with wanting to preserve the family unit. It is the intention of this research to examine how culture and religious beliefs influence the mother's actions following a SSA disclosure.

For mothers who ascribed to a patriarchal structure, intense loyalty issues were experienced when being advised to separate or divorce from their partners who were found to be sexual perpetrators. Often times, for these mothers, separation or divorce was not an option, due to their religious or cultural beliefs which promoted family preservation. In these situations, the need for separation from their partners was questioned and the belief that children could be

protected from future sexual abuse was the focus in order to keep the family together and to preserve religious and/or cultural beliefs. Mothers who had a desire to keep the family together were often viewed as being less supportive and had a difficult time feeling supported by service providers during the treatment phase of the sexual abuse incident. Instead, these mothers felt misunderstood, judged, and isolated by service providers and struggled in group therapy sessions (Alaggia, 2001).

In cases of sexual abuse, mothers were identified as being either supportive or less supportive, based on their actions following the sexual abuse disclosure. Mothers who believed their child's sexual abuse disclosure and showed emotional support by seeking appropriate help and treatment, as well as understanding the need to separate from the perpetrator, were viewed by service providers as being most supportive. If a mother maintained contact with her partner-perpetrator and minimized the seriousness of the child's disclosure, she was considered to be less supportive and difficult to treat. Service providers were found to employ traditional approaches to treatment which insisted on the removal of the partner-perpetrator. This demand that perpetrators be separated from their families can result in a "culture clash" (Alaggia, 2001, p.54). When the culture and values of mothers, who wanted to preserve their families, differed from the underlying cultural system of the group or treatment model, a clash occurred, making treatment difficult for the mothers and the service providers. When mothers wanted to focus on strategies to keep their children safe and reunite with their partners, they were frequently dissatisfied with support group treatment because they did not have enough time to explore their personal issues and confusing feelings, especially when this phase began without one-on-one treatment to allow attention to be given to individual cultural and religious issues (Alaggia, 2001). When one-on-

one treatment precluded support group treatment, mothers were allotted an opportunity to address their personal opinions and the best responses they should have towards their children.

Despite the lack of abundant research addressing the role of culture in ISA and SSA cases, the primary researcher suggests that the cultural and religious aspects of these families should not go unexamined.

### ***Symptom Distress***

Empirical studies support the notion that, following sexual abuse disclosures, nonoffending parents often experienced significant levels of general symptom distress (Deblinger et al., 1993; Hiebert-Murphy, 2000; Newberger, Gremy, Waternaux, & Newberger, 1993; Timmons-Mitchell, Chandler-Holtz, & Semple, 1996, 1997) although not all parents experienced this distress at the clinical level (Manion et al., 1996). Newberger et al. (1993) reported that nonoffending mothers demonstrated higher levels of general psychological distress at the clinical level than did mothers who were not experiencing sexual abuse disclosures. Similarly, Deblinger et al. (1993) asserted that nonoffending parents' distress level after sexual abuse disclosures, was comparable to that of psychiatric outpatients. Studies have suggested that nonoffending mothers who have a history of CSA experienced more general psychological distress (Deblinger et al., 1993; Timmons-Mitchell et al., 1996, 1997) and post-traumatic stress disorder (PTSD) symptoms (Timmons-Mitchell et al., 1996, 1997).

### ***Trauma***

Trauma is the occurrence of a stressful event that represents a change in the environment, initiating emotional tension great enough to interrupt a person's normal pattern of response (Friedrich, 1990). In some cases, the amount of trauma experienced may be significant enough to warrant a PTSD diagnosis because the individual may be experiencing flashbacks or recalling



incidents from the traumatic experience that reminds them of the incident, whereas other individuals may have experienced the trauma at a lower intensity. Researchers have agreed that sexual experiences with close family members were potentially more traumatic than sexual experiences with acquaintances or strangers (Finkelhor, 1979). This assertion is derived from the assumptions that the closer the relationship; the greater the violation of the child's trust and security, the more complicated the family dynamics which triggered the abuse, the greater the guilt is due to the incest taboo being violated, and the greater the possibility that the child will feel divided in her loyalties. "Father- daughter incest is indeed the most traumatic kind of sexual experience that can occur" (Finkelhor, 1979, p. 101) among the types of sexual trauma that has been researched. The characteristics of the sexual experience contribute to traumatic sexualization, stigmatization, betrayal, and powerlessness as general sources of trauma (Friedrich, 1990). This fact would also hold true for sibling sexual abuse cases as sibling relationships are close in nature and when sexual abuse was involved, the abuse tended to be more aggressive, adding feelings of betrayal and powerlessness to the trauma (Rudd & Herzberger, 1999).

When nonoffending parents exhibited trauma symptoms, as a result of their children's experiencing some form of trauma, they were described as being "secondary victims" (Strand, 2000) experiencing "secondary traumatization" (Manion et al., 1996). PTSD symptoms can be observed in both mothers and fathers following their child's sexual abuse disclosure in both ISA and ESA cases (Davies, 1995) with mothers' exhibiting more intrusive thoughts and avoidant symptoms than fathers (Green, Coupe, Fernandez, & Stevens, 1995; Manion et al., 1996) while also experiencing painful affects, hyperarousal, and psychic numbing (Green et al., 1995). The mothers' symptomology in these cases can be linked to the mothers' personal guilt, surrounding

her inability to protect her children, and is possibly influenced by mothers' being blamed for the abuse occurring and being considered collusive in the abuse.

Understanding that parents may have PTSD symptoms is important for professionals working with this population. Clinicians should have clinical and psychopharmacologic procedures to address these symptoms in the parents of their clients, who presented with sexual abuse disclosures (Timmons-Mitchell et al., 1996).

### ***Grief Cycle***

Research has identified the progression through Elizabeth Kubler-Ross' grief cycle that some mothers experienced upon discovering that their child has been sexually abused. It was determined that mothers initially responded with shock and denial, later progressing to anger, bargaining, depression, and finally acceptance (Womack, Miller, & Lassiter, 1999). Existing literature recognized that mothers usually believed their child's sexual abuse allegations but still responded in a pattern similar to grief. The grieving process in these cases was for the loss of safety and control within the family home (Johnson, 1992).

### ***Coping***

The way a mother and her child responds to ISA can directly influence the coping mechanisms each possesses. McCubbin and Patterson's (1983) Double ABCX Model suggested that healthy family functioning was dependant on the family's ability to utilize resources, such as coping, communication, and problem-solving skills. This model proposed looking at family resources and perceptions simultaneously, in addition to considering what families did to cope with stressors and to understand how families adapted. These researchers define coping as "efforts to manage various dimensions of family life at the same time, realizing that a perfect

solution is never possible” (p. 17). This model offered a view of families as learning to adapt to familial stressors and accept the best outcome possible for them to solve their situations.

Following disclosure, mothers of children who have become victims of ISA used denial as a psychological defense to protect themselves from the anxiety and pain they were experiencing. Denial assists these mothers in dealing with the possible loss of their role as a mother, their marriage, and their self-esteem (Womack et al., 1999). Research addressing the coping of parents in response to chronic illnesses in their children, identified resources such as having a social support system, a positive belief system, financial resources, problem-solving skills, physical health and energy, good spirits, and no signs of depression as positive coping strategies (Friedrich, 1990). These resources can also benefit parents dealing with SSA. For these parents, having a supportive social support system would aid in their ability to adapt to the changes occurring in their family as a result of the trauma and give them an outlet to be able to express hurt feelings without being judged. Financial resources are helpful to support the family as they seek individual and family therapy to learn positive coping skills, post-disclosure. Overall, maintaining a positive belief system and good spirits, coupled with physical health and energy, can assist the family with adapting to the changes by keeping them physically and mentally healthy and being able to make a difference in their future.

Parents’ coping with the sexual abuse disclosures of their children fell within three distinct types: Type I was composed of parents who were able to cope, following the initial period of distress; Type II were the parents who coped following the initial distress but with significant problems in their relationships and parenting; and Type III consisted of parents who were unable to cope and who had unresolved anger, marital dissatisfaction, and loss of a significant relationship (Davies, 1995). These three types of parental coping styles did not

address SSA cases specifically but one could infer that nonoffending parents in sibling sexual abuse situations could also fall within these categories when trying to cope with SSA disclosures.

Research has shown that mothers affect the ways children respond and cope with sexual abuse (Crawford, 1999). For this reason, mothers who used denial as a coping mechanism, were unable to effectively problem-solve appropriate actions to take following the abuse disclosure, support their children while they were dealing with the sexual abuse effects, and/or protect their children from further abuse and/or future perpetrators (Friedrich, 1990). More research is needed in this area to determine the coping styles used by parents when their children have been abused by siblings.

### ***Treatment***

Service providers and the criminal justice system need to acknowledge child sexual abuse as a crisis that affects the whole family system, not just the victim (Levitt, Owen, & Truchsess, 1991). Thus, this researcher posits that a systemic approach to treatment with incestuous families should be the primary mode of intervention, while using individual or group therapy to supplement the work done in family therapy. Working with family dynamics will impact changes made by individual family members as well as allow therapists to work with forms of triangulation present in the family. Lastly, family therapy can combat the shame and secrecy surrounding the sexual abuse that may have previously been perpetuated by different services (Maddock & Larson, 1995).

In the research conducted with incestuous families, Maddock and Larson (1995) concluded that such families are best handled outside the traditional context of formal sexual abuse treatment because of the potential for intense interventions to promote resistance, defensiveness, and an increase in feelings of shame after public acknowledgement takes place by

joining a treatment program. Finally, these researchers developed categories of incestuous behaviors and used them as guidelines to determine appropriate treatment approaches.

Affection based incest serves as a mean for two or more family members (victims and perpetrators) to express affection between them. The perpetrator's motivation in this form of incest has positive intentions and is nonviolent in his form of abuse. Treatment for this type of incest is primarily outpatient family therapy because these families tend to have a number of strengths to build upon in treatment. During treatment, family members are encouraged to be individuals and boundary issues are addressed explicitly (Maddock & Larson, 1995).

Erotic based incestuous family attaches sexual meaning to daily interactions among family members. In these families, a lack of privacy is construed as trust and power struggles lie under the surface, making it difficult for individuals within the family to resist sexual advances from other family members. The focus of sexual contact in this form of incest is on teasing and sexually exciting others through the use of touch. Therefore, it may or may not include sexual intercourse. Due to the socialization that takes place, violence is rarely used or needed to complete the sexual interactions. For this style of behavior, outpatient group therapy for family members should be the primary treatment modality. Family sessions are important after interpersonal issues are resolved to allow positive forms of intimacy to occur between family members (Maddock & Larson, 1995).

Aggression based incest consists of families who are unable to express hostility in appropriate ways, so they use sexualized anger to deal with their frustrations and disappointments. Members of these families often feel powerless and avoid confrontation and negotiation by taking their anger out on innocent family members through physical abuse, since physical abuse is common in these families and may accompany the sexual abuse. In these cases,

separation from the perpetrator is usually necessary in the beginning phases of treatment to ensure safety. Group treatment for the perpetrators can be used to aid in the development of healthy ways to deal with anger and conflict without links to sex. Marital therapy is usually necessary to emphasize conflict resolution between marital partners. Family therapy focuses on power struggles and developmental issues which allow for the use of negotiation and problem-solving skills to be promoted as well as placing focus on trust, loyalty, and forgiveness (Maddock & Larson, 1995).

The final category identified for incestuous families is that of rage based incest where the perpetrator acts out his anger which is rooted in his long history as a “victim of abuse, violence, or developmental crisis, producing an internal psychic structure characterized by continuous vigilance against threats to survival” (Maddock & Larson, 1995, p. 90). These perpetrators have obvious individual psychopathology which the family is likely to reflect and contribute to, making these families the most dysfunctional of family systems. In the treatment process, perpetrators are always separated from the family and often times do not return to the family. Individual therapy is the primary focus and family focused therapy may be implemented to assist the children of the family in restructuring their personal boundaries to function in a new family environment (Maddock & Larson, 1995). This researcher believes that these categories of incestuous abuse are consistent with SSA, as well, and that family therapy would be found to be most appropriate for these families, when supported with individual and group treatment modalities.

Maddock and Larson (1995) developed these typologies and treatment recommendations to promote the concept of family therapy within intrafamilial sexual abuse treatment. Each of these approaches include the use of individual and group treatment to assure that the needs of

each family member was met. To show consideration for the researchers' recommendations, the following information will address both individual and group treatment modalities which have been found to be useful in sexual abuse treatment.

Virginia Strand (2000) created a six phase approach to individual treatment with nonoffending mothers in intrafamilial sexual abuse cases. This approach begins by engaging the mother in therapy through the use of empathy. It is also important in the beginning phase to assess for trauma, traumatic sexualization, feelings of powerlessness, and feelings of betrayal to aid in understanding the impact of ISA on the mother.

Phase two begins intervening in the trauma by overtly discussing powerlessness, betrayal, and ambivalence around her feelings for her partner/husband and her child. During this phase mothers are challenged by their therapists to recognize and talk about their feelings for their partners/husbands and their children, regardless of how difficult it may be. Following this phase, the next phase focuses on strengthening the mothers' coping strategies by dealing with anxiety, encouraging the expression of feelings, reducing thought distortions, and reducing depressive symptoms. Short-term cognitive behavioral treatment (CBT) with these mothers have been found to be helpful, hence using CBT strategies during this phase is encouraged (Strand, 2000).

Phase four brings the traumatic effects of the intrafamilial abuse to the surface through gradual exposure techniques. Often times, distorted thoughts are connected to facets of the abuse which appear during this phase. A positive aspect of difficult feelings coming out is the fact that it provides an opportunity for processing and correcting these feelings. Interwoven in the traumatic effects, present in phase four, are the relational consequences experienced and addressed in phase five. ISA impacts the mothers' relationship with her children as well as with her partner. This phase is used to assist the mother in becoming a better parent while helping her

determine what she would like to do about her relationship with her partner (Strand, 2000). In SSA situations, phase five could be utilized to assist the mother in becoming a better parent while changing the type of relationship she has with her child, the perpetrator. For example, in many cases of SSA, older brothers have been given a parental type role where they were equal in power with their parents and in charge of their younger sisters/siblings. During Strand's (2000) fifth phase, mothers would have to learn how to recapture that parental role for her children and reinstate a parent-child relationship with the perpetrator.

Lastly, phase six involves the woman's identifying an issue and exploring the impact that issue has on herself and others. She is encouraged to express her feelings to herself and others concerning this issue and then work to make the appropriate changes. During this phase, therapists should assess the degree to which the mother's relationship with her child is more empathic (Strand, 2000). Group treatment may be used in a simultaneous fashion with these six phases to assist mothers in identifying and dealing with the impact of the sexual abuse on her relationships (Strand, 2000). These six phases could also be adapted for SSA cases because SSA experiences share emotional feelings such as powerlessness and feelings of betrayal, as in ISA cases. Therefore, these mothers would need to utilize individual and group treatment as well.

Landis and Wyre (1984) proposed the use of group treatment for mothers of incest victims after the completion of family therapy. This group process could be used as a supportive environment that allows mothers to identify and resolve stressful areas in their personal lives, while confronting the secretive nature of sexual abuse with women who share similar circumstances. This method allows women to receive support, identify protective plans for their families, and learn how to handle relationships in their lives. Winton's (1990) outcome study, evaluating a support group for parents who have a sexually abused child, revealed significant



decreases in some of their children's dysfunctional behaviors, fear, inhibition, and sexual behaviors. Participants in this study indicated that they learned how to deal with their children better with a more patient and calm attitude. They also noted that parents had learned coping skills, parenting skills, and they were more confident as parents.

In summary, the literature on treatment approaches for sexual abuse encourages a combination of different treatment modalities over time. Despite research suggesting that the dissolution of the incestuous family is not always necessary, providers continue to separate families from the perpetrator to provide treatment (Maddock & Larson, 1995) instead of considering the type of incest occurring and using a variety of treatment approaches to address the needs of the family as a whole. What remains unknown at this time is whether separating sibling perpetrators from sibling victims is the best treatment for sibling sexual abuse cases, as some traditional treatment modalities recommend in ISA and ESA cases. According to Maddock and Larson's (1995) treatment recommendations, it is believed that it would be most beneficial for the family to remain intact as a unit and to participate in family therapy, individual therapy, and group treatment. This research will attempt to understand the treatment needs of the family following sibling sexual abuse disclosures.

## **CHAPTER 3 - Methodology**

The purpose of this study was to gain an understanding of the lived experience of mothers following disclosures of SSA and determine which treatments received during this time, if any, were found to be helpful in assisting them in coping with the sexual abuse disclosure, as well as the changes they experienced. I also intended to determine how the results of this investigation corresponded with the concepts in the developed framework.

These experiences have not been explained or explored in previous quantitative or qualitative research. This chapter includes the following sections: (a) framework for mother's experiences; (b) research design; (c) selection of participants; (d) data collection and data analysis; (e) establishing trustworthiness; (f) limitations of study; and (g) summary.

### ***Framework for Mothers' Experiences***

The literature presented in the previous chapter provided support for the framework I developed to examine mothers' experiences following SSA disclosures (See Figure 3.1). The following section describes each element of the model from the family's functioning prior to the sibling sexual abuse, the trauma of the sibling sexual abuse, mothers' initial responses to the SSA disclosure, to the coping strategies used in the adjustment phase.

Despite the fact that sexual abuse appears to be widespread, affecting different cultures, families, geographical areas, and relationships, it is not a random occurrence. Research conducted in sexual abuse cases asserted that families who experienced any forms of sexual abuse, i.e. ISA, SSA, ESA, had factors present prior to the abuse that could have made them vulnerable to sexual abuse. These conditions addressed characteristics of the family, as well as conditions of the perpetrator and the mother specifically (Finkelhor, 1984; Friedrich, 1990; Johnson, 1992; Smith & Saunders, 1995; Tamraz, 1996; Trepper & Barrett, 1989).

When the sibling sexual abuse occurred, the trauma began for the victim and, at some point, there was a disclosure. Whether this disclosures occurred accidentally or purposefully, the disclosure itself became the starting point of trauma for these mothers, which influenced their response to the disclosure, to other family members, and to their daughters. Researchers believed that what takes place after the disclosure was when the trauma began for these mothers (Finkelhor, 1979; Herman & Hirschman, 1981).

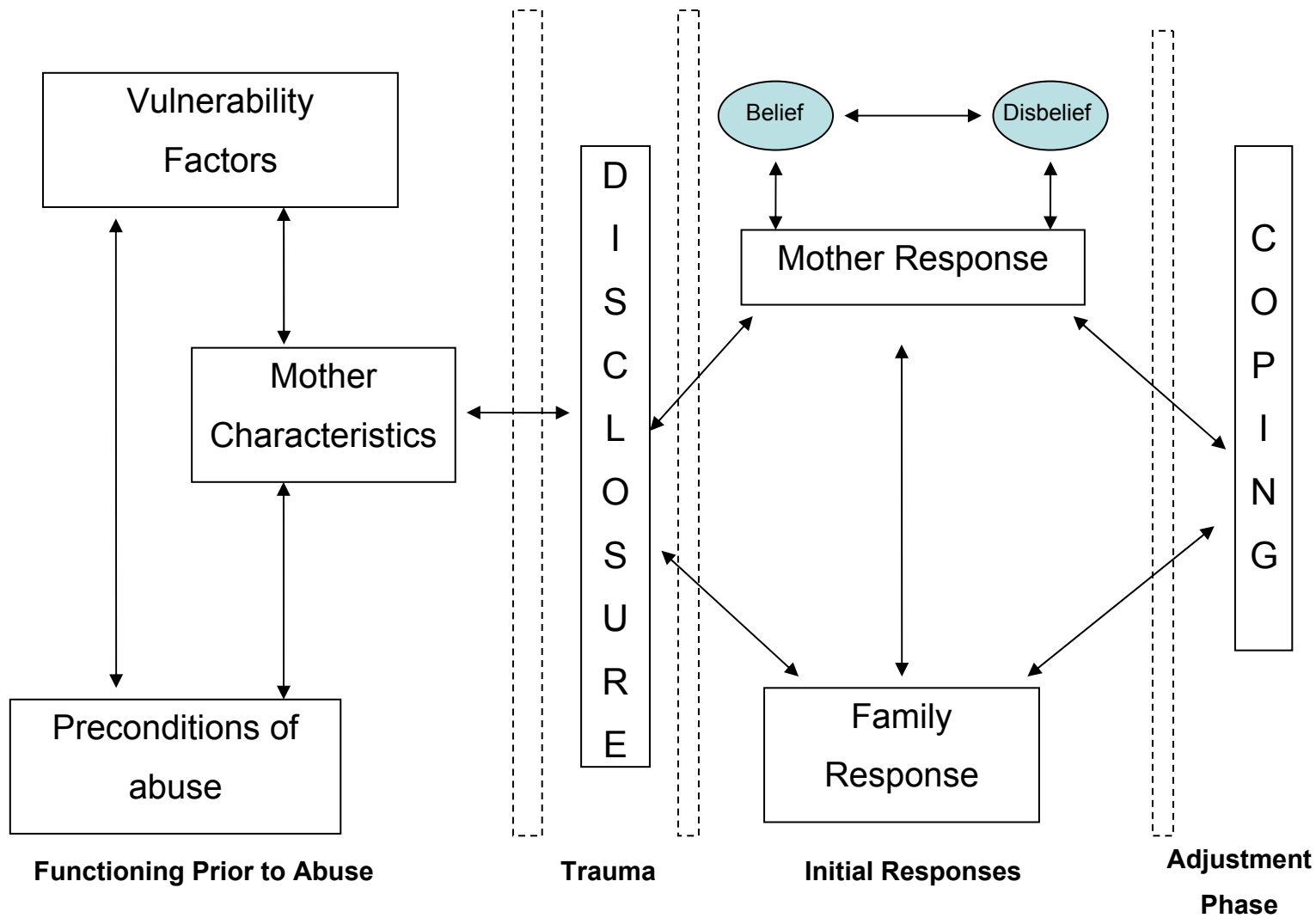
Upon discovering that SSA had occurred, mothers assessed the truthfulness of the information and considered how this disclosure would affect their families, while determining which community resources were appropriate (Elbow & Mayfield, 1991). Their responses ranged from shock and denial to anger and depression over the course of time. They may have felt guilty, fearful, and powerless during this time which affected the responses of the family, especially the victim (Womack et al., 1999). These mothers' responses were influenced and changed as they progressed along a continuum of belief about the sexual abuse disclosure to disbelief. On this continuum, responses ranged from mothers who immediately believed but did not take action to protect their children, to mothers who did not believe the disclosure, and reacted in hostile ways towards the victim (Howard, 1993; Johnson, 1992). The ways in which mothers and other family members responded to the SSA disclosure affected the ways in which they coped with the revelation. Denial is a common coping mechanism among nonoffending mothers. This defense protected them from the anxiety and pain they were feeling following the sexual abuse disclosure. This denial defense assisted them in dealing with the possible loss of their role as a mother, wife, and the possible loss of their self-esteem (Womack et al., 1999).

Parents, following these disclosures, either coped appropriately after the initial period of distress, coped fairly well but experienced significant problems in other areas of their life, or

they were unable to cope at all (Davies, 1995). The research used to support this framework was mainly based on father-daughter sexual abuse disclosures because of the lack of research surrounding mother's responses to sibling sexual abuse disclosures. As the literature presented, mothers' reactions to sexual abuse situations, regardless of the type, appeared to be consistent in that they struggled with believing the disclosure and taking protective and supportive action for their victimized children. Many factors, such as the family vulnerability factors and the mothers' personality characteristics, influenced the ways in which they responded to the sexual abuse disclosure. As supported in the literature, mothers played a crucial role in the post-disclosure, familial changes, as well as how the victim and other family members coped with the abuse and the abuse disclosure. Therefore, this study investigated the lived experience of these mothers by examining their familial background and personal characteristics, their responses to the disclosures, and how they coped following this traumatic experience.

### ***Research Design***

Qualitative research uses an open, free-form design to facilitate the study of issues in depth and detail through case studies, ethnographic studies, phenomenological studies, or through the use of grounded theory (Patton, 2002). In this research study, a phenomenological approach was implemented. The goal of phenomenological research is to uncover the meaning of a phenomenon as it is lived or experienced. Phenomenology examines rich descriptions of human experiences to develop underlying, common themes in order to reveal one's lived world or perceived experiences. Epoche, reduction, imaginative variation, and synthesis of composite textural and composite structural descriptions are foundational steps for the phenomenological process (Moustakas, 1994).



**Figure 3.1 Model of Mothers' Experience Following the Disclosure of Sexual Abuse**

Epoche addresses the researcher's need to set asides prejudgments and biases as a way to comprehend new insights into the human experience. In this case, the researcher was able to observe data in a way that allowed for deeper and richer descriptions to be rendered. Phenomenological reduction follows, describing perceptions in rich language, viewing all statements and experiences shared from the participant as valuable to understanding the phenomenon. Imaginative variation is used to offer possible meanings to perspectives that are divergent or different from the other shared experiences, ending with an integration of the descriptions that clearly and meaningfully describe the essence of the phenomenon (Moustakas, 1994). For this research investigation, these phenomenological processes aided in depicting the phenomenon of sibling sexual abuse disclosures as it was lived by mothers who participated in this study.

In qualitative approaches, the researcher is the instrument. Therefore, credibility depends on the skill and competence of the researcher. Data is collected in a natural setting, using open ended questions that provide direct quotations from the participants. This methodology is very subjective, making it difficult to prevent or detect researcher bias. Previous researchers have explored maternal responses to ISA and ESA but what remained unknown was whether the experiences of mothers in extra-and intrafamilial sexual abuse cases were similar to the experience of mothers in SSA cases. Therefore, qualitative research methods were used to gain an understanding of these mothers' experiences.

According to Patton (2002), the phenomenological perspective:

focuses on exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning...capturing and describing how people experience some phenomenon,

how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others. (p. 104)

This research utilized a phenomenological perspective to gain knowledge about how mothers remembered and described their experiences following sibling sexual abuse disclosures.

### *Selection of Participants*

#### *Description of Sample*

In the current investigation three mothers were examined in an effort to gain a greater depth of detailed information about their experiences after SSA disclosures occurred. Criterion sampling, which required that a predetermined criterion be met by all participants, was utilized in this study (Patton, 2002). The inclusion and exclusion criteria for this investigation aided in assuring that the sample utilized was appropriate for the given topic and allowed for an in-depth analysis to occur.

The specifics for sample inclusion were: a small number of women whose biological sons had sexually abused their younger sisters. These women were solicited through social service agencies, mental health agencies, and sexual abuse treatment centers in three Midwestern states. Staff members from these agencies were contacted and educated about the desired criterion based on the aforementioned. Once these staff members identified participants, mothers were invited to participate in the study and in the interviewing process. Five mothers agreed to participate but only three of the mothers continued communicating with me and coordinating a time to complete the interview. The remaining two mothers did not make contact with me, despite reporting to their mental health workers that they were interested in participating.

*Inclusion Criteria.* Study participants were required to be the biological mothers of at least one 9-18 year old son and at least one daughter who was, at the time the sibling sexual

abuse occurred, at least three years younger than her brother. The age range was in place to exclude sexual experimentation situations that may have occurred between siblings.

Developmentally, by age 13, researchers believed adolescents were aware of appropriate interactions with their siblings and were expected to interact accordingly. The disclosure of abuse has to have occurred within the previous five years to assure mothers were interviewed either during their initial responses or close enough to the time of their initial responses so that their experiences could be recalled. This time frame also allowed for the investigation of the psychological and physical functioning of these mothers, as well as the coping mechanisms employed. At the time of disclosure, the mother, offender, and victim had to have all shared the same primary residence.

*Exclusion criteria.* Mothers who received the disclosures of the abuse beyond the five year time frame were excluded because of the amount of time that had lapsed between disclosure and consent for the study. Mothers with step and/or adopted children were also excluded, as these relationships bring about different relational dynamics. Mothers, who were severely depressed, actively psychotic, and/or diagnosed with an Axis II disorders such as paranoid, schizotypal, schizoid, narcissistic, and histrionic personality disorders, were excluded, due to the characteristics of these disorders such as a high level of suspicion of others and a reluctance to confide in others. The suspicious nature of individuals with personality disorders would be counterintuitive in qualitative research. Last, mothers who had not received mental health services or utilized resources that assisted in coping with the disclosure, were excluded so that the experience of the interview did not exacerbate negative coping mechanisms that may have been in place.



Mothers were given the option to consent to participation in the study through their social worker, therapist, their child's therapist, or by the intake therapist employed at the participating facilities. Protection of these participants was provided according to the guidelines administered by the Kansas State University Institutional Review Board of Human Subjects.

### ***Data Collection***

#### ***Interview Procedure***

Qualitative interviewing operates on the assumption that, through the interviewing process, researchers are able to enter into the other person's perspective with a respectful understanding that the participant's view is meaningful and knowable (Patton, 2002). For this study, a semi-structured, open-ended interview guide was used to explore and understand the phenomenon of mothers' experiences following SSA disclosures. Therefore, this research implemented a flexible and emergent, exploratory study. "A qualitative design needs to remain sufficiently open and flexible to permit exploration of whatever the phenomenon under study offers for inquiry" (Patton, 2002, p. 255). The interview questions were continually assessed to assure they were appropriate and elicited the information necessary to achieve the purpose of the study. The interview guide for this research study can be located in Appendix E. Once the appropriate sample was acquired, participants were interviewed according to a schedule based on availability. Each interview was audio-recorded and then transcribed into written form.

### ***Data Analysis***

Qualitative data analysis, which converts the textual data into findings, begins during data collection when ideas and insights emerge (Patton, 2002). When data collection formally ended, I organized the data according to sensitizing concepts such as belief, protection, divided loyalties and collusion concepts which highlighted how mothers struggled with supporting the perpetrator

and the victim, as well as the supportive behaviors helped to understand how mothers made sense of the disclosures of sibling sexual abuse. This investigation used the data analysis steps for grounded theory such as open, axial, and selective coding of the participant responses (Strauss & Corbin, 1990). These responses were then compared and subsequent analysis ensued from this examination.

In grounded theory, coding or the process of labeling themes, categories, and properties, is conducted informally. Open coding is focused on describing a phenomenon to answer the question “what is this about?”. In this study, participants’ responses were examined to identify the themes being referenced in each answer. These themes were then categorized appropriately. Through the use of axial coding, these categories and subcategories were related to each other around the question “what does this mean?”. Selective coding involves one category being identified as the core category and all other categories are analyzed as being related to that one category. This concept addresses the idea that one storyline exists and that everything discovered can be arranged around this one category (Strauss & Corbin, 1990).

Coding and development of themes or categories according to answers from individual questions were completed as a result of immersion into the data. Convergence was examined by looking at recurring patterns within interviews and between different interviews, allowing for the identification of categories that fit and those that did not fit. A back and forth process between the data and the categories was completed to assure meaningfulness and accuracy within the data. To examine divergence, a thoughtful and careful examination of the areas of the data that did not seem to fit was completed and divergent information from each interview was inspected to determine if there were any similarities between these when comparing interviews.

Analysis is a continuous process that begins with fieldwork. During fieldwork, patterns take shape, possible themes come to mind, as well as ideas for making sense of the data. To take advantage of these possibilities, I used a notebook to journal or record and track insights, prior to, during, and following the interviews. In qualitative research, this process is also called creating field notes. Field notes are descriptions of what was observed, what was said (direct quotes), as well as the feelings, reactions, and reflections about what was observed. The insights, interpretations, and observations recorded are important components in analysis process (Patton, 2002). Field notes from descriptions, observations, reactions, and reflections in this research project were analyzed with the information gathered in the interviews for convergent and divergent information.

### ***Trustworthiness***

Trustworthiness, in qualitative research, determines the extent to which an audience is persuaded that the findings of an inquiry are important. By recording insights, interpretations, and observations, coupled with the process of triangulation, and the presence of an additional reviewer, the adherence to the standards of rigor for qualitative research was accomplished. Data extracted from the qualitative interviews aided the researchers in understanding mothers' experiences when dealing with sibling sexual abuse. Triangulation was applied to the data to assist with the validity of the findings (Creswell, 2003). This took place in the form of a colleague's examining interview transcripts, confirming and challenging the themes and codes that emerged from the data. After a discussion of the rationale for each differing code, agreement on an appropriate code was sought. If agreement was not met, a third reviewer who would have analyzed the codes would have been sought to resolve the differences, however, this was not needed.

### *Credibility of the Researcher*

I am a Licensed Marriage and Family Therapist who has been providing systemic therapy since 2002. One trauma experienced by many clients of all ages, is the history of sexual abuse from fathers, uncles, family friends, and/or older siblings. Personally, I have experience working with women who have shared a history of childhood sexual abuse while in individual, family, and marital therapy. I have also worked as a co-facilitator in a therapy group which consisted of young girls who had been sexually abused. It was through my work with this group that an interest in the childhood sexual abuse field developed for me. One common question for me, when working with these clients after they have disclosed sexual abuse, has always been “how do families, especially parents, handle childhood sexual abuse disclosures?”

This interest in sexual abuse cases was narrowed to mothers’ reactions to sibling sexual abuse after working with my first client family where the abuse was discovered by the mother and disclosed by the daughter while she was a child and her brother a young teenager. Upon conducting research in this area, I found that research had been conducted to determine the reactions of nonoffending parents when their child was abused by a parent or someone outside of the family but information on the reactions and treatment interventions for mothers after sibling sexual abuse disclosures was lacking. During the review of literature, the concept of collusion had a significant influence on my attitude about mothers in sibling sexual abuse cases. The thought that mothers in sibling sexual abuse cases were aware of the abuse, either consciously or unconsciously, and took no protective action was distressing to me and I strongly objected to this notion. This concept from the literature had an impact on the way in which I interviewed and joined with the participants in my research study.

As a female therapist who has experienced working with a mother after a sibling sexual abuse disclosure, I brought the necessary sensitivities to this study such as understanding that

these mothers oscillate between being protector and victim, good mother/bad mother labels, and loving and hating their perpetrating son for the consequences experienced after the disclosure.

As a systemic therapist, I have been trained to be a skilled observer. I have the skills necessary for interviewing which include being able to pay attention to what is being said verbally and nonverbally, being aware of the setting, as well as being able to separate details from trivial information. This training will be vital during the interview process and to capture the responses rendered from the participants.

### ***Member Checking***

According to Patton (2002), credibility depends on implementing rigorous methods, the credibility of the researcher, and a belief in naturalistic inquiry. With qualitative research being utilized to understand phenomena through the participant's eyes, only the participant can judge the credibility of the results. Therefore, member checks were conducted by giving participants an opportunity to review a summary of the interpretations from all of the interviews conducted and they were asked to rate their level of agreement or disagreement with the summary. Mothers were given the opportunity to add additional comments for clarification if they felt it was necessary.

### ***Summary***

In order to gain an understanding of the lived experiences of mothers dealing with disclosures of sibling sexual abuse, in-depth interviews were conducted and analyzed for underlying themes that aided in the understanding of the treatment needs of this population.

## **CHAPTER 4 - Results**

Using the methods described in Chapter 3, data will be presented from the interviews conducted with the mothers who agreed to participate in the study. This chapter describes the population studied and presents the participants' responses according to each of the interview questions. Although an interview guide (Appendix E) was utilized to gain information about mothers' experiences, at times additional information was provided that was not specifically elicited. This information is reported as well in this chapter.

### ***Review of Research Questions***

As stated in Chapter 1, the overarching research questions of this dissertation work are the following:

1. What are the common themes found in the early childhood experiences of mothers in families where sibling sexual abuse has occurred?
2. What are the common characteristics found in the parental and family relationships of these mothers?
3. What are the mothers' level of functioning in following the disclosure of sibling sexual abuse?
4. How do mothers cope with sibling sexual abuse disclosures?
5. What kinds of treatment strategies were sought by the mothers, following the disclosure of sibling sexual abuse?

### ***Participant Population***

Participants were solicited through social service agencies, mental health agencies, and juvenile sexual abuse treatment centers in three Midwestern states. Staff members from these

agencies were contacted and informed of the participant criteria. Once participants were identified, they were invited by telephone to participate in the interview process for the study. A total of three mothers of children, who were both perpetrators and victims of sibling sexual abuse, consented to participate.

Two participants identified themselves as Caucasian and were in their forties but the third participant identified herself as bi-racial (Italian, Puerto Rican, Caucasian, and African-American) and was in her early thirties. All three mothers were divorced and the Caucasian mothers each had only two children, a son and a daughter, whereas the remaining participant had three children, an older son and two younger daughters. One mother had an associate's degree, one was working on her bachelor's degree, and the other mother had a bachelor's degree and had taken courses in a master's program. Although two of the mothers were not actively involved in church, Christianity was the only religious affiliation identified. At the time of the interviews, all three mothers resided in one Midwestern state. All participants were individually interviewed in a face-to-face manner.

### ***Participants' Stories***

To preserve each participant's confidentiality, the names used to share their stories are pseudonyms. Julie is a divorced, single mother of two children, who, at the time of disclosure three years ago, were 19 year old Bobby and his 16 year old sister, Jennifer. At the time, Jennifer was regularly skipping school, had started using drugs, and had attempted suicide after the relationship with her boyfriend ended. As a result of these behaviors, Social Rehabilitation Services (SRS) had become involved, as well as the juvenile court system, and Jennifer was at risk of being removed from the home. In 2006, after an impromptu visit from Jessica's probation officer and subsequent trip to conduct a urinary analysis (UA) to determine drug use, Jennifer

disclosed to her probation officer that her brother had been sexually abusing her. Julie's family was devastated by this "horrible" disclosure and Julie has been unable to completely recover from this event.

Joy is also a divorced, single mother of two children, who, at the time of disclosure five years ago, were 14 year old Barry and his 9 year old sister Veronica. At the time of disclosure, Joy had been a "nonattentive" mother, focusing more on her personal relationships than caring for her children. She shared that she often let Barry take care of Veronica while she, herself, was on the internet or went to bed early. One day in January 2004, while Joy was on the computer, she realized that the children had gotten quiet and went to see what they were doing. She reported walking in her son's bedroom and seeing Veronica with no pants or underwear on and Barry was laying in his bed under the blanket. Although Barry tried to convince Joy that he had clothes on, she did not believe him and pulled the blankets off of him to confirm her suspicions. This moment began a wave of emotions for Joy, her children, and her family of origin.

Mary is a divorced, single mother of three children: Marcus, 10 years old and his younger sisters Lily, 3 years old and Melissa, 2 years old at the time of disclosure. Mary reported that her son had been in counseling since he was 5 years old and, after returning from a summer with his paternal grandparents in Puerto Rico, he began displaying aggressive behaviors towards others. This mother reported that there were two incidents of abuse of which she was aware, with the first being one she walked in on herself. She reported that three years ago, she had walked into a room and saw her son trying to stick his fingers in Lily's diaper to "see what was in there". She reported that, since Marcus was already in treatment, this incident was addressed in therapy at that time. The second time, Mary reported that she was giving her daughter a bath when her daughter informed her that her "bottom hurt". As Mary remained calm and asked Lily a series of



questions to better understand what had happened, Lily explained how her brother had touched her “with his fingers there”. Although remaining calm during this interaction with her daughter, Mary was unable to remain calm when speaking to Marcus about this episode. She reported that, after being angry and exploding, she took action to begin the process of healing for her family.

The following information recounts the experiences of these mothers, in their own words, following these disclosures of sibling sexual abuse. The information has been organized according to the research questions mentioned above.

### *Early Childhood Experiences*

When recounting the familial relationships from the mothers’ early childhood experiences, their relationships ranged from no relationship at all, to a poor relationship, to a very good relationship. Mary shared that her mother had alcohol problems and was in an abusive relationship, having her and her brother at a young age, and then eventually leaving them to care for each other with their maternal grandparents watching them from time to time. “By the time she decided to go ahead and leave my dad...they didn’t have anything, so she went to try to escape the whole situation and we just were not her priority. She was just not there at home.” Mary continued to say that her relationship with her father was “nonexistent because, with his being in New York and our being in Puerto Rico, didn’t really allow for us to have a relationship.”

Joy shared that her relationship with her mother was unpleasant because her mother was both verbally and physically abusive towards her. As a result of her mother working long hours, Joy was required to care for her younger sisters by cooking and disciplining them while her mother was gone. “She was very abusive to me. I was the oldest, I took the blunt for everything so our relationship was not (pause), I did not like my mother. But I was afraid of her as well.”

She also reported that she did not have a relationship with her biological father because he left when she was very young, around four or five years old. “My mom tells me that I use to wait by the window for him but he didn’t show up.”

In complete contrast to Mary and Joy, Julie shared that she had a very good relationship with her mother and father, reporting that her family of origin was very close during her early childhood years.

Of the three participants, Joy and Mary disclosed that they had experienced the trauma of sexual abuse and physical abuse by members of their families during their early childhood. Mary recalled being raped at the hands of a boyfriend when she was 16 years old, whereas Joy shared that she was sexually abused by her step-grandfather. Joy experienced sexual abuse “from age 10 to the age of 16 which was the year that he died. That’s why it stopped. When I came out with it...I was 26 and it was because of a fight (with my mother) and I blurted it out.”

When recounting traumatic experiences, Mary hesitantly remembered a “curiosity” incident with her older brother when she was younger, mentioning the fact that the interview was being recorded, as though the recording made it official that the incident had occurred. “He’s five years older than me, nothing major ever happened but I mean he did have the, I’ll show you mine if you show me yours kind of thing. Tried to block that out of my memory apparently.” She shared that her relationship with her brother was difficult and that she felt helpless in being able to convince her mother to come home and stay with them.

My brother hated me because my mom was never home, I had to be the one taking care of the house. And I was mom for both him and for me and I had to cook and clean and my brother thought that by beating me up and me calling my mom, it was going to make her come home. But it didn’t work so we had a really interesting relationship.

Similarly, Joy described herself as being abusive towards her younger sisters but yet was proud about how she was able to protect them from harm and care for them when her mother was not home. “I was abusive to them as in like beatin’ on ‘em and doing (so) because mom did on me...I was more protective of them and kind of was more of a parent to them cause my mom worked late hours.”

Joy expanded on her experience of sexual abuse by sharing that she thought her mother was unaware of the abuse while it was occurring but that she would have protected her, despite her mother’s initial brief disbelief upon disclosure, as well as Joy’s fear of losing her step-father if she disclosed the abuse.

My mom and dad were just newly married...I know she would have protected me if my mom knew. And she wouldn’t have left me there as much if she knew. And the reason I didn’t tell I feel...I was afraid if I told my dad and my mom would fight or my dad wouldn’t believe me or something and I didn’t want to lose the dad that I had. My mom, I think, at first wasn’t sure if I was telling the truth...I feel like my mom and dad never doubted me but I think they waited to hear from the other two girls to see (if I was telling the truth).

Julie was very reserved and reported that things were good in her early experiences. This was why there was nothing more than her comment about her family’s being very close shared in this section.

### ***Characteristics of Mothers’ and Their Relationships***

In order to discuss the participants’ feelings about motherhood and their personal characteristics as a mother, each participant was asked to reflect upon society’s views of motherhood and which characteristics they felt society expected mothers to possess. One

consensus among the mothers was that they all felt society's expectation for mothers was unrealistic. Julie and Joy simply said that the societal expectation was unrealistic but Mary expounded:

You're asking the wrong person because we live in a society especially with an Anglo majority and being in a predominantly Protestant world. The image that a lot of people have of what a mother should be is a person that stays at home raising the kids and watching the kids which is not the reality we have in society right now... Single mothers that are out there are just trying to fend for their families. I am the mother that my children need me to be.

This idea of society's expecting children to be in two parent families was shared by both Julie and Joy. Julie referred to it as the "Beaver Cleaver moms", who stay home while their husbands provide, and Joy referred to this expectation saying, "I still feel that society wants it to be a two (parent) family household." She also shared that, even though this expectation is unrealistic, there is something positive about this because she hopes her children could experience it one day. "I still, to this day, wish I could give that to my kids but unfortunately I haven't found that right person."

When prompted to discuss their feelings about motherhood, all three participants reported loving motherhood and feeling proud about being a mother. Although they were proud and love motherhood, some of the participants did not feel that way always and even one participant did not feel that way until recently. Mary's reason for being proud of motherhood had to do with her childhood. She said, "I'm proud because I'm not the mother that I had. I loved motherhood. I would love to adopt another baby (if I could)." Julie reported initial excitement with her first pregnancy but more depression with her second pregnancy because of labor. She shared, "I was

excited. I guess after going through labor and finding out what that was I was kind of depressed when I had the second one because of the pain.” Through laughter she added, “I thought what am I doing!” For Joy, her positive feelings about motherhood did not present until after the sexual abuse disclosure. With regret, she reflected on the abusive way in which she raised her son, as well as how she learned to parent negatively from her mother.

I love it now. Then, raising my son was hard on me and I hate that part because a lot of his childhood is messed up because of it. I raised him like my mother raised me: hard, demanding, physically and emotionally abusive. To this day he may be 19 years old but I (reach towards him) to get something and he’ll duck thinking I’m gonna whack him or something but my daughter, if I do that, she’s looking at me because I’ve never (been abusive to her). It’s like night and day the way I’ve raised my children. So that’s what I regret but I ‘m trying to make up for it now and be more there for him but still give him his independence.

When reflecting on what type of mother the participants thought they were, Julie and Mary shared that they felt as though they were loving, caring, and protective of their children. Mary described her level of protection as, “I’m a lion, I’m a black panther! My kids are all I have and they know that we are a nucleus, that they are loved.” Joy, when describing what type of mother she is, proudly made a distinction between how she thinks she was, prior to the abuse disclosure, and how she feels she is today. “Now, (I’m) more attentive, I am more open...pretty much my kids can come and talk to me about anything including sex, drugs, anything. I just think I (made) like a total 180 degree turn.”

### ***Mother-Child Relationship Prior to Disclosure***

The relationship that Julie and Joy had with their sons and daughters were identified by these mothers as being different, meaning they did not have a similar relationship with one child as they did with the other. For Julie, her relationship with her son was described as being really good and close because he was “the most trusting, the nicest, kindest” son but her relationship with her daughter, prior to the abuse disclosure, was “pretty good up until like she was (in) junior high”. It was at this point in time that Julie felt her daughter’s not having a relationship with her father began to affect her behavior. “She had gotten into drugs and I had a hard time with her. I always felt that a lot of her problem was not having a dad and she was, I would say, promiscuous...” After these behaviors started, Julie noticed that her daughter started lying about things all the time and her inability to trust her daughter began at this time.

With Joy, she also identified a difference in the way she treated her children but she was partial to her daughter who “could do no wrong...she was just a precious little princess” and engaged negatively with her son. She attributed her sexual abuse history as having an influence in the way she interacted with her son.

I was hard on him, I was very hard. With my own abuse I was scared to get too affectionate...I pushed away from him I think because I did not want what was done to me (sexual abuse)...for me to (abuse) him. I was always told, once you’re abused you can always abuse (others) and so I kept a wall and I think that’s where I wasn’t as loving to (my son).

Mary described her relationship with her children as being “pure nurture” and very good but different with each child because each one is unique. She was very proud as she explained the different attributes of each child:

My son is my strength. He has, through the challenges that we've had, has made me develop strength and character and be a better parent. My daughter (the one abused) is the little girl that I always wanted...I mean she represents everything a girl is that I don't know how to deal with. She is, she's whiny, she (cries often), but she's so loving and so gorgeous. So, she's my soft side. And then the little one, she's like my buddy, she's the replica of me. So I mean it's like there's strength, love, and the progression of me into the future.

### ***Father-Child Relationship Prior to Disclosure***

One common thread expressed by the participants was that their children did not have positive relationships with their fathers and all but one of the children had not interacted with their fathers at the time of the interview. Julie's children both had the same father whereas Joy and Mary's children had different fathers. This fact did not seem to change the outcome of the relationships for Julie and Joy's children but Mary's daughters' father, her son's stepfather, continued a relationship with all three children after the divorce was final and has regular visitation. Mary was adamant about her children's staying together, stating, "Whatever happens, these kids stay together always, we're a nucleus." With that being said, Mary reported that her ex-husband and her work out their differences so that it does not affect their relationship with the children.

Joy reported that her son has never known his biological father and that her step-father had been present in her son's life, providing a positive father figure for him. Mary's son had not interacted with his father since he was five years old (seven years ago) and the interaction that took place at that time was very explosive. She recalled sending her son to Puerto Rico to stay with his paternal grandparents with the understanding that he would not be left with his

biological father alone because “he’s not stable”. After trusting that this request would be fulfilled, Mary sent her son to Puerto Rico for the summer and her trust was violated. When her son returned he began drawing pictures of himself being “bad”. He was wrapped in sheets and held down by four bowling balls, his screaming for help, but no one stopped what was happening. It wasn’t until 2007, when her son was hospitalized, that she spoke to his biological father and found out what happened to him that summer. She called him and asked if anything happened that summer because, in treatment, they were thinking her son had been abused and she wanted to know “what type of abuse happened”. The response she received is below:

(His father asked) what did he (son) say? And I told him the drawing of the bed and what not and he said, well what the fuck did you want me to do he was acting like a freakin’ terror, I had to stop him. And I said, so you wrapped him up in sheets to stop him while he was saying “no”? He’s like, yeah, what else did you want me to do...and I said, you have just damaged that child for the rest of his life. I said that child was only five and I put him in your guys’ care and you, his father (whom he at that time understood was his father), the one that gave him life, (he thought), almost killed him. And to put the cherry on top, motherfucker you told him that it was because he was bad...don’t you ever, ever contact my son! I have been fighting for years for you to get arrested after this, over this, and I’m gonna keep it up to the (greatest) extent and if it doesn’t happen here, honey I tell you what there’s a big God and something’s gonna happen along the lines...just stay away from that child...

Similar to Joy’s son, Mary’s son also had a male father figure, who was his stepfather, in his life. Even though he was abusive to Mary, he loves her son very much and “they have a beautiful relationship” which includes his stepfather’s being nurturing and talking with Mary’s



son about issues that arise in his life. Mary's ex-husband is the biological father of her girls and she reported that he is very nurturing to them, maintaining a positive relationship with them as well.

Joy reported that her daughter has had contact, neither good nor bad, with her biological father on and off throughout her life up until her last birthday, which was the "last straw". For her birthday party, "He promised a (hotel) room...and (we) sent out invitations and everything and, two days before her birthday, he calls and leaves a voicemail on our answering machine saying, I can't do it, I can't...(the room) wasn't available." Joy shared that they called the hotel and discovered that there were rooms available which prompted her daughter to be "done" with her father. Joy recalled that she has tried to encourage her daughter to spend time with her father but that her daughter does not want to because she "doesn't know him because she's not around him enough." Often, Joy reported, her daughter will only speak to her father to try to get him to buy her things quoting her daughter, "It's dad, what can I tell him I want cause he always wants to buy me stuff?" Joy feels that all her daughter's father would do was to buy her things and then leave town. Therefore, she feels her daughter "definitely doesn't have a father-daughter relationship."

Julie shared that her children were pretty close to their father "when he was around", when they were young children around five and eight years old, but, after he started going to college, he began "partying" often. He was drinking and started using drugs and Julie thought "I can't have the kids around that and I kicked him out." After he moved out and they divorced, she began to raise the children on her own. Shortly after her ex-husband's mother died, he left for Arkansas for her funeral but never returned. Mary solemnly recalled, "I remember him telling my daughter (he'd) be back in two weeks and I'll see you then and he never did ever come back

and I think she's had problems with that." During the time that Julie's daughter was in foster care, her daughter's social worker contacted her ex-husband for her daughter only to learn that he was in prison, which caused new problems for Julie and her daughter because her daughter increased her level of rebellion and drug use.

### ***Sibling Relationship Prior to Disclosure***

All the mothers reported that, prior to the disclosure of sibling sexual abuse, their children appeared to interact very well, having a good relationship for the most part, and that they felt they interacted like "normal siblings". Julie stated that they "got along great", having sibling fights like her and her brother had when they were growing up, but for the most part her son "was protective of her like my brother was of me...I thought they got along pretty good until the end or whatever." Similarly, Mary reported that her son and daughter had a good relationship prior to the abuse disclosure and "still get along incredibly...they are best friends." Joy's account of her children's sibling relationship, even though she "really wasn't attentive enough to know (how they got along), was that her son was loving to his little sister. She shared that he would show her love by:

Giving kiss(es) on her forehead and they were like spending lots of time together but that's (the abuse) why...(my son) would not be rough with her, he was always gentle with her. He did have jealousy moments...(but) I think there's always been a love bond there. But I think just, it went to the wrong level.

### ***Reactions to Sibling Sexual Abuse Disclosures***

Julie and Mary both shared that they learned of the sexual abuse through a purposeful disclosure whereas Joy learned of the abuse through an accidental disclosure. Julie recounted being called down to the police station after her 16 year old daughter informed her social worker

about the abuse, as well as eventually hearing about the abuse from a police officer. “Her intake officer told me that, when they went down the road, that’s what she said (about abuse)...then I went into a room and my son did, and the police officer told me (about the abuse).” Mary was giving her three year old daughter a bath when her daughter told her that her “bottom hurt”. Mary recalled, “And I said why (does your bottom hurt) and she said because my brother touched me with his fingers there.”

Joy, on the other hand, learned of the sexual abuse through an accidental disclosure. She shared that she was in her room on the computer when she began to wonder what her children were doing because they were really quiet.

Julie: (I) thought, what are the kids doing and walked in, my son’s door was shut, and I walked in and (my) daughter did not have bottoms on and my son was laying in bed and tried to tell me he had clothes on and I knew he did not. So I yanked the blankets off of him and I went ballistic and that’s when I called the police.

At the time of disclosure, Joy’s son was 14 years old and her daughter was 9.

### ***Feelings Experienced following Disclosure***

When expressing the emotion that was felt after learning of the sexual abuse, Joy and Mary re-experienced some emotions from their own history of abuse and took immediate action to protect their daughters. Julie, however, did not believe her daughter’s claim of sexual abuse immediately and was resistant to the idea of her daughter as the victim in the abuse. She did not think it was fair that her son has to register as a sex offender “until the day he dies” but her daughter was able to avoid any charges.

I saw (my daughter) after that go through all that and get off on all kinds of things and I thought what’s wrong with this system...and her being promiscuous, from what I had

heard, on some of it, he asked her and they had (sex play). She had been on the internet and...her looking at that and being aroused, and so I think some of it wasn't fair.

As for their feelings concerning their sons following disclosure, participants shared that they initially experienced anger, although this emotion seemed to mask their other feelings of sadness, fear, and shame. For Joy and Mary, they were angry at their sons for sexually abusing their daughters but, unlike their accounts, Mary expressed angry and frustration with her daughter because she initially thought that she was not telling the truth.

Joy shared, "I wanted to kill (my son)...I had to get him out of my house because I was afraid I was gonna hurt him." Similarly, Mary recounted her reaction in these words: "I went ape shit on my son, yelling, and I called crisis services and got him out of the house." In addition to anger, Julie shared through tears, that she was also in disbelief and ashamed, worrying about what people would think once they heard about the abuse. She also seemed to blame herself for this happening in her house between her children. "I would say anger, anger and disbelief...Disbelief, shock, (and) very ashamed. Felt like a total failure." All participants reported that they still experienced those same feelings of anger, years after learning of the abuse. When asked specifically about still feeling the same way, Mary replied:

Of course I do. What? I'm suppose to think that my daughter went through the same shit that I went through and be happy about it?...This is not what I wanted for any of my kids, this is not what I wanted for my child.

Joy reported that her feelings changed when her son was being arrested because of her fear of seeing him imprisoned for a long time as a result of raping his sister. "I was still kind of angry but to this day...I still get nightmares of seeing (him) in an orange jumpsuit, foot shackles, and that's when my mother instinct kicked in and I went that's my baby too."

For Julie, her feelings have not progressed very much from her initial reaction as she still experiences anger, disbelief, and shame. She often shared her experiences through tears and sadness. “I still go through it. It’s terrible...I was ashamed at work. It still bothers me.”

Additionally, Joy and Julie reported feeling afraid to leave the house and to interact with others, whereas Mary took immediate action and took a different approach to her experience. Joy shared, “I was afraid I’d run into somebody that knew me. I mean, I just would have locked myself and my daughter in the house and just let it all go away.” Julie’s experience was shared in this way:

I keep to myself. I don’t talk with them (others) and I come home. I relate to my animals I guess because they can’t judge me... It just, I was gonna quit my job, I was gonna sell the house, I was gonna move somewhere far away where nobody knew who I was.

Joy and Julie both expressed extreme feelings of depression with adverse affects on their health after learning of the sexual abuse between their children. Julie shared, “(I) kinda quit eating, smoked a lot of cigarettes. I’d just sit up, sometimes never sleep, just sit up and drink coffee and smoke cigarettes.” Similarly, Joy recalled that the stress of the abuse disclosure had a negative impact on her health as well.

Well, my blood pressure. I now have high blood pressure. I had diabetes but it became worse and they said that was due to stress. I think this (pause) aged me. I felt it aged me about ten years. But mainly, my diabetes and my high blood pressure, and my mental state.

Mary’s story differed from that of Joy and Julie with regards to her report of her level of depression but the adverse effects of the stress were more extreme. She first reported that she would not say she was depressed but then later admitted to being moderately depressed. “I

wouldn't say depressed, well yeah, I got depressed. But I think what I kept on doing was the same M.O. (method of operation) that I've done with my life. You know, why get depressed? Get angry and solve it!" Mary continued by recalling the stroke she had a year after the abuse was disclosed:

I had a stroke...but it wasn't just because of that (disclosure), I mean it was a compilation of too many things. I'll never forget, I was walking down the stairs the day after Mother's day and the next thing I remember I'm in a hospital with horrible headaches. (I) had a stroke.

### ***Reactions to Disclosures***

In terms of reactions to learning about the sexual abuse between their sons and daughters, Joy and Mary recalled feeling intense anger towards their sons. Mary shared, "I went ape shit!" whereas Joy shared that she was "ready to kick some butt!" Both expressed having an intense feeling to take immediate action to protect their daughters by either seeking help from their local Community Mental Health Center (CMHC) or by removing their son from their house. They both believed that the sexual abuse had occurred at the hands of their sons. They expressed sadness and disappointment at the fact that their daughters had experienced sexual abuse, just as they had when they were young girls. On the other hand, Julie expressed feeling anger, sadness, and disbelief at hearing her daughter's accusations and recalled her reaction while at the police station. "I remember just breaking out crying and (they) wanted me to write a statement and I remember the only thing that I wrote was that she was a compulsive liar and a con. And that was all I wrote..." Julie reflected on the negative behaviors her daughter had been exhibiting, such as using drugs and running away, and shared that, because of these behaviors, she felt that her

daughter was making this story up because she was going to fail her UA and that this was one way to avoid further trouble.

Upon reflecting on how they reacted to the abuse disclosure, Julie and Mary both stated that they would not change their reaction. Mary felt it was important for her son to see her emotions so that he understood how serious his actions were and what affect they had on others. She stated, “Do I regret yelling at my son? No, because it showed him the emotion of the damage that he had done.” In addition, she also attributed her “crappy life” as the reason she did not keep the abuse disclosure a secret. She said, “If I wouldn’t of had the crappy life that I had, maybe I would have done like the regular amount of people of my culture would do. Hush, hush you don’t tell anybody, and this is quiet.” Instead, she chose to seek help immediately and has no regrets about her actions and her ability to “(do) what I could” to help the situation.

However, in retrospect, Joy thought she would have reacted differently, because she was sure she had scared her son and daughter and, by reporting the incident to SRS, her son was quickly removed from the home. This also, she felt, had an impact on her daughter because, after that time, her daughter was afraid she would be removed from the home as well. Therefore, Joy reported that she would have taken some time to think about what to do, rather than reacting so quickly. “I think I should have handled it not as abruptly...I’m sure my son was scared to death I was gonna hurt him. I’m sure my daughter didn’t know what to think. I would have wanted to handle it differently.”

### ***Thoughts during Crisis***

Julie, Joy, and Mary all expressed different thoughts and feelings while living these experiences. Julie’s story revolved around the feeling that her family would never be the same. “Our family’s over, it’ll never be the same. I’ll never have a family anymore.” She even shared

having thoughts of suicide but admitted that thinking about what her death would do to her children influenced her to change her mind.

I didn't know how to make it go away, the hurt, anger, and all the feelings. And like I said, I honestly did, I thought you know, how do I get out of this? Would suicide be the way that would make it stop? ...I thought about selling my house, buying a camper, and living in it. And moving as far away as I could.

Mary's thoughts during the disclosure revolved around her son and what she thought might need to happen to him. "Holy Lord. (pause) Foster care. (pause) Separation. (pause) Not wanting my son to feel abandoned. Anger. God this is really fucked up! Separation being my son from the home." But Joy's thoughts centered around embarrassment, frustration, and questions about the future.

Embarrassment. How many people (knew) and what people would think of us? My daughter, is she ever gonna get through this? Is she ever gonna be a mother, wife? Will she ever let a man touch her? My son, is he gonna have a future? Is he gonna be put in jail and not come out until he's 18 years old? Frustration.

Joy shared that, 4 years prior to the disclosure of sibling sexual abuse, she walked in on her son fondling a younger girl from the neighborhood. Her expressed frustration was because she reached out for help and direction from the school counselor who then got law enforcement involved. Since the parents of the little girl did not want to press charges and her son was only 10 years old, the county attorney did not press charges and the incident was dropped. When this incident occurred and her son was 14 years old and he was arrested and charged with rape and sodomy.



That's what makes it so twisty and the way the system is and the society. When he's 14 years old you want to hang him up but when he's 10 years old it's like he's not 14 years old, we can't arrest (him).

### ***Familial Reaction to Disclosure of Abuse***

When remembering the reactions of the mothers' family of origin, Joy and Julie both shared that their mothers were very upset, whereas Mary's grandmother, whom she identifies as her mother, stated, "Oh, they're just kids." Julie identified this point of crisis as the beginning of their family's becoming separated. "It just kind of separated my mom and I. And she ended up telling my brother so then I was angry at her for that. And we still, really don't get along anymore and we were very close." For Joy, she described how her mother transitioned from being hurt and angry to supporting her son, while he completed treatment, by allowing him to stay with her and her husband after he returned home from treatment.

My mom was very hurt, my mom was very angry, my mom is a private person and I think that's what go to her as well...At (treatment), we may not have done the best thing by going every weekend, but I guess because the way I was raised, or my heart, (pause) but my heart couldn't just wipe my hands of him...My mom was like we have got to be behind him.

Joy described one of her younger sister's and her sister's husband as being protective of their own children, "They reacted more of a protect(or) of their children. They didn't want (my son) anywhere near their kids, stuff like that." On the other hand, her other sister and step-father showed support for her son. "(She's) always been supportive...and my dad has always been supportive of (my son). My dad has always been there for (my son). If (my son) ever needed

anything my dad is still there for him.” Overall, Joy described more support from her family, just as it was before the disclosure. “So they’ve always been, and my family has, and my grandmother and my aunt and everybody have been (supportive).”

Although all three mothers shared about their families’ reactions upon learning of the sexual abuse, no mothers reported any positive or negative feelings that their families had about themselves or their daughters. Most of the attention was focused on their sons and how their families reacted to their actions of abuse.

### ***Level of Functioning following Disclosure***

To determine the participants’ level of functioning following the sexual abuse disclosure, questions about their relationship with their sons and daughters were answered. Additionally, these mothers took a moment to self-reflect on their current feelings about themselves. These mothers were also asked to compare their current view of themselves with their previous view of themselves, as well as how they viewed themselves at the time of the abuse disclosures.

### ***Relationship with their Children***

Relationally, Mary and Julie reported that there was no change in how they interacted with their sons after learning about the sibling sexual abuse for two different reasons. Mary recounted the abuse her son sustained when he was five years old and staying with his paternal grandparents. She was unsure what exactly happened but, when her son returned from Puerto Rico, he was aggressive and, when he began counseling, he would draw pictures of himself, strapped down to a bed, and yelling for help. In reference to this event, Mary reported that there was no change in her relationship with her son because she was “already completely scarred when (she) found out that (her) son was hurt” and that, in order to interact with him following the sibling sexual abuse disclosure, she used “distance and therapy until, little by little, we got

back to the point that it was cool (okay).” Julie reported that her relationship with her son did not change, in part, because of her disbelief about the abuse occurring and the shock she felt when she learned the abuse had, in fact, occurred.

We were real close, like we always were. And he was always the honest, truthful, always...He was always the most trusting, the nicest, kindest. I had letters written about him and how nice and helpful and good he was in school. We still go along great...I still loved him and everything, just a lot of disbelief. I still stand by him and helped him along and stuff.

Joy stated that her relationship with her son changed in more of a positive, nurturing way, rather than the interacting with him in the abusive manner in which they previously interacted.

Right after I think I just stepped in the mom role. I was just there to hopefully ease a little bit of his pain of having to be away from the house but I still wanted him to suffer. I still wanted him to have a little bit of what you did was messed up and I still had that, I mean I still have that anger in me... I think I just kept trying to be more, after the abuse, more of an attentive parent than I was.

As for their relationships with their daughters, Mary reported that her relationship with her daughter did not change but both Joy and Julie experienced a change in the way that they interacted with their daughters. Joy was very proud about becoming more attentive, protective, trustworthy, and dependable following the abuse disclosure. She made it a point to ask, before answering most of the questions, whether it was more appropriate to share how she was before the disclosure or after.

I tried to gain more of her trust. I feel a lot of that (the abuse) was with my not being attentive and not there to protect her from this happening...I just feel she trusts me that

she would tell me (now)...The main thing is just getting her trust back and knowing that she can count on me.

For Julie, after the disclosure of abuse, her and her daughter experienced separation and disaster from her daughter's continued drug use. "We didn't get along for a long time, wouldn't even talk when she was in a foster home...we'd go to court, she wouldn't even talk to me...She went and lived with grandma and that turned into a disaster." Julie continued to describe the disaster by saying, "She (her daughter) continued on the drugs, on meth, was just tearin' herself up."

### ***Current View of Self***

When asked how these women felt about themselves at this point in their lives, Joy and Mary shared uplifting stories of change and purpose, whereas Julie's feelings were consistent with how she felt upon disclosure with little change. Joy reflected upon the changes that she has been able to make in her own life, such as enrolling in college and being able to help her son figure out financial aid and other college related necessities. She was also pleased with the way her relationship with her daughter had changed. Joy shared that her daughter trusts her now and tells her things about her boyfriends and asks her about personal things like those that have to do with puberty. She was very proud of herself for being there for her daughter, being attentive, and being available when she is needed. "I just kind of remember everything and let her think it's okay to tell me...the main thing is just getting her trust back and knowing that she can trust me." In six words she happily stated, "I pretty much got it together", with a smile on her face.

Mary's report, after sharing a joke from the movie Shrek, described the newfound purpose she had in her life.

There's many aspects, I'm like an onion. Have you seen Shrek? I'm an onion Donkey! You know, I know I have purpose because I should have been dead. Cancer, strokes, many other life altering experiences and God definitely wants me here and I know that purpose is those kids...No boast in this at all, I mean, but thanks to this experience, there's two people in my office that had severe problems with their kids, and I was able to route them right in the right direction. And not only that, but meet them in their pain.

When speaking about herself as a mother to her own children, Mary feels as though she is giving her best but her son's behaviors are just not improving. She said, "I give 100% but you know what, my son makes me feel like a failure as a mom. That's my Achilles tendon because no matter how much I put into him, his behaviors are not changing, they're getting worse."

Julie reported that her feelings at the time of the abuse disclosure have "never gone away." She normalizes what she has experienced as a way to help her continue to function on a daily basis. "Things happen and some of the people that are the ones that are shunning our family, they're no better. And they have hidden things in their closet too and they don't have any room to say anything." Therefore, Julie tells herself that shameful and embarrassing incidents happen in other people's lives and, by thinking about others' secrets, she experiences relief from the shame she feels about the abuse that occurred in her family between her children.

### ***View of Self Now vs. Before and at Disclosure***

Julie acknowledged that one change in her view of herself, since before the disclosure, was that, before she would socialize with others, whereas now she avoids people and hides in her house. She sees herself as a failure and secludes herself as a way to avoid feeling the shame and embarrassment that is connected to the sibling sexual abuse disclosure.

I don't associate really with anyone that was my friends...I use to keep them (curtains) all closed and just like hide in here is what I did....Go straight to work, I start, I still do it, I very seldom will go to Wal-mart during the day or after work. Sometimes I go late at night so I don't have to run into people I know and them say anything to me (silent tears). So I shop at night...I just kind of stay here, I even avoid the people that I know out here. I just kind of stay to myself.

Joy's story of change involves an increase in the area of self-esteem and self-confidence. "I'm a catch now! Back then I wasn't, back then I was just a low self-esteem woman that would take any man...I mean (now), my self-confidence and my attitude on life, I see a future." At the time of disclosure, Joy expressed feeling as though she had to tell men she dated about the sexual abuse that occurred because of her "state of being back then", but now "I don't tell nobody nothing! They don't need to know. If they want to know something they need to ask me and if I feel like I want to tell them, I'll tell them and if I don't, I won't!"

### *Treatment*

All of the mothers were involved in a therapeutic process in one way or another. Both Joy and Mary engaged in individual and family therapy service to help them and their children through this family crisis. Joy engaged in individual therapy, as well as family therapy which consisted of her daughter and herself, her son and herself, and all three of them together. Even though Mary engaged in therapy services, individual and family therapy consisting of just her son and herself, she decided not to obtain therapy services for her daughter.

I chose not to take her through therapy because I mean...at her age (3 years old), go make a bigger deal of something that she didn't understand was gonna do nothing but create a

whole different set of issues. So the best thing I could do was make sure that we had family therapy which is what we did...

Julie recalled the family therapy process she was involved in as “very disappointing” and unhelpful which impacted her level of involvement.

I was very disappointed...She went to counseling and then we went up to (an agency)...that was nothing but a fightin’ match and I don’t think they helped. It was like they picked sides and so I was very, I’d say really I was uncooperative...and she was uncooperative and it was just a big fight is what it was.

Julie also reported that she was upset with the social worker that worked with her daughter because she “took it upon herself to...call her father, just out of the blue after all these years...he was in trouble or was in prison...and it just flew (her) off again. I was pretty upset...I saw what it did to (her).” Although Joy and Mary did not report being uncooperative, they did share that their family had multiple providers and that all of them were not effective. Joy recounts that her individual therapy experience was fair because “I just don’t feel we hit issues and I think because I didn’t want to go there, she didn’t forced me. She didn’t make me face things I probably should have.” But, on the other hand, she described the therapy the children received as “excellent”. “I think the counseling with the kids have brought out a lot more of what, what has happened but then also how to deal with it.” She said that her daughter only remembers one of her therapists by name and describes the others in ways such as, “the dark curly haired one”.

As for her son, the treatment he received when he was removed from the home, shortly after the abuse disclosure, was ineffective but the treatment he engaged in, after he returned to his hometown, was more effective. Joy shared that his first in-patient treatment facility did not

want the family to visit, informing them to “let him suffer, let him wait (and) stay here by himself.” However, she felt that “abandoning” him would have been the worst thing for his treatment. “If I would have abandoned him and he thought I didn’t give a crap anymore...I mean (he) could have killed himself if I just washed my hands of him.” When this treatment facility took Joy’s son back to court because they believed he was resistant to treatment, another therapist was employed to work with him in his hometown. This therapist even went to court with the family and spoke to the judge about the ineffectiveness of the previous treatment center. According to Joy, he told the judge, “They’re treating him wrong, they’re not doing the right treatment. I can help him.” It was after the judge allowed Joy’s son to return home and engage in treatment with his new therapist that Joy began seeing positive changes in her relationship with her son, as well as his relationship with his sister.

Mary’s recollection of the therapists her family has worked with as being judgmental and ineffective.

His first therapist, God she was such a hmm...I’m strong and I can take a strong person but when you’re passing judgment based on a child that manipulates information, and you’re not really giving the parents a chance...I can’t deal with that and then of course we went with his current therapist and he is in lala land, I mean he is so book theory, oh my God it’s sick! You know, for some families that may work but you know what, not for us.

Mary identified other support workers as more helpful than the therapists that they have worked with during and after the abuse disclosure. “My son’s case managers and psychiatrist are the most helpful. His psychiatrist...the way that he approaches my son, the way that he connects with my son, the way that he connects with me. It’s just incredible...” She continued to explain



that she engages in the treatment process with her son's psychiatrist and does not miss appointments, not because he gives the medication, "I'm the first one that's always trying to pull back on medication" but because a treater's approach and connection with her family is very important to her.

### ***Support System***

When discussing support, Joy focused more on the therapeutic treatment she sought for her family during this time of crisis. She mentioned her mother and stepfather as being very supportive during the process, going with her to visit her son while he was in the in-patient treatment facility. Although she did not raise her children with any one religious belief, she shared that they always prayed before they ate and she believes that by people worrying about her and praying for her, she was able to find her strength. She recalled, "Somebody stronger than me helped me get through it (abuse disclosure and the events that followed)...to this day, somebody was watching over me because I wouldn't be here." She personally believes "there's always someone watchin' over you...God was watching over me" and believes her children have heard her or her grandmother say, "Karma's a bitch" because she feels what goes around will come back around and "bite ya in the butt". Therefore, she always encourages her children to "just keep going".

Mary shared that, in addition to the mental health professionals who were involved with her family, she turned to God because she had no one else. "My family and everybody (didn't) understand." She also commented that she has always had a relationship with Christ and, despite making poor choices at times throughout her life, there was no way she would fail because there was a plan for her life. Mary recounted her thoughts: "I knew that God had something for me, God had a plan (for me), so He's always been there."

Julie reported that she and the children had attended church early in their lives but, after the divorce, she feared she was being judged at the church they were attending and decided to attend a different church within a different denomination. She reflected on her feeling of being judged:

After my ex-husband left or something I was left with like a crummy little car with no tags, taxes, left me with like \$12 bucks and that was it and we didn't have anywhere, we'd lost our home, and he had left. I don't know, the people there looked at us like you know, they're driving this really crummy car...so I had met this one lady and we ended up going to (a different church) that had come as you wanted, you know, jeans, t-shirts, (and) they were the nicest people. I had taken the kids quite a bit and then...after they got older you know, sports and stuff like that, we just didn't go anymore.

Julie, like Joy, identified her mother as someone who provided positive support to her after the abuse disclosure, even though their relationship had changed and they were not as close as they were before the disclosure. However, Julie was the only participant who shared that two of her friends from childhood provided support for her after she had kept to herself for awhile after the disclosure. Even though the support provided was helpful, Julie struggled sharing this information because one of the two women, who she turned to for support during this family crisis, had died almost a year ago to the day of the interview and Julie had a hard time speaking through her tears. She shared that it was difficult because "I lost someone I could confide in about it (the abuse and subsequent events). So I just have (the one friend) now...so I just keep to myself." When asked about what kind of support her friends were able to provide for her, Julie recalled that, by their listening to her and reminding her that everyone has things they go through and she is not alone, this encouraged Julie to continue living. She shared, "They listened. Just to

help me... They've all had family problems and even things similar to that and so it's not like I'm the only person in the whole world who went through this."

### ***General Impact***

The following themes emerged during the process of inductive analysis as presented in the interviews from the participants. This information was not directly elicited via the interview questions but, nonetheless, was revealed as an important aspect of the mothers' experiences.

### ***Law Enforcement***

Although it is understood that sibling sexual abuse disclosures, similar to any other abuse disclosures, must be reported to SRS, the participants were not directly questioned about this process. However, it was clear that, for two of the participants, law enforcement involvement influenced their experiences post-disclosure in a negative way.

Julie shared her contempt with the legal system, particularly with the law that requires her son to register as a sex offender "until the day he dies." She reported that having her son's information and charges being listed on the internet for the rest of his life is "too harsh", considering that he did not have intercourse with his sister. She continued by comparing sex offenders to murders and drug dealers, saying "My neighbor could be a murderer and why not do it (registry) on that?" She reportedly gets "very angry" and believes that television shows that target sex offenders is entrapment and that arresting these men "just for maybe going to meet them, I know it could be a horrible situation out of that but I don't agree on that." For Julie, legal involvement, that had to do with her son, was viewed as being unnecessary and inappropriate for a young man who was a "good kid".

Joy, though different from Julie, also had a negative experience with law enforcement after she reported the sexual abuse to SRS. She reported that her son's name, even though he was

a minor, was published in the newspaper and he was accused of raping and sodomizing a nine year old girl. Joy was angry about the fact that her son's name was published and that the newspaper made it sound as though the victim was someone other than his little sister. She also expressed frustration with the way in which her daughter was interviewed at the police station. She stated that a detective was in no way sensitive to her daughter's age nor her experience as a victim. "A detective just walks in a room and, because my daughter can't say vagina, she just knows private parts at nine years old, (he rudely says) if I bring a picture, can you point at it (vagina)."

According to Joy, the negative actions of law enforcement also had a negative impact on her family members and their willingness to report sexual abuse, if they become aware of it occurring. Joy shared that her brother-in-law was negatively impacted and told her that "(if) it happens in my house, there ain't no way in hell I'm going to somebody. He saw how publicized it goes, I mean, it even made the radio!" She feels that as a result of people's seeing how her family was treated by law enforcement, they will be less willing to seek help. Instead, she says they'll just "beat their son with a belt and say don't you do that again and they won't make it public." Although Joy says she would not report the abuse again if she had to do it all over again, she did share that she was glad she sought help because "both of my kids needed help (and if I didn't get help) I would have had one heck of a mess."

### ***Maternal Sexual Abuse History***

Only two of the three participants had a history of sexual abuse that they experienced in their early childhood experiences. Both mothers, Joy and Mary, supported their daughters and took action to protect them by removing their sons from the home immediately until they were able to determine the next steps to take to handle the disclosures. Joy relied on her stepfather to

come get her son while she calmed down and asked around to figure out what she needed to do next and Mary called crisis services at the local mental health center and had her son removed briefly, while she calmed down and was able to meet with the therapist to determine what needed to be done next. When asked if these mothers believed their daughters, both Joy and Mary expressed without hesitation that they believed the abuse had occurred.

Julie, on the other hand, reported that she did not have any traumatic experiences from her early childhood and incidentally, she reported numerous times that she experienced disbelief when she was informed of the abuse at the police station. Her disbelief was substantiated when she was given an opportunity to write a statement, she reported that she wrote that her daughter was “a compulsive liar and a con” and that this was all she wrote on the paper. At moments throughout her interview, it appeared as though she placed some of the blame on her daughter because she was using drugs at the time and was “aroused” by looking at pornography on the internet. Nevertheless, she provided the majority of her support to her son, even after he admitted that he had a sexual relationship with his sister.

### *Escape*

Another common theme throughout all three participants’ stories was that, at some point after the abuse disclosure, these mothers escaped and avoided something in their lives. For Julie and Joy, both acknowledged being social people, prior to learning about the abuse, but after the disclosures occurred, they retreated to their homes and being alone, afraid to travel outside of the house. Julie shared that she started shopping late at night to avoid running into people who knew her in the local Walmart. Similarly, Joy shared that her mom had asked her if she wanted to go to Walmart and she replied, “(No). I was afraid I’d run into somebody that knew me. I mean, I, I just would have locked myself and my daughter in the house and just let it all go away.”

Joy also shared a story of being able to escape the in-patient treatment facility that was seeking for her son to complete the rest of his probation time in a juvenile detention center because they felt he was not participating in treatment. As a way of escaping this possibility, Joy and her family sought out a new therapist and was able to convince the judge on the case to allow her son to engage in out-patient treatment. Although this behavior meets the criteria of avoiding consequences of not completing his in-patient treatment, Joy was overjoyed that her son would be back in his hometown and that he would be living with the her stepfather. She recalled that the in-patient treatment facility “was wanting to put him in (a juvenile treatment facility) and I was not going to allow it...so we went to court and I stood up and did my letter to save my son. And sure as nothing (he came home).”

Mary’s escape was being able to break free from her family cycle of alcoholism, abuse, and poor parenting. She recalled how her mother had alcohol problems and was involved in an abusive relationship. Rather than remain in an abusive marriage, Mary was able to escaped that marriage through divorce and continue to provide nurturing and love for her children. She shared that she loves and disciplines her children because they have to understand that “they are (her) world (but) the world doesn’t revolve around them.” She is also proud to be a mother and that she is “not the mother (she) had,” showing that she was able to avoid abandoning her children as her mother did to her and her brother.

In the next chapter, Chapter 5, I will conclude this work with an in-depth discussion of the mothers’ experiences and reactions to the abuse disclosures. I will also discuss suggestions for future research, as well as make implications for the clinical practice of clinicians when dealing with sibling sexual abuse cases.

## **CHAPTER 5 - Discussion**

The purpose of this study was to examine the lived experiences of mothers who had experienced sibling sexual abuse (SSA) disclosures, both prior to and following the disclosure of abuse. This study investigated the state of functioning prior to the abuse, how the disclosure of SSA affected the mothers' responses, and the coping mechanisms and treatment resources utilized by mothers. This research study sought to answer questions about common early childhood experiences among this population of mothers, common relational characteristics, mothers' level of functioning following disclosure, and how mothers cope with disclosures, as well as the different kinds of treatment that were considered to be effective in SSA cases. The rationale for this exploration was that, despite underreported cases, SSA reports do occur and research was lacking about what these mothers experience and which treatment strategies were found to be most effective for these women. Therefore, qualitative interviewing was used to investigate the lived experiences of this population of mothers.

The objective of this chapter is to discuss some of the findings, regarding the lived experiences of the participants of this study who experienced sibling sexual abuse disclosures. Limitations and recommendations of the current study are explained, followed by suggestions for further research and potential implications for clinical practice.

### ***Findings and Interpretations***

The following sections have been organized according to the format in which the information was shared in Chapter 4. As explained earlier in this work, SSA has been underreported and under-researched. Therefore, findings will be compared to intrafamilial sexual abuse (ISA) and extrafamilial sexual abuse (ESA) research where applicable.

### *Early Childhood Experiences*

The data indicated that having poor family of origin relationships and an abuse trauma history is a common theme in the early childhood experiences of mothers who experience SSA disclosures. Mary and Joy identified having a poor relationship with their mothers that involved being abused by their mother or their mother's being in abusive relationships with men, in addition to having a negative, nonexistent relationship with their fathers. Mary revealed that her mother had struggled with alcoholism and was in an abusive relationship during her early childhood. She also stated that her older brother was physically abusive to her and sexually inappropriate towards her at one point during her childhood. Joy reported that her mother was both verbally and physically abusive to her when she was a child. Both of these participants experienced the trauma of sexual abuse in their childhoods and early adolescence (Mary experienced ESA and Joy experienced ISA). Their history of childhood sexual abuse (CSA) paralleled the research literature for families dealing with ISA, in that mothers of these families, experienced sexual abuse in their childhoods as well.

The remaining participant, Julie, reported that her relationship with her parents was very positive and that they were very close. However, the discussion of early childhood experiences occurred at the beginning of the interview and this participant in this study was very reserved and difficult to engage in the beginning. She shared that she struggled with deciding to participate in this study and this may have played a large role in her resistance in the beginning. She also appeared nervous, wringing her hands and choosing her words carefully. Although she was resistant and reserved in the beginning of the interview, she was able to engage more effectively later in the interview, maintaining a sense of avoidance until the very end, when she was able to share her thoughts on areas of which she was not questioned.



Overall the results indicated that there potentially is a parallel between poor parental relationships and abuse, physical and /or sexual, in early childhood experiences and becoming a mother of children who experience SSA. The poor parental relationships that were modeled in early childhood were then re-enacted when these women became mothers. The lack of a positive, maternal role model and/or a maternal relationship was, in turn, passed down to the next generation, where these mothers did not create positive, maternal relationships with one of their children. This, coupled with a personal experience of sexual abuse, particularly influenced the vulnerability present in their families of procreation because they were not protected from being abused. Therefore, they were unable to take the steps necessary to protect their daughters from being sexually abused, despite the fact that some of them took protective actions after the disclosure of abuse. Also influencing this lack of protection was the fact that these mothers were in abusive relationships themselves, whether physical and/or emotional, and they were unable to watch and protect their daughters from being sexually abused because of the trauma they had experienced and were continuing to experience in their personal relationships with men. Therefore, the combination of having had a poor relationship with their mother, having a history of sexual abuse, and having been in an abusive relationship, as an adult, increased the level of vulnerability to sexual abuse experiences for their daughters.

### ***Characteristics of Mothers and Their Relationships***

Common characteristics of mothers, who have experienced SSA disclosures and their relationships, consisted of being divorced, single, loving mothers who identified themselves as being protective their children but favored one child over the other. These mothers characterized their children's sibling relationship as positive. They were also mothers of sons who had no

relationship with their biological fathers and of daughters who had had contact with their fathers but did not have positive relationships with them.

All three participants were divorced mothers who were raising their children as a single mother. They also identified society's expectation for children to be raised in an intact, two-parent families as being unrealistic, reporting that they believed that children raised in single parent households can be just as successful as those raised in a two-parent household. After the SSA disclosure, these mothers identified feeling proud about being a mother and loving motherhood. They described themselves as loving, caring, and protective of their children, as well as being dependable. These descriptions of motherhood and how they felt about being a mother directly contrasted the collusion literature, literature that accused mothers of knowing about the sexual abuse of their children and not taking protective action. This literature reported that mothers in ISA cases had a poor parental self-image because they were unable to protect their children from being abused (Joyce, 1997). This collusive concept also described mothers in these instances as being cold and withdrawn, avoiding the responsibilities of their mother role.

Two of the mothers, Joy and Julie, identified being closer to one child than the others, with Mary's being the exception and identifying herself as being close to all of her children. Joy stated she was closer to her daughter and Julie described her relationship with her son as being positive and close but for different reasons. For Joy, she directly shared that she always felt as though her daughter could do no wrong and Julie shared that her son was a very honest, good son, therefore, making it easy for her to have a positive relationship with him. For Mary, she reported that she had a close, positive relationship with all of her children. It is possible she reported a positive relationship with all her children because of their young age. At the time of disclosure, her daughter was 2 years old and her son was 10 years old, whereas for the other

mothers, their sons were 14 years old and 19 years old. Younger children need their parents more than older children. Therefore, it is more common to have positive relationships with younger children, making it difficult for mothers to believe that their young child could be guilty of an act such as sibling sexual abuse. A positive consequence is that, attentive mothers of young children, are able to instill trust and honesty in their children so that acts, such as sexual abuse, can be reported and the children can be protected. In Mary's case, it was her history of sexual abuse that influenced her immediate belief and action to protect her daughter. Mary's interview indirectly implied that she had a closer connection to her daughter. She shared how her son had always been challenging and demanding of her attention, making her feel like a failure at times because, no matter how hard she tried, he didn't make positive, lasting changes in his behavior. She revealed that she often had to make a conscious decision to keep him in her home and continued trying to help him. Therefore, it was implied that, because he was so difficult and her daughter was easier to parent and nurture, that her relationship with her daughter was more positive than the relationship with her son.

These mothers, having had an identified "favorite" child, could have influenced sibling sexual abuse in a couple of ways. One, the abuse inflicted upon the "favorite" child could have been in retaliation or out of jealousy. For example, Joy admitted that she favored her daughter over her son and that it was quite obvious she treated the two of the differently. As a way of taking out his anger and jealousy over his sister's being favored, he could have abused his sister, in turn, hurting his mother through the trauma his sister was experiencing. Also, by favoring one child over another, these mothers were unable to protect their daughters in these cases because they believed their favorite child could do no wrong. The problem with this is that when it was the favorite child that was the perpetrator, the mothers did not believe the abuse could occur,

because of the trust they had given these “favorites”. These favorite children, as a result, may actually have more time to abuse their victims because they were often left “in charge”.

Therefore, preventative protection of the victim became difficult.

Another common characteristic in the family relationships of these mothers was that their sons, the perpetrators, had poor or insignificant relationships with their biological fathers. For Joy, her son never knew his father. Mary’s son had an abusive encounter as a young boy with his father and had no contact after this incident. Julie’s son was close to his father as a young boy but, after his father began using drugs and moved away, no contact was made between the two males. As the oldest, male child, it is believed these boys were given caregiving responsibilities and were expected to care for their younger siblings at times. Through this parentified role, mothers were less attentive to their younger children, and when coupled with poor, sexualized behaviors, sibling sexual abuse was more prevalent.

For the daughters in these families, two of the participants reported that their daughters did not have a positive relationship with their father and one participant, Mary, reported that her daughter did have a positive relationship with her father. Julie’s daughter had reached out for her father after she was removed from her home but was rejected by learning that her father was incarcerated. At the time of the interview, to her mother’s knowledge, Julie’s daughter did not have a relationship or contact with her father. Joy’s daughter, on the other hand, has had contact with her father but their relationship had been superficial, at best, and based on what things her father could do for her or purchase for her. Mary reported that her daughter had a positive relationship with her father, but again, Mary’s daughter was very young and the presence of her father in her life and the relationship they have was based on nurturing. The absence of these fathers in the home allowed for other male figures, possibly their older brothers, to become co-

parenting figures which may have distorted their view of their brother's relationship and his role in the family. For example, these males may have been seen as men, fulfilling the male role in the family. Therefore, they may also have begun to engage in sexual behaviors as if they were the adult male in the family. This also played into the victim's inability to resist the act or feeling as though this behavior was appropriate. If the son was seen as having authority and being in charge when mom was not home or busy, then she was taught to cooperate with the demands of her brother. When sexual advances occurred, these girls were compliant because they had been conditioned to follow the rules set forth by their brothers.

Lastly, one common characteristic among all three mothers was their description of their daughter and son's relationship prior to the SSA disclosure. Each mother, in her own words, described their children as being close and their sons as being protective of their younger sisters. After the disclosure, both Mary and Joy described their children's relationship as remaining close but Julie revealed that the trauma of the abuse itself, as well as the events that followed, destroyed her children's relationship with each other and that they were no longer in contact.

Overall, the information disclosed in this section is unique because of the gap in the research concerning mothers' experiences in SSA disclosures. However, it is obvious that the parental and family relationships of these mothers played a crucial role in how they parented their children, as well as the interactions and reactions they had with them post-disclosure.

### ***Mothers' Reactions to Disclosures***

When addressing the mothers' reactions to the abuse disclosures, how the abuse disclosures occurred, whether accidental or purposeful, did not influence the mothers' reactions upon learning of the abuse. Both Mary and Julie experienced a purposeful disclosure, whereas Joy's disclosure was accidental. However, all three mothers' reacted with the common feeling of

anger. This common theme, which emerged among mothers' reactions, was similar to mothers' reactions to disclosures of intrafamilial and extrafamilial sexual abuse. However, in the instances of sibling sexual abuse disclosures, these immediate reactions were not indicative of how mothers coped with the disclosure. Neither did it determine if the mothers were able to provide protection for their daughters from further abuse at the hands of the girls' brothers. Instead, the mothers' immediate reaction of anger and verbal outbursts were more indicative of the amount of shame, embarrassment, and disbelief they felt, as a result of the disclosure. The root of the disbelief stemmed from either disbelief of the abuse disclosure, doubt of the abuse's occurring, and/or disbelief that this traumatic event has taken place in their families. Joy and Mary, though experiencing the disclosure in different ways (one accidental, one purposeful), both responded with disbelief that had more to do with their daughters' experiencing the trauma of sexual abuse, as the mothers had in their childhood. Similarly, Julie responded with disbelief but her response of disbelief of the purposeful disclosure was due more to her disbelief that there was any truth to the abuse disclosure. Overall, the reactions mothers experienced, following the abuse disclosures, were complex and independent of the actions they took after becoming aware of the abuse.

After the anger response began to dissipate, more depressive symptoms began to settle in. This depression was influenced by a number of different experiences that were connected to the abuse disclosure. All three mothers experienced some separation in their families, due to the physical or emotional withdrawal of their sons from the home, as well as being concerned that their sons' lives were ruined either by the possibility of legal consequences or simply by the fact that they would have to live, for the rest of their lives, with having sexually abused their sister. Joy and Mary were sad about their daughter's being sexually abused and questioned the impact

the abuse would have on their daughters' as well as their sons' future. This dichotomy depicts the difficulties mothers experience in sibling sexual abuse cases because they care for both the perpetrator and the victim and want to protect them both, since they are both her children.

Depressive symptoms are also connected to changes that take place in the families after the abuse. Some mothers, like Joy, lost their jobs because they were unable to function at their pre-disclosure level, therefore they missed work and struggled staying employed. Others, like Mary, experienced the abuse disclosure on top of the other family difficulties and changes they were already experiencing. For Mary, she had lost her home and was forced to move. This was not a direct result of the abuse disclosure but the distress experienced from the disclosure, as well as the loss of their home but it cumulatively had a negative effect on her functioning. Mary's reluctance to report being depressed, I believe, had to do with cultural and religious dogmas which place negative connotation to being stressed or depressed. For example, a common statement is that Christians are "too blessed to be stressed" and that, if you are stressed or depressed, this has a direct correlation to your level of faith and whether or not you believe that God would not give you more than you can handle. Therefore, Mary hesitated admitting she was depressed but she did share symptoms which are synonymous with depression.

Julie reported being able to continue in her home and on her job but her level of engagement, in her community and on her job, greatly decreased. She withdrew from others, only going to work and home, doing all of her shopping late at night to avoid people she may have known.

In addition to all of the familial changes, all three participants reported an exacerbation of pre-disclosure health problems such as high blood pressure, difficulty sleeping, and continuous smoking. The health reports shared by these participants provided insight into the emotions and

stress that was not released in healthy ways. Therefore, these problems represented the emotions that were internalized by these mothers and eventually took its toll on their bodies. The abuse disclosure elevated an already stressful Joy, and she began medication to regulate her blood sugar and blood pressure, whereas Mary had a stroke within a year following the abuse disclosure, and was treated for cancer.

Even though the mothers may have begun this abuse disclosure reaction process with anger and disbelief, this did not have a direct connection with whether mothers took action to protect and help their daughters cope with the abuse. All three mothers took action to protect their daughters, either by calling law enforcement, soliciting assistance from the community mental health center, or by participating in any court dates and treatment modalities that were connected to the discovery of sibling sexual abuse. Joy had her son immediately removed from the home and sent to stay with her stepfather. Mary contacted crisis services at the local mental health center and had her son hospitalized. Despite the verbal altercation she had with her daughter at the police station after she confronted her daughter with her disbelief, Julie attended any court dates concerning her daughter's having been placed in foster care, as well as attending family therapy appointments with her daughter. The information, ascertained from this research alludes to mothers' reactions progressing over time. At the time of these interviews, all participants had better, more positive relationships with their children, victims and perpetrators, and were able to remain or in some cases, return to a caring mother role.

### ***Mothers' Level of Functioning Following Disclosure***

To help answer the research question regarding the mothers' level of functioning following sibling sexual abuse disclosures, how the mothers' felt about themselves, how they interacted with their children, and how they felt these experiences had changed their lives, was



explored. The three participants reported experiencing significant changes in their views of themselves but not all of the changes were viewed as being positive changes. For Julie and Joy, they both identified an initial negative change in their ability to interact with others, both avoiding public places out of fear of people asking them about the sibling sexual abuse incidents. One common dynamic that may have influenced this fear was that both women lived in small communities. In these communities, private family information such as the abuse disclosure because law enforcement was involved in both situations and the possibility of meeting people who knew about the disclosure was a legitimate possibility. Mary, on the other hand, lived in a larger community, where people in the community being aware of the sibling sexual abuse, that occurred in her family, was less likely to be known. In all cases, location was a key component in the mothers' ability to continue engaging socially.

Over time, Joy was able to re-engage with others and increase her socialization to a higher level than was present during the pre-disclosure time. She attributed this success to her increased attentiveness to her children and their needs. She was able to build trust with her daughter, which improved her self-esteem. With this increase in her self-esteem, Joy was able to reconnect with her community with a newfound pride and interact with others, without worrying whether they were aware of the sibling sexual abuse that had occurred between her children and without worrying about what these people would think of her and her family. It is also believed that the amount of time that had lapsed between the disclosure and the interview, coupled with effective treatment, played a crucial role in Joy's ability to interact with others in appropriate ways. Joy also identified a purpose for her life, as a result of the disclosure, which incorporated her negative experience with law enforcement, during this time. Joy has expressed her ideas on how law enforcement could have been more helpful and how, she felt, they should interview

children when there is a suspicion of sexual abuse. This recognition of a purpose showed Joy's progression, following the abuse disclosure, from disbelief to acceptance of the fact that sibling sexual abuse had occurred and, finally, her advocating that sibling sexual abuse be handled in particular ways for the sanity of the mothers caught in the middle of this traumatic experience.

The significant change that Mary experienced, following the abuse disclosure, was connected to her religious belief that things happen for a reason. Mary, though experiencing distress as a result of the abuse disclosure, viewed her experience as giving additional purpose to her life. Despite Mary's living in a larger community, she expressed being open about her experience and shared her philosophy that God had allowed her to experience this situation so that she could help others who are going through difficult times. She reported that, as a result of her experiences, she was able to reach out to co-workers who were going through difficult times. She seemed proud of the fact that she could transform this tragedy into a purpose and a direction for her life and others. Overall, when mothers begin to cope with the disclosures and return to a healthy level of functioning, a common aspect of their coping is finding greater purpose in helping others deal with similar, difficult situations.

To assist in gaining insight into mothers' level of functioning following disclosure, questions were asked concerning the mothers' relationships with their sons and their daughters. Overall, it appeared that a good indicator of post disclosure maternal relationships was the state of the pre-disclosure maternal relationship. With the sons, if a positive relationship already existed, mothers did not experience any change in their interactions with them, either because they understood the difficulties the boys were having prior to the abuse disclosure or because the mothers struggled with incorporating the new information which seemed to be completely out of character for them. Mary and Julie both reported having positive relationships with their sons,

though for different reasons. Mary characterized her relationship with her son as positive, even though she had been having difficulties with raising him because he was struggling behaviorally. This was due to trauma in his early childhood experiences, which had altered his personality for many years. Julie's positive characterization of her relationship with her son was related more to her experience of his personality, with his being labeled as being helpful, honest, and seen as a "good kid" by others throughout his life. Both women, after having positive relationships with their sons prior to the disclosure, were able to continue positive relationships after the disclosure as well.

Similarly, if a positive relationship was present with these mothers' daughters during pre-disclosure, that positivity continued into post-disclosure interactions with their daughters as well. Two participants, Mary and Joy, identified themselves as having a positive relationship with their daughters and the only change they experienced was positive and involved improvement in the area of trust. Joy thought that she was not as attentive and dependable as she could have been. So she made changes in her availability and dependability to improve the positive relationship she had with her daughter. These depictions of continued positive relationships alluded to mothers' maintaining a connection to their children, following disclosure, which provided some stability as their level of functioning experienced some changes, as well as providing a connection to positives from their pre-disclosure level of functioning.

When a negative maternal relationship existed during the pre-disclosure functioning, as Mary's was with her daughter and Joy's was with her son, mothers were able to make positive changes in these relationships, over time, following the abuse disclosure. As these relationships changed, for the better, both Mary and Joy reported being able to interact and maintain a relationship, better than the one they had had previously, with these two children. This result was

encouraging for this population, because it showed that there could be a positive impact on their level of functioning and that poor relationships could be improved between mothers and children involved in these situations.

### *Treatment Strategies*

During the discussion of treatment strategies in the interviews, it became obvious that, despite the type of treatment modality that was implemented, individual and/or family or group therapy, the key component was about the therapeutic relationship and the feeling of connectedness to the clinician. Interestingly enough, the connection that these mothers' children felt to their clinicians was more important than the mothers' connection. Joy reported that her daughter, and eventually her son, both had clinicians that were engaging and connected to the children to the point that they were able to make significant progress over time in their ability to interact with each other in positive ways. Mary expressed this same importance but from the standpoint of the fact that, since she did not feel as though her son's clinician was able to connect to her family, she was not as engaged in the process and often missed therapy appointments. On the other hand, she did feel connected to her son's case manager and medication provider. Therefore, she made sure to always make their appointments and to engage in the therapeutic process. She also reported that she felt as though progress was being made, by her son and the family, in these clinical services. Therefore, the therapeutic relationship and connection was a key factor considered when determining the effectiveness of the treatment received, as well as the effectiveness of the treatment strategies that were implemented. Also acting as a gauge for effectiveness was their children's engagement in the process and their progression towards treatment goals.

The effectiveness of the therapy, determined through the therapeutic relationship, the level of connection between the family and the clinician, and effect of the daughter's reactions in the therapeutic process impacted the mothers' ability to make progress towards coping. To contrast these two outcomes, Joy's daughter made significant progress in therapy, which gave Joy hope that her daughter was going to be able to have positive interactions in her life and recover from the trauma she experienced. As a result of observing this progress, Joy was able to progress herself, make positive changes in her own life, and take steps towards coping as well. Julie, on the contrary, did not see progress in therapy for her daughter, instead she reported that her daughter was uncooperative when Julie reacted to her and was not cooperative in treatment either. For Julie, the lack of progress observed in her daughter's treatment negatively impacted her ability to make positive steps towards coping for herself. Therefore, at the time of the interview, Julie was still reacting to the trauma as though it had just occurred, with the same raw emotions, tears, and descriptors, such as "horrible" and "torn apart", that were present at disclosure. Overall, there was a connection between mothers' ability to cope with the disclosure over time and their daughters' ability to make progressive steps towards improved functioning, following the abuse disclosure.

A commonality in the intrafamilial abuse literature was that the perpetrator should be removed from the home when sexual abuse occurred to protect the victim from further abuse. In sibling sexual abuse cases, however, the removal of the perpetrator from the home, can have a negative effect on the victim's ability to cope with the sexual abuse trauma. Much of this is due to the fact that the two, the perpetrator and the victim, are siblings and had a close, positive sibling relationship, according to these mothers. As Joy mentioned in her interview, when her son was removed from the home, her daughter became closed and reserved, out of fear of being

removed from the home as well, if she continued to talk about the abuse. Joy also shared that her daughter felt punished, in a way, because everyone else was able to see her brother except for her, even though she wanted to see him and missed him very much.

A key factor to the negative impact on victims, when perpetrators are removed from the home, is the degree of closeness between the siblings prior to the abuse disclosure. Because all of the participants described their children's relationship as close, prior to disclosure, it can only be assumed that, if a negative relationship existed prior to disclosure, there would have been minimal impact made on the victims if their perpetrator was removed from the home.

As mentioned above, mothers made significant progress towards goals when their daughters did well in the therapeutic setting and clinicians were able to develop positive connections with those participating in the treatment. In addition to this, all three participants identified a positive correlation between their coping with the abuse disclosures and the type of support they received from their identified support systems. Both Joy and Mary identified positive support received from family, for Joy, and from friends, for Mary, which assisted both of them in making positive changes and remaining strong and supportive of their children.

Even Julie shared that, eventually, she had a couple of friends in whom she was able to confide about the abuse and they were supportive, which had a positive impact on her functioning. However, one of her friends died shortly after, which seemed to push her back into being even more reserved and unable to interact with others. After disclosure, Julie reported that her relationship with her mother and brother changed from being very close to being distant. The negative reactions from her family, whom she had identified as her support system, had a negative impact on her and she secluded herself away, even more, at in her home. Julie's experience showed that mothers could become stuck in a negative pattern of coping as more

people learn of the abuse, depending upon whether they rejected the mother or provided positive support.

### ***General Impact***

When mothers, such as Joy and Julie, had law enforcement and court services involved in their cases, it was difficult for mothers to see any of their involvement with legal entities as positive. Instead, mothers experienced an intense fear for their sons' future, as well as a stronger love for their sons while they were facing legal consequences. Joy recounted that she was angry with her son until she saw him in an orange jumpsuit, issued by the judicial system, and realized that, despite his sexually abusing his sister, he was his mother's child and she loved him as well as her daughter. Julie's concern was focused more on the negative impact having to register as a sex offender could have on her son's future. She considered it lucky that he was able to locate a job and be hired, despite his presence on the Registered Offenders Website. She focused more on the national sex offender registry as being inappropriate and unfair because there were other crimes that people committed and they are not forced to post it on a website. Overall, the involvement of law enforcement and judicial court system had a negative impact on mothers in cases of sibling sexual abuse because of their unique position of being the mothers to both the victims and the perpetrators.

In addition to Julie's continued desire to escape from society and interacting with others, the sibling sexual abuse had a negative impact on her level of functioning, as well as her family's ability to recover from this trauma. She went to work and went home, only shopping in stores late at night, in an attempt to avoid people she may know and see in the store. However, this avoidance, though successful for her, has been detrimental to her ability to reconnect with people and trust them with her feelings. The longer she remains secluded, the longer the trauma of this

abuse disclosure will have a negative impact on her functioning and coping from the episode. Joy and Mary either rejected family members that were unsupportive following the abuse disclosure or were rejected by family members who were worried about having their sons around the other children in the family. This rejection of or by extended family members, as well as the mothers own desire to seclude themselves from others, had a negative impact on them. Therefore, the overall message is that, when mothers were able to stay engaged, rather than escaping, they were able to make progress in their coping, as well as make positive changes in their interactions with their friends, family, and particularly their children.

### *Limitations*

Due to the small, criterion sample, there were concerns about the findings' ability to be generalized and the potential of the participants' response bias. The findings of this research study were difficult to generalize beyond the experiences of the mothers who participated because of the small sample size. Also, with a small sample size, some of the research questions were only substantiated with two of the participants' responses, thus making saturation of the data questionable. This population was very difficult to engage, taking over a year to obtain the participants in this study. Therefore, there is the possibility that the women, who agreed to be interviewed, experienced this trauma in a unique way which could be different from the rest of the population. However, taking the place of being able to generalize the finding is the depth at which participant's experiences were analyzed.

This research was conducted after recognizing that the existing sexual abuse literature was missing information concerning sibling sexual abuse. Therefore, it was decided that it was more useful to gain a broader range of experiences for a smaller number of people through face to face interviews. Also, one must consider that the participants who volunteered for this



research study were also more likely to have analyzed their reactions and coped, at some level, with the abuse disclosure and the subsequent family changes. Despite this limitation, valuable information was obtained from the given sample and future research can be explored, based upon the findings of this study. These findings concerning mothers' reactions to sibling sexual abuse have provided a needed look into this gap in the sexual abuse literature.

The retrospective nature of the interviews, taking place years after the sexual abuse disclosures, may have compromised the participants' ability to accurately recall their responses, their lived experiences, and especially their feelings at the time. However, my intention was to understand how these mothers interpret their experiences now, after their children's sexual abuse disclosures. Therefore, the potential of this limitation was controlled.

The framework presented was developed through an integration of theory and previous literature in the field of sexual abuse. This review of literature and development of a framework potentially influenced my interpretations of the participants' responses. The importance of the framework developed was to provide guidance for the research inquiry, while remaining open to the findings that may have been overlooked or were contrasting to the concepts in the model. Because this inquiry was preliminary, future research should work to expand the number of participants and their reactions to SSA disclosures.

### ***Suggestions for Future Research***

This study was developed to examine the lived experience of mothers who had experienced sibling sexual abuse disclosures. With the lack of research and information in this area, the findings of this study only provided preliminary evidence that mothers, in sibling sexual abuse disclosure cases, had a history of sexual and/or physical trauma in their own early childhood experiences, in addition to poor parental and spousal relationships. They also

experienced great distress following disclosure as well as struggled with coping and improved functioning afterwards. These are all factors to consider in future quantitative research studies but, to increase the level of understanding of this population, future research should consider addressing the presence of secondary trauma in these women. All three participants experienced a detrimental level of depression that affected their functioning in the home, community, socially, and/or in their workplace. Future quantitative research projects could explore the root of that depression, whether it was connected to the trauma their children had experienced, whether the depression was connected to the shame felt from the stigma of sibling sexual abuse, whether the depression was a result of the pressures from having a victim and a perpetrator who are both their children, or whether the depression was a combination of all of these feelings. Along these same lines, this population experienced changes in their housing, career, and level of socialization. Therefore, future research could seek to determine what role, if any, these changes play in the level of depression and functioning in these mothers, as well as determining effective therapeutic approaches to assist mothers in coping with abuse disclosures.

Future research on mothers' who experienced sibling sexual abuse could explore the mothers' level of functioning in a more general format. For example, mothers' Global Assessment of Functioning (GAF) scores, which are usually determined by a mental health clinician or physician, could be utilized to capture their social, occupational, and psychological functioning. These scores could be used to determine the psychological impact the sibling sexual abuse disclosures had on these mothers as well as determining their ability to complete daily living tasks.

A specific, quantitative research project could be conducted to examine mothers' reactions to sibling sexual abuse when the daughter is identified as the "favored" child versus

when the son is identified as the “favored” child. Also, quantitative research could investigate mothers’ reactions when the victim is the “favored” daughter versus when the victim is the “favored” son. An investigation of these factors would aid in a deeper understanding of the complexity of the mothers’ roles in sibling sexual abuse situations. Through the use of quantitative methods, such as surveys and more objective measurement tools, coupled with the anonymity of a mail or online questionnaire, researchers will be able to help fill the gap in the sibling sexual abuse literature.

Mothers who experience sibling sexual abuse disclosures are in place in a unique position because both the perpetrator and the victim are her children. Future research studies could investigate how mothers are able to balance providing safety and love for both children. When there is legal involvement in these cases, mothers want to provide safety for the perpetrator from the legal system while also wanting to provide safety for their child who was victimized. As this research confirmed, mothers experience an array of emotions while coping with the abuse disclosure, therefore understanding how they are able to balance safety and love for her children is important.

As mentioned before, this population was difficult to engage. However, with the preliminary findings of this study, future research has a foundation to continue examining this population in a quantitative manner. Mothers, who fit the criteria for sibling sexual abuse disclosure research, were identified through juvenile sexual treatment centers, as well as mental health agencies, but many were unwilling to in face-to-face interviews. Therefore, future researchers should consider developing quantitative measures, such as surveys to give participants an opportunity to anonymously participate in this type of research. This format may also allow mothers to express viewpoints that may be considered unacceptable for a mother, such

as placing their son, the perpetrator, in foster care or leaving them in treatment without visiting or engaging with them as a family.

Future research could focus on the effects on mothers' ability to cope when perpetrators of sibling sexual abuse remained in the home, as opposed to those perpetrators who were removed from the home for a period of time or permanently. This research would be important because whether mothers felt as though their families were able to be reconnected or not played a crucial role in their level of functioning and recovery from this traumatic disclosure.

### ***Implications for Clinical Practice***

This research began to answer foundational questions about how mothers react when they are confronted with sibling sexual abuse disclosures. As indicated in the findings, mothers proceeded through a series of emotions beginning with anger, moving into shock and sometimes denial, and then eventually into a state of depression. Despite their reactions and level of depression, mothers were able to take action to protect their daughters from further sibling sexual abuse and engage in treatment, whether it was individual and/or family therapy, or just the support from their support system of friends, church members, and/or extended family members. Thus, the following are suggestions for clinicians to consider, when working with this population during the therapeutic process.

The immediate outward expression of these mothers, upon learning of the presence of sibling sexual abuse in their home, was anger. Mothers may lash out physically, hitting their sons out of anger or they may yell at their sons or daughters, depending upon whether or not they believe the disclosure after hearing it and in which form they received the disclosure, purposefully or accidentally. Clinicians should know that these mothers do not remain angry, instead they progress through the stages of shock and denial, eventually settling into depression.

Sometimes this population's depression includes withdrawal from society, as well as friends and family. Therefore, it is crucial that clinicians be conscious of the socialization patterns of these mothers, following disclosure. It is also important that clinicians be aware that mothers may not use the word "depression" but that their behaviors and health may be sure indicators of the impact the disclosure is having on the mothers' functioning. Lastly, clinicians should also be aware of the mothers' desire to want to withdraw from society, family, and friends, due to many different reasons such as shame, guilt for not protecting their daughters, and fear of judgment by others. All of these emotions should be addressed in the therapeutic process to assist mothers in moving into the coping process.

Clinicians must also be aware of the different support systems that are identified by this population to help them deal with this traumatic experience. Some mothers may use individual and family therapy to help them address their feelings and determine what steps are appropriate to begin the healing process for themselves and their families, whereas other mothers may use natural supports such as family, friends, and church members to help them through this difficult time. It is important that mothers are given the opportunity to determine which system works best for them and be allowed to use those supports without being judged or accused of not protecting their daughters.

An important aspect of treatment will be helping mothers deal with the consequences that follow sexual abuse disclosures, such as law enforcement involvement, possible sex offender registering, and in-patient treatment which removes the perpetrator from the home. Mothers, in this research study, shared that they had negative experiences with law enforcement. Clinicians should be mindful of validating these mothers' experiences and feelings concerning law enforcement. They should also recognize that, if the mothers verbalize regret about involving the

police either through a child abuse report or through reaching out to them for assistance on what to do, this does not mean that the mother is incapable of protecting their daughters. Instead, it is just another way of expressing the shock and denial that is experienced following sibling sexual abuse disclosures. They may chose to verbalize disgust and mistrust with law enforcement out of fear that their family may never be a solid unit again. Clinicians should be sensitive to these feelings and assess how, if at all, these reservations and regrets affect the mothers' ability to care for and protect her daughter and any other of their children when applicable.

Additionally, clinicians will need to be very sensitive to the complex nature of the mothers' desire to care for the victim, while also wanting to care for the perpetrator as well, because both are her children. As this research demonstrated, mothers' reactions did not directly correlate to their ability to take protective actions to ensure that their daughters are no longer abused. Therefore, clinicians will have to carefully separate the mothers' reactions from her ability to protect her daughter, as well as understanding that the mothers' angry reactions, expressed towards their sons, does not necessarily mean they want them removed from the home. Besides being aware of this complexity, clinicians must also understand that they will have to help the mothers navigate these feelings as well because, when coupled with the consequences of the abuse, their complicated role of being mother to both children will be extremely stressful while they begin to make sense of the situation, creating change and developing positive relationships within their families.

Another consequence of sibling sexual abuse disclosures is that of perpetrators' having to register as a sex offender. This can be very disheartening for mothers as they may struggle with seeing their son's act as less than the "typical" sex offender's behavior. Clinicians should use active listening skills to allow mothers to express their emotions about this fact but they should

also assess the mothers' level of understanding and accepting the abuse disclosure and the sexual abuse occurring. Some mothers may become stuck in this process, struggling to accept their son's actions and to allow their sons to take responsibility for sexually abusing the mothers' daughters. Clinicians need to be able to assist these mothers in recognizing how and why their sons' abuse actions qualify him to register as a sex offender. In doing so, it allows mothers to begin to give that responsibility to their sons and allows them to begin to heal from the guilt they may be feeling from not being able to prevent the abuse from occurring.

Also, after disclosure, in some cases perpetrators are taken to in-patient facilities out of the home which may also be out of town. Clinicians need to be able to help mothers deal with the loss of their sons physically, as well as the loss of their sons' and daughters' innocence as a result of the sexual abuse. Mothers may not be impacted immediately following the disclosure of sexual abuse when their sons are removed from the home but, as shared in this research study, there is a moment when mothers realize that this person who sexually abused their daughter is also their child, whom they love and care for, and with whom they want to continue a relationship. It is important that clinicians remain aware of this feeling and do not force the idea of the perpetrator's being removed from the home and never reuniting with his sister, the victim. These cases must be handled differently than intrafamilial and extrafamilial sexual abuse cases, due to the sensitive role of the mother in this situation between her two or more children.

This research demonstrates a connection between the family's being able to reunite after the abuse disclosure and how well mothers are able to cope and return to an optimal level of functioning. To assist in the mothers coping ability and functioning level, clinicians must consider implementing family therapy to help reconnect the broken and poor boundary laden sibling relationship. In order to do this, the clinician will need to assess when the time is right to

bring the two siblings back together, making sure that abusive behaviors are absent so that the victim is not further victimized and re-traumatized. Mothers may be anxious and prematurely push to have their children reunited so they can begin feeling like a family again. Therefore, clinicians need to be mindful of this desire and take the necessary steps to ensure that the family is truly ready for reconciliation. One thing that need to take place, before reintegrating the perpetrator into the family, would begin with the perpetrator's writing an apology letter to the victim, accepting full responsibility for the abuse that occurred. Through family therapy, between the mother and perpetrator and separately between the mother and the victim, the mother would need to reclaim the caregiver role and take full responsibility for the children. The family would also need to develop and implement protective boundaries for the victim and perpetrator. A couple of protective boundaries that would need to be present in the family include the victim's not being left alone with the perpetrator, especially immediately after reintegration, in order to assist in avoiding any temptation to reoffend. In addition to this boundary, the victim and perpetrator would need to be aware of the previous abuse triggers, such as petting one's hair or volunteering to care for the victim so that the mother can rest, and be able to openly communicate with their mother and each other, about any discomfort that is experienced, especially by the victim. Additionally, clinicians will need to address the harmful nature of secrets in a family where sexual abuse has occurred when implementing healthy communication patterns. Once these steps are achieved, the therapist may begin to engage the whole family, mother, son, and daughter, together in family therapy to prepare for reintegration and make plans to implement new ways of interaction to ensure that no further abuse occurs.

There may be a long lapse of time before this step can be achieved but preliminary evidence in this study shows that mothers begin the healing process and return to a healthy level



of functioning sooner, when their family, particularly their children, are no longer divided and separated. Inadvertently, victims begin to cope with the abuse and return to a healthy level of functioning, as well, when their mothers are able to cope and function in a healthy manner.

Also, very important to the treatment process is the therapist-client relationship. This research discovered that the mothers' impression of the therapeutic relationship was a crucial component in progressing in the therapeutic process. When this relationship was considered to be strong and supportive, mothers and their children made significant progress in therapy and in creating change within their families. Clinicians need to be sure to take the necessary time needed to develop a therapeutic relationship of support and trust before therapeutically challenging the present family structure and patterns. Once this relationship is established, clinicians and the client families can begin making the needed familial changes in order to break old patterns and problematic interactions, while developing new, appropriate ways to interact. Through the development of these new behaviors, families will have the foundation needed to begin reintroducing the perpetrator into the family. This study also gives weight to the proposition that the treatment of choice in sibling sexual abuse cases may be family therapy [parent-child (victim), parent-child (perpetrator), and eventually the whole family in therapy together]. When working with sibling sexual abuse cases, clinicians should consider the treatment framework discussed here and implement methods that are appropriate for the women who are seeking guidance through this traumatic period of their lives.

Overall, through the research findings presented in this work, clinicians have more information to guide them in working with mothers, following sibling sexual abuse disclosures. Clinicians can begin engaging their clients with a working knowledge of how the early childhood experiences of these mothers as well as the maternal, relational characteristics of these mothers,

can influence the mothers' reactions to sibling sexual abuse disclosures, impacting the mothers' overall level of functioning. Clinicians should utilize a Family Systems framework to understand the family dynamics present, in addition to conceptualizing and developing treatment for these families. This comprehensive framework will include the entire family in treatment, while also addressing the legal and social rehabilitation systems as well.

In addition to utilizing a Family Systems framework, both Narrative Therapy and Structural Family Therapy approaches can be helpful throughout the treatment process. When working with mothers, a Narrative approach is encouraged to aid the clinician in developing a strong interest in the client's story, to help her (the mother) externalize the problems surrounding the abuse disclosure, and then transition into rewriting the client's story as well as her future. Most importantly, through the use of a Narrative approach, the clinician will be able to listen to the client's story without labeling the client, which will have a positive effect on the development of a strong therapeutic relationship. The strength of the connection between the clinician and the client in these cases was found to be a crucial component in the treatment process. Therefore, therapy approaches that enhance the therapeutic relationship are strongly recommended. Structural Family Therapy can be implemented, in family therapy, to help guide the clinician, when working with the family structure, to examine and restructure how family members interact. The Structural approach will be helpful when working with the family, as a whole, when rebuilding boundaries and addressing harmful coalitions.

Important to the perpetrator and the victim's recovery process is their return to a regular routine which usually includes school. Therapeutic letter writing can be useful for clients and parents prior to returning to school to begin the collaboration process between the teacher and the family. A letter focusing on ways for the teacher to be emotionally supportive as well as

identifying effective interventions that have been used will be helpful for teachers as well as the student. Additionally, this process will open the door for all parties to continually evaluate the supports in place as well as identify new resources that may be helpful.

Another recommendation is directed to the teachers of students who have experienced sibling sexual abuse. Teachers can play a vital role in helping these children maintain personal boundaries. These boundaries may include identifying appropriate people for the children to discuss their experience surround the sexual abuse rather than having them discussing this experience with other children at the school. This, in turn, protects them from being victimized and/or ostracized by their peers for being sexually abused by their sibling, or in the case of the perpetrator, for sexually abusing their sibling. The child's ability to return to "normal" functions such as school is a crucial component in the process of coping with the sexual abuse and being a perpetrator of sexual abuse.

### ***Conclusion***

My study suggests that, upon receiving a sibling sexual abuse disclosure, mothers' immediate reactions are not indicative of the action they will take following the disclosure, with regards to belief of the disclosure and taking appropriate steps to protect their daughters from further abuse. When examining and working with these mothers, one must consider the mothers' early childhood experiences, as well as their relationships with their spouses and their children, in order to gain a deeper understanding of these mothers' reactions. Furthermore, clinicians and researchers must consider the society's expectations of mothers and how these mothers' self-image may be influenced, as a result of this traumatic experience. More importantly, clinicians must be sensitive to the mothers' delicate role of being the mother of both the perpetrator and the victim, in order to maintain a therapeutic relationship and encourage these mothers to engage in

the therapeutic process. Future researchers in this area must implement quantitative methods to gain a larger population of participants and determine important differences within this group of mothers. The idea is that eventually, people who provide services to these mothers, law enforcement, Social Rehabilitation Services (SRS) workers, and clinicians, intervene in these families with a level of sensitivity that assists mothers in transitioning from anger, shock, and denial, to a functional level of interaction with others and to develop the necessary skills to be able to interact with their children and protect their children from any additional harm. The hope is that the lessons learned from Joy, Julie, and Mary's brave stories, of this traumatic experience, will help other mothers, dealing with similar experiences, cope while preventing some mothers from having to experience this trauma at all.

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## **Appendix A - Recruitment Letter**

Dear Participant,

My name is Camille Lafleur and I am a doctoral student at Kansas State University in the College of Human Ecology as well as a licensed marriage and family therapist (LMFT) with the state of Kansas. I would like to invite you to participate in my research study. My focus is directed at understanding how mothers react to learning that their daughters were sexually abused by the girls' older brothers. I believe this research will be important for mothers who are dealing with sibling sexual abuse disclosures in addition to being valuable to therapists and family workers who provide support to these families. Although I am a licensed therapist, the interview you participate in is strictly for research purposes and is not therapy. If you have a desire to engage in therapy after the interview, I would be happy to assist you in beginning this process with a licensed professional in your community.

The purpose of the interview questions asked will be to answer these overarching research questions: What are the common themes found in the early childhood experiences of mothers in families where sibling sexual abuse has occurred? What are the common characteristics found in the parental couple and family relationships of these mothers? How do mothers handle sibling sexual abuse disclosures? What is the mothers' level of functioning following the disclosure of the sibling sexual abuse? What kind of treatment strategies were utilized by mothers following the abuse disclosure?

Every interview is confidential meaning that your name and any other identifying information will be removed. I am the only person who will meet with you face-to-face for the interview. Dr. Jurich will have your contact information to contact you after the interview to see if you have any needs, such as needing to be referred to a therapist, following your participation.

If you are interested in participating, please feel free to contact me at [ccmille@ksu.edu](mailto:ccmille@ksu.edu) or call me at either of my confidential phone numbers so that we may discuss scheduling an interview. I anticipate that interviews will take approximately 45 minutes to an hour. I am available to schedule interviews during the day, evening, and weekends as necessary. Also, feel free to contact me if you have any questions about the interview process or interview questions. As a token of my appreciation, I will provide you with a \$25 gift certificate for your time and cooperation. Should you decide not to participate after reading the interview questions, you will not lose this \$25 benefit.

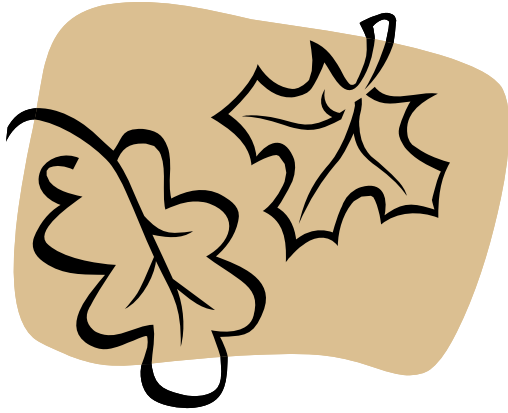
I look forward to hearing from you and/or answering any of your questions.

Sincerely,

Camille Lafleur, M.S., LMFT

Tony Jurich, Ph.D., Licensed Clinical Marriage and Family Therapist (LCMFT)  
Kansas State University, Professor in Family Studies and Human Services  
(785) 532-1488 [Jurich@ksu.edu](mailto:Jurich@ksu.edu)

## Appendix B - Research Flyer



### ATTENTION MOTHERS: INVITATION TO PARTICIPATE IN A RESEARCH STUDY

The experience of sexual abuse can be very traumatic for victims as well as their family members.

I am conducting a research study designed to explore the experiences of mothers after learning their daughters have been sexually abused.

*Biological mothers who have learned their daughters were sexually abused by their older brothers are invited to participate in this study.*

If your family has experienced sibling sexual abuse within the last seven years, you are encouraged to participate in this study designed especially for you. A \$25 token of appreciation will be provided for those who participate.

***If you are interested in participating, please contact:***

***Camille Lafleur, LMFT***

***Kansas State University***

***By phone (confidential) or by email: [ccmille@ksu.edu](mailto:ccmille@ksu.edu)***

***A brief questionnaire will be conducted to ensure you meet the criteria needed for the study.***

## **Appendix C - Informed Consent Form**

### **Kansas State University – Informed Consent**

#### ***Mothers' Reactions to Disclosures of Sibling Sexual Abuse***

**PURPOSE OF THE RESEARCH:** The purpose of this study is to determine how mothers react when learning that their daughter has been sexually abused by their brother. More specifically, this study seeks to understand the experiences of mothers following disclosures of sibling sexual abuse. There are five main research questions: What are the common themes found in the early childhood experiences of mothers in families where sibling sexual abuse has occurred? What are the common characteristics found in the parental couple and family relationships of these mothers? How do mothers handle sibling sexual abuse disclosures? What is the mothers' level of functioning following the disclosure of the sibling sexual abuse? What kind of treatment strategies were utilized by mothers following the abuse disclosure?

**PROCEDURES OR METHODS TO BE USED:** You will be asked to participate in an audio recorded interview, designed in a way that will allow you to describe your experiences following your daughter's sibling sexual abuse disclosure.

**LENGTH OF STUDY:** Each interview will last approximately 45 minutes to 1 hour.

**RISKS OR DISCOMFORTS ANTICIPATED:** There are no known physical or social risks involved. Potential psychological risks may be that the interview could possibly influence previous distressing areas associated with your experiences surrounding the disclosure of sibling sexual abuse. However, if this were to occur, the interviewer is a trained mental health professional and is prepared to provide immediate intervention and referrals for more in-depth services if needed.

**BENEFITS ANTICIPATED:** The expected benefits for participation are that you will be provided the opportunity to share your experiences associated with the sibling sexual abuse disclosure. Participants will also receive a \$25 gift certificate for their time and cooperation, even

if after reviewing the questions they decide not to participate and/or if they refuse to answer certain questions.

**EXTENT OF CONFIDENTIALITY:** Your responses will be kept confidential and in the possession of the interviewer. The interview will be audio recorded and transcribed. Any identifying information, such as names and specific locations, will be either omitted or changed to avoid any possible links to true identities. After identifying information has been removed, Dr. C.R. Macchi, a licensed clinical marriage and family therapist, will have access to the transcripts to assist in the data analysis stage. The audio recording and transcriptions will be kept in a locked file cabinet throughout the duration of the study and will be destroyed upon the completion of this research project.

**TERMS OF PARTICIPATION:** I understand this project is research, not therapy, and that my participation is completely voluntary. I also understand that if I decide to participate in this study after reviewing the interview questions, I may withdraw my consent, stop participating, and/or decline to answer any question without explanation, penalty, or loss of benefits to which I may otherwise be entitled. I understand that Camille Lafleur is a mandated reporter and is required to report any accounts of childhood abuse that have not been reported to Social Rehabilitation Services (SRS).

**I verify that my signature below indicates that I have read and understand this consent form and willingly agree to participate in this study under the terms described. My signature below acknowledges that I have received a signed and dated copy of this consent form.**

**Participant Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **Appendix D - Debriefing Statement**

Dear Research Participant,

Thank you for participating in my research study. I appreciate your time and willingness to share your story with me. Your contribution to this study will aid in the understanding of mothers' experiences following sexual abuse disclosures and provide guidance for individuals working with these families. In addition, your story will provide important information that is necessary in understanding what supportive measures and treatment approaches are helpful for mothers in these situations.

Because the nature of this interview may bring about distressing feelings, my major professor Tony Jurich, Ph.D., LCMFT, will be contacting you following the interview to check on your wellbeing. In the event you have experienced some distress, Dr. Jurich will be available to refer you to a qualified mental health professional in your area. You have the option of obtaining this information during his wellness contact or you may contact him at (785) 532-1488 at anytime following the interview. I will also have this information available at the conclusion of the interview if you feel it is necessary at that time.

Again, thank you for your participation and contribution to this area of interest.

Sincerely,

Camille Lafleur, LMFT

Dr. Tony Jurich, LCMFT

## Appendix E - Interview Guide

Demographic information to be requested:

1. Age
2. Race/Ethnicity (According to individuals' identification)
3. Religious/Spiritual Affiliation (if appropriate)
4. Relationship Status at the time of the Abuse
5. Number of Children and Ages
6. Educational Level
7. Occupation

The overarching research questions are: what is the essence of the lived experience of mothers following disclosures of SSA? Also, what treatment approach and/or services are most effective following these disclosures? The specific research questions and corresponding interview questions are listed below:

1. What are the common themes found in the early childhood experiences of mothers in families where sibling sexual abuse has occurred?
  - a. How would you describe your relationship with your mother when you were a child? Your father? Your siblings?
  - b. Can you tell me about any traumatic experiences from your own childhood?
  - c. If you were sexually abused, do you believe your mother knew about the abuse? If so, what makes you believe this? How did she handle finding out about the abuse?
  - d. How did you feel about your mother when the abuse was occurring, before she knew about it? When it was revealed?

- e. Do you see the abuse as someone's fault or do you blame yourself? If so, can you tell me who and why you feel it is their fault?
2. What are the common characteristics found in the parental couple and family of procreation relationships of these mothers?
- a. Describe what type of mother you are. If you were going to be the type of mother who you think society expects you to be, would you be different? If so, in what ways? Do you think society's view is realistic? Are most people like that?
  - b. How do you feel about being a mother?
  - c. In your opinion, what are the important differences between men and women?
  - d. How were the responsibilities in your family divided or shared prior to the abuse disclosure? (Probe about paying bills, chores, discipline, etc.)
  - e. Describe for me, in your opinion, how you thought your daughter and son got along before the sexual abuse was disclosed? How about you and your son? You and your daughter? How about your son and his father? Your daughter and her father?
  - f. Do you believe in a religious or spiritual affiliation? If so, how influential was this affiliation within your family before the sexual abuse was disclosed?
  - g. Prior to learning about the sexual abuse, on a scale of 1 to 10, how well would you say your family shared information with each other? Can you share with me an example of how your family shared information with each other?
3. How do mothers handle sibling sexual abuse disclosures?

- a. Please tell me how you became aware that your son was sexually abusing your daughter.
  - b. Share with me what feelings you experienced when you first heard about the sexual abuse? Did your feelings change over time? If yes, please describe for me how your feelings changed?
  - c. On a scale of 1 to 10, with 1 being not at all depressed and 10 being extremely depressed. How depressed were you when you found out about the abuse? Using the same scale, how angry were you? Was your health affected by the stress of the situation? If so, how?
  - d. When you first learned about the abuse, did you believe it? How did you handle or react to the disclosure? How do you feel now about how you reacted then? How do you think your daughter felt about your reaction?
  - e. Can you share what you thought about as you went through this family crisis? How did you feel?
  - f. How has the rest of your family such as your parents, sisters, and brothers, reacted to hearing about the abuse?
4. What is the mothers' level of functioning following the disclosure of the sibling sexual abuse?
- a. How do you feel about yourself today?
  - b. Would you say you see yourself different now than the way you saw yourself before learning about the abuse? If so, how? Do you see yourself now different from the way you saw yourself at the time you learned of the abuse? If so, how?

- c. Tell me about how you and your son interacted with each other after you learned of the abuse? How about between you and your daughter after the disclosure?
  - d. How do you feel your experiences have affected your ability to relate to other people?
5. What kinds of treatment strategies/modalities were utilized?
- a. Who did you turn to for support? What kind of support did you receive from this person (or these people)?
  - b. Did you engage in counseling or therapy? If so, what encouraged you to get counseling or therapy?
  - c. What kinds of treatment did you receive? Individual, family, and/or group therapy? If you attended family and/or group therapy, who participated in each treatment form?
  - d. How did you feel about the treatment services you received? What did you find helpful? What was not so helpful?

The following question will also be used as probes and/or follow-up questions when needed to encourage subjects to amplify their descriptions of their experience.

“You mentioned \_\_\_\_\_. Can you tell me more about that?”

“When did that happen?”

“Who else was involved?”

“Where were you during that time?”

“What was your involvement in that situation?”

“How did that come about?”

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