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Child sexual abuse: Understanding this multigenerational phenomenon

Ana Maria Stockwell

Maria De La Luz Santana

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CHILD SEXUAL ABUSE: UNDERSTANDING THIS MULTIGENERATIONAL PHENOMENON

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Ana Maria Stockwell
Maria De La Luz Santana
June 2006
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Approved by:

Dr. Janet Chang, Faculty Supervisor, Social Work

Thomas E. Bell, M.F.T., Director, Life Learning Center

Dr. Rosemary McCaslin, M.S.W. Research Coordinator
ABSTRACT

This study examined the experiences of mothers who were sexually abused as children and who were later faced with their own daughters’ sexual abuse. Face-to-face interviews were conducted with seven Caucasian women from two treatment agencies. A qualitative method was used to analyze the data and four reoccurring themes emerged: participants’ own mothers were emotionally unavailable, participants’ own mothers were inactive upon the participants’ disclosure of sexual abuse, participants were supportive and active upon their daughters’ disclosure, and participants experienced a gap in the services that were provided after disclosure. Findings suggest that the participants’ lack of support during the first generation did not negatively impact their ability to support their own daughters when sexual abuse was disclosed. Findings further suggest that the lack of cultural stigma along with a mother’s support system may positively influence her ability to be supportive. Implications for social work practice and program development are discussed.
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DEDICATION

This thesis would not be possible without the support of my family, mainly my mother who constantly gives so much of herself for my goals. "I love you, mom."

I also want to dedicate this thesis to my four little troupers, Jeffrey, Anthony, Amber and Katelyn. They never complained over the many nights of take-out dinners and weekends at home.

Maria Santana

I would like to thank my loving family for all their support during these very stressful years. To my husband, Todd, who gave me the courage to follow my dream. To my daughter, Zoë, for being patient and loving when mommy was too busy to play. To my sister, Yolanda, for teaching me how to fight the good fight. I would like to thank my mother and my hero, Natalia, for making me the strong woman that I am today. And to my father, Rafael, who is always in my heart. Above all, I would like to thank God, who has carried me through the darkest hours and shown me what truly matters in life. I love all of you - more than words could ever say.

Ana Stockwell
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CHAPTER ONE
INTRODUCTION

Problem Statement

The devastating psychological effects of child sexual abuse have been studied and documented extensively over the past two decades (Feiring, Taska & Lewis, 1996; Follette, Polusny, Bechtle & Naugle, 1996; Koopman, Gore-Felton, Classen, Kim & Spiegel, 2001). Of the 22.3 million adolescents in the U.S. today, 1.8 million have been victims of some form of sexual abuse (Kilpatrick & Saunders, 1997). In a survey conducted by the Commonwealth Fund (1999) of high school adolescents, it was found that approximately 12% of girls and 5% of boys were sexually abused.

Moreover, in 1994 there were 1,036,000 substantiated child maltreatment cases reported to Child Protective Services (CPS) in the United States - 113,960 of which were victims of sexual abuse (Wang & Daro, 1998). In more recent data provided by the U.S. Department of Health and Human Services (2000), 2,806,000 referrals of possible maltreatment were reported to child protective service agencies in 1998. Sixty-six percent of those referrals
investigated found that an estimated 903,000 children were victims of abuse and/or neglect. Of those 903,000 children, 12% (108,360 children) were victims of sexual abuse (Shalala, 2000). Although there seems to be a decline in the rates of child sexual abuse in the United States in recent years, specifically since the increase of reports in 1992 and downward trend by 1999, it is estimated that 12% to 35% of women and 4% to 9% of men have been sexually abused prior to the age of 18 (Putnam, 2003).

With the growing attention to child sexual abuse cases over the last few decades comes the realization that family members and acquaintances are perpetrating many of these crimes (Greenfeld, 1996). Estimates in previous research studies conducted since 1980 indicate that prevalence rates of male sexual abuse by siblings ranges from 6% to 33% (Mathews, 2001). When groups of women who were victimized by a brother or by their father were compared, the results showed that characteristics of the victimization (including use of force) were similar, as was the duration of the abuse over time. When the father was absent as a vital force in the family, the
absence played a key role in the abuse by a brother in every instance (Rudd & Herzbereger, 1999).

Interestingly, researchers are now focusing on how the long-term impact of child sexual abuse in women can lead to subsequent sexual victimization of their children. For example, there are an overwhelming number of studies supporting the hypothesis that women who were sexually abused as children have an increased risk of having daughters who will be sexually abused by a family member (Blake-White & Kline, 1985; Finkelhor & Browne, 1985; Fleming, 1988; Gelinas, 1983; Newberger, Gremy, Waternaux, & Newberger, 1993).

Specifically, it is suggested that women who have not adequately recovered from their experience of childhood sexual trauma are more likely to have children who suffer from incest (Russell, 1986). Unfortunately, not only do these mothers have to cope with the trauma of their own childhood sexual abuse, they have the compounding trauma of having a child who has been sexually abused. Consequently, these mothers struggle with more psychological distress and poorer family functioning compared to mothers without such histories (Oates, Tebbutt, Swanston, Lynch, & O’Toole, 1998).
Policy Context

Over the past two decades, advocacy efforts have changed the landscape for child sexual abuse victims in this country. Every state has passed victim’s rights laws that have allowed service programs to develop throughout the country. Moreover, funding for sexual abuse victims has steadily increased. In the U.S. Department of Justice’s 2001 Report to the Nation for the Office for Victims of Crime (OVC), child sexual abuse was considered a priority category for the allocation of Victims of Crime Act (VOCA) funds. States and local governments continue to make major strides in several key areas in working with victims of child sexual abuse (CSA). For example, significant improvements have been made in the criminal justice system’s response to these crimes, specifically, in regards to collaboration with other disciplines and agencies. Agencies are now required to develop protocols that will facilitate support for victims of CSA while going through the criminal justice system.

Practice Context

Currently, there has been the development of multidisciplinary approaches and responses to incidents
of child sexual abuse, including sub-grant awards to child advocacy centers (U.S. Dept. of Justice, 2001). Local jurisdictions have developed programs on a macro level that will include a continuum of care approach to child sexual abuse response by coordinating efforts with law enforcement, CPS, hospitals, and child advocacy centers. Multidisciplinary Interview Teams (MDITs) for example, have applied techniques in decision-making and interview approaches with the goal of reducing the trauma of reporting CSA in children. In other words, once the CSA is reported, the child is exposed to only one interview in which all members of the team are present behind a two-way mirror while a forensic social worker, who has been specially trained, conducts the interview in a child friendly environment. These steps are important since child sexual abuse survivors have often expressed that reporting the sexual abuse and the response that they received made a difference in their recovery (Jonzon & Lindblad 2004).

**Purpose of the Study**

The purpose of this study is to explore the experiences of woman who were sexually abused as children
and who are faced with their own daughter's sexual abuse. Through interviews with mothers at a Parents United Chapter in Orange County and The Morongo Basin Counseling and Recovery Center in San Bernardino County, the researchers hope to gain access to information that will be useful to social workers along with other first responders in the field of CSA.

The Parents United Chapter provides treatment to members of families where incest has occurred. Therefore, this study hopes to address the even more difficult and often unspoken topic of intrafamilial sexual violence, which although not frequently addressed in the literature, is what first responders most often face.

For instance, 25% to 50% of all American women are cited as having been sexually molested in childhood, most by someone they knew and trusted (Blume, 1990). Also, with the vast majority of child victimizers in state prisons, the victim was someone that they knew prior to the crime. One in four had committed their crime against their own child (Greenfeld, 1996). Thus, interviewing and focusing on mothers who are addressing the complicated nature of incest is pertinent to the research on CSA.
The Morongo Basin Counseling and Recovery Center in San Bernardino County offers therapeutic intervention to families who have been impacted by childhood sexual abuse and other general mental health conditions. The mothers receiving treatment at this facility will be recruited by clinicians providing treatment for general mental health issues and will be assessed for their childhood sexual abuse and for the sexual abuse of their children.

Specifically, this study will consider such factors as reporting the sexual abuse, familial support once the abuse is disclosed, and whether there were therapeutic interventions provided to the child and family. Understanding the actions that were taken once the sexual abuse was disclosed is crucial in helping professionals respond to allegations of sexual abuse in the future. More importantly, by exploring such factors social workers will gain an understanding of how early interventions play a role in the effects of childhood sexual trauma. Additionally, this information will provide insight to a woman's ability to cope with later stressors, as well as her ability to support her daughter during her recovery.
As stated previously, there is very little research that has specifically considered the multigenerational sexual abuse phenomena. What does exist in the literature has negative implications of maternal culpability (Ehrmin, 1996), often portraying the mother with feelings of hostility toward the daughter at an unconscious level (Rush, 1980). Researchers who have attempted to explore this topic have based the incestuous experience on the passive, ineffective, non-caring, or conniving mother, even though most incestuous acts are committed by the father (Ehrmin, 1996). Consequently, professionals such as nurses and law-enforcement officers have followed in this victim-blaming path.

Therefore, an exploratory, qualitative analysis of this topic will allow for a broad overview of a mother’s psychological adjustment to her sexual abuse experience, as well as what factors (reporting, support, prosecution, and therapy) may facilitate a positive outcome to the sexual abuse trauma in order to help her support or respond appropriately when there is disclosure of sexual abuse by her own daughter. This study will offer mothers an opportunity to feel heard while providing social
workers with insight into the range of emotions that are generated by these experiences.

Significance of the Study

Childhood sexual abuse is a worldwide problem with long term behavioral, social, and mental health consequences. Furthermore, it is a common understanding among professionals who work with CSA that the immediate response that a child receives when sexual abuse is disclosed will have a positive or negative impact on their adult psychological adjustment. In fact, Jonzon and Lindblad (2004), suggest that disclosure related events have a stronger impact than abuse characteristics to long-term consequences of childhood sexual abuse.

Similarly, it has been shown that the amount of support that the survivor receives from family, friends, or the community may be associated to short-term symptoms of being sexually abused (Coffey, Leitenber, Henning, Turner, & Bennet, 1996a). Therefore, social workers and other first responders, such as medical staff, law enforcement, and teachers can benefit from exploring the importance of supporting a child through the process of
CSA disclosure, along with what interventions are necessary to facilitate a positive adjustment.

The outcome of this study is of considerable importance in light of current trends in the policy development of multidisciplinary responses to CSA. For example, the findings should support the development of continuum of care policies at a state level which encourage a collaborative approach and the building of networks in response to CSA. A further understanding of the benefits of such models will help, not only in the development of better responses among disciplines, but in the development of better therapeutic interventions. For example, specific to the generalist intervention model, the findings of this study will encourage agencies to develop appropriate assessment tools to identify key aspects of the CSA and what contributions these characteristics may have to long-term consequences.

Finally, this study hopes to develop a better understanding of what mothers go through when the sexual abuse of their daughters is perpetrated by their husbands or partners. Although, historically the literature has identified the mother as sanctioning the incestuous relationship, studies have not explored the various
psychological factors that may contribute to a mother’s inability to be supportive to her daughter (Ehrmin, 1996). In an ethnographic study on six mothers of incest survivors conducted by Johnson (1992), one of the most interesting findings that emerged from interviews with the mothers was their intense need to talk to someone who was interested in them, their feelings, and how the disclosure of the incest was affecting them. For this purpose, this study hopes to clarify how a mother’s support during her sexual abuse experience impacts her response when the sexual abuse of her daughter is disclosed.

The findings of this study will contribute to the overall knowledge base on child sexual abuse, multigenerational sexual abuse, as well as the impact that professional and familial support have on the child victim. With a better understanding of the importance of micro and macro interventions to child sexual abuse, child welfare practitioners and other first responders will be able to respond effectively when sexual abuse by a child is disclosed. This in turn will make a significant contribution to child welfare by reducing the number of children who go on to develop negative
psychological, social, and behavioral consequences to the CSA trauma.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This section will present a review of the literature as it pertains to child sexual abuse (CSA). Specifically, this chapter will begin by exploring the short-term effects of childhood sexual abuse in children and the long-term impact that CSA has on adult psychological adjustment. An overview of the literature on a mother’s experience in CSA disclosure, professionals’ attitudes toward CSA will be discussed along with multigenerational sexual abuse, characteristics of mothers whose children were sexually abused, and finally the theoretical orientations influencing this study.

Short-Term Effects of Childhood Sexual Abuse

The enduring consequences of CSA and its impact on sexual drive structures, personality, and interpersonal relationships are influenced by a multitude of mediators. Thus, how sexual abuse is eventually internalized into the person “as a whole” is one of considerable interest. In studies of preschoolers, often the most obvious effect of sexual abuse is the display of some form of sexual
behavior considered to be abnormal. For example, in two chart review studies where nonsexually abused clinical controls were employed, researchers found that inappropriate sexual conduct was more significant in children who had been sexually abused. Inappropriate or sexualized behavior in these two studies was operationalized to include sexual play with dolls, inserting objects in vagina or anus, masturbation, seductive behavior, requesting sexual stimulation, and age-inappropriate sexual knowledge (Gale, Thompson, Moran, & Sack, 1988).

In contrast, behavioral and academic problems at school are the most commonly reported symptoms of school-aged children who are being sexually abused. To illustrate, Friedrick and Luecke (1988) found that all of the school-aged children in their study of sexually abused and sexually aggressive children had school problems, including 73% who were learning disabled or in special education classes. The sexually aggressive children also reported a lower IQ compared to the psychiatric control group of nonaggressive children. However, they did state that it is important to consider that children who are developmentally delayed may be at
greater risk of being sexually abused, and that the sexual abuse trauma can lead to the further deterioration of their school performance (Beitchman, Zucker, Hood, daCosta, & Akman, 1991).

Symptomatology among sexually abused adolescents include: depression, low self-esteem, and suicidal ideation or behavior. Lindberg and Distad’s (1985) study of 27 adolescents with a history of incest revealed that one-third had attempted suicide, and clinically, all presented with low self-concepts. Similarly, Sansonnet-Hayden, Haley, Marriage, and Fine (1987), found that depression and schizoid/psychotic symptoms (hallucinations) significantly presented in adolescents who had been sexually abused when compared with a group adolescents with no such history. In Burgess, Hartman and McCormack’s (1987) study of adolescents involved in sex rings, occurrence of illicit drug use, compulsive masturbation, prostitution, physical fights with friends and parents, and criminal behaviors among the sexually abused boys was more common compared to a normal control group matched for age, sex, race, and family structure.

Although many studies have relied on clinical observations to determine the impact of child sexual
abuse, Finkelhor and Browne (1985) suggest that the
effects of sexual victimization in childhood can be
explained through four trauma-causing factors, which they
call the Traumagenic Dynamics Model. This model proposes
that the effects of child sexual abuse can be analyzed in
terms of: stigmatization (feelings of low self-esteem,
shame, guilt, and feelings of badness), betrayal (a
dynamic in which a child learns that someone in whom they
were dependent on has caused them harm), powerlessness
(feelings that the victim is rendered powerless to
prevent the trauma, and traumatic sexualization (a
process in which a child’s sexual feelings and attitudes
are shaped). According to this theory, these four
dynamics change the child’s view of the world and
themselves. These changes can result from the abuse or
the events surrounding the abuse (Finkelhor & Browne,
1990).

Long-Term Impact of Childhood Sexual Abuse
Coping strategies such as avoidance, denial and
self-criticism have been known to negatively impact women
and increase the likelihood of psychological distress
among child sexual abuse survivors (Gibson & Leitenberg,
According to Gibson and Leitenberg (2001), children often use disengagement methods of coping to deal with the pain of being sexually abused, so the use of these strategies by women in adulthood to cope with stressors in their lives may just be reactivating methods that were used during the childhood experience. There were similar findings in Coffey, Leitenber, Henning, Turner, and Bennet (1996b) in that women reported using disengagement methods of coping in response to the stressful aftermath of child sexual abuse. Interestingly, this same study found that these same women used disengagement methods of coping with everyday stressful events that occurred during the previous month. One explanation is that the secrecy and shame involved in the sexual abuse required some level of escape and effort to avoid the painful memories and negative feelings surrounding the abuse.

Studies support that a history of child abuse can lead to self-destructive behavior such as risky sexual activity or substance abuse. But it was only recently that self-mutilation was added to that list and proven to be associated with child sexual abuse (Rodriguez-Srednicki, 2001). This study supported the
data that has been documented about dissociation as mediating the relationship between child sexual abuse and self-destructive behavior in adults. In addition, this study found that children tended to dissociate during the traumatic experience of being sexually abused in an effort to defend themselves from their attacker. During adulthood the dissociation or "psychic numbing" was achieved with the use of drugs and alcohol and/or self-mutilation (Rodriguez-Srednicki, 2001). Additionally, the lack of resources as mentioned earlier are important in that social support and resources have been linked to women’s ability to cope with life's stressors. It is also possible that people who use avoidant methods of coping usually have fewer social resources (Billings & Moos, 1980).

Koopman et al. (2001) found that women who were child sexual abuse survivors and had been diagnosed with PTSD may experience increased sensitization to relatively minor stressors. For example, over half of the women reported acute stress responses although they had not experienced any recent trauma in their lives. Acute stress responses include hyperarousal, dissociation, re-experiencing, avoidance, and impairment. Koopman et
al.'s, (2001) findings of women who had PTSD symptoms as a result of child sexual abuse and often experienced severe trauma symptoms as a result of everyday stressors can explain how some women can turn to negative methods of coping, or even disengagement methods of coping to deal with the stressfulness of the recent trauma (Rodriguez-Srednicki, 2001). In turn, they suggest that these negative coping strategies are not effective.

Mother’s Experience in Child Abuse Disclosure

Studies on the mothers’ experiences in the disclosure of their child’s sexual abuse have not changed through the years. Earlier studies suggest that mothers rejected and often failed to protect their children as a result of the fear of losing their family (deFrancis, 1969; Sgroi, 1982; Kempe & Kempe, 1984). Often these studies put blame on the mother for not reacting appropriately although many mothers were unaware of the abuse and were startled by the discovery (Elbow & Mayfield, 1991; Johnson, 1992).

Blaming the mother continues to be a prevalent theme. In Carter’s (1993) study of mother’s blame confirmed this belief. In the study, some mothers
indicated that as a result of discovering the abuse, family and friends and their perceptions about the abuse caused them to withdraw from contact. Moreover, this study captured the lack of emotional support, as some mothers also reported the lack of support from other individuals. These facts raise the concern over what appropriate interventions are available for the non-offending mother.

However, that is not the primary concern of child protection workers who investigate the allegation of CSA. Instead, their primary goal is to protect the child and assess the mother for appropriate response. Although a recent study suggests that the mothers' response can be as fluid as the child disclosure, which is understood to be a process (Alaggia, 2002), child protection workers want a firm act of protection from the mother. Moreover, Alaggia argues that during this tragic stage, mothers can move back and forth between disbelief to belief of the abuse. In such a circumstance, mothers can also experience the removal of a child in addition to the trauma of that child's abuse. These social constructions of motherhood are unrealistic ideals. Mothers are seen as
the selfless souls who will foresee, nurture, and protect without considering the reality in which they live.

Professionals’ Attitudes Toward Child Sexual Abuse

Professionals’ response to child sexual abuse is guided by a multidisciplinary collaborative approach. This approach is consider a best practice for child abuse cases because its process increases reporting and conviction rates, while also increasing effectiveness of treatment, and to decrease the trauma of disclosure for survivors (Kinnon, 1988).

The medical professional, although often plagued with the criticism that health practitioners lack the training to identify CSA in patients (Diaz & Manigat, 2000), plays an important role in the multidiscipline approach to CSA. The pediatric professionals’ guidelines to evaluating CSA are the main methods in obtaining evidence of CSA, besides disclosure. The data collected helps confirm CSA later in Court. As a result, these guidelines are revised through the years, improving CSA assessment (Kellogg, 2005)

Equally important is the process of forensic interviewing. Literature suggests that forensic
interviews are a process of extended assessment of child victims in which vulnerable victims find the event of disclosure easier (Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001). Moreover, the process of disclosure has been attributed to changing secretiveness, shame, confusion, and numbness to openness, self-satisfaction, understanding and expression (Terr, 1990). In fact, a study conducted by Roberts and Taylor (1993) reports that over 90% of the 30 children studied indicated that they were pleased with disclosing and attributed the benefit of unloading and resolving inner conflicts through disclosure.

However, a number of studies suggest that the multidisciplinary collaborative approach toward CSA has problems of fragmentation in its intervention and effectiveness. A part of the fragmentation is placed at the subjectivity that these professional communities convey towards victims and offenders and their beliefs about the actual causes of the abuse. This factor is reflected in studies in which professionals responding to child sexual abuse cases attribute some responsibility to the victim. For example, in a study conducted by (Ford Schindler, & Medway, 2001), a combination of
psychologists and school teachers were administered vignettes that portrayed the victim of CSA as either encouraging, passive or resistant. The results showed that psychologists and schoolteachers alike attribute higher blame to the victims that resisted.

A replication of the previously mentioned study was conducted (Ford et al, 2001). In this study, the variables of blame were assigned to the father, mother, or child. Again, the findings rendered a high attribution of blame to the victim. In another example, a study by Johnson, Owens, Dewy, and Eisenbery (1990) rendered similar findings. In this particular study, teachers and social workers faulted the victim for not resisting the abuse and blamed the act of victimization on the child’s seductive behavior. Beside the assignment of blame to victims, victim’s creditability is at stake depending on the gender of the professional responding to CSA. An older study by Attias and Goodwin (1985) conveys that male professionals underestimate the frequency of father-daughter incest and over assume the frequency of victims that report fantasies rather than actual incidents of sexual abuse. Similarly, Kendall-Tackett’s (1991) study found that women are more likely to believe
allegations of sexual abuse than men. While the studies are based on scenarios, these findings have serious implications for male professionals responding to a child’s disclosure of abuse. The question that arises is whether they will believe and follow protocol.

Hackbarth and Devaney’s (1994) study explored this exact issue. In the study, 48 school counselors were given two hypothetical sexual abuse reports. In one situation the perpetrator was the teacher while in the other scenario, the step-father was the offender. The findings indicated that counselors had difficulty reporting their colleagues’ misconduct. Less than 49% of counselors were willing to report the incident to social services or police, while 41% of counselors preferred to defer the decision of reporting to school officials, and the remaining 10% of counselors chose to wait until they concluded their own investigation of the incident before reporting. Although reporting laws mandate professionals to respond accordingly to their role, the possibility that professionals may rely on their own convictions is evident. No research was found on the prosecution of under report allegation of CSA in regards to mandated reporter.
Multigenerational Sexual Abuse

The question of whether a mother who was sexually abused in her childhood has a greater risk of having her own children be sexually abused does appear to have support in the literature (Mullen, Romans-Clarkson, Walton, & Herbison, 1988). However, how a mother's prior sexual abuse experience may affect her parenting abilities has not been well studied. In one of the only recent studies exploring the multigenerational sexual abuse issue, the author discusses the ways in which women's development of self-understanding can be impacted by her experience of childhood sexual abuse and how this, in turn, can affect her ability to parent (Baker, 2001).

In this qualitative study, women who were victimized as children and who were in therapy to address the sexual abuse of their children were interviewed about their experiences. Interestingly, it was reported by participants that their anger regarding the current sexual abuse of their daughters was connected to the way that they had been treated as a child when their own sexual abuse was disclosed.

Furthermore, there were certain behaviors that were found in this study between both generations that were
similar. For example, one of the women observed that both her and her daughter had kept the sexual abuse a secret for a long time. Interestingly, they both managed to "block out" their trauma, and when asked, stated that they had a happy childhood. In this case, the mother expressed a desire for her husband to change so that they could become a family again (Baker, 2001).

An earlier study of sixty-seven mothers whose children were sexually abused by others and sixty-five control mothers, researchers considered both the likelihood of multigenerational sexual abuse and a mother’s parenting abilities. The sexually abused children of mothers who had a history of sexual abuse were compared with sexually abused children of mothers with no prior history. Researchers in this study did find that sexual abuse in the mother’s own childhood was related to an increased risk of sexual abuse occurring in the next generation, although prior maternal sexual abuse did not affect the children who were sexually abused in terms of self-esteem, depression, and behavior at the time of diagnosis (Oates, Tebbutt, Swanston, Lynch, & O’Toole, 1998).
Interestingly, this study also compared the two groups of mothers to see if those with a history of child sexual abuse were more likely to choose a partner who is sexually abusive toward children. Of the 23 mothers who had been sexually abused as children, it was found that intrafamilial abuse had occurred in 13 cases (57%) compared with 26 cases (59%) of intrafamilial abuse in the 44 mothers who had not been sexually abused as children, a nonsignificant difference.

Characteristics of Mother’s Whose Children Were Sexually Abused

Many early researchers have suggested that wives in incest cases knew of the abuse and may have actually condoned it (Ehrmin, 1996). These early findings portrayed the women as withdrawn, depressed, and dependent. However, in a later study, the characteristics of incest’s offender’s wives were explored to understand the role that they might have played in the incestuous relationship and these characteristics were not confirmed. In fact, both groups of women were found to be within normal personality characteristics. Interestingly, the women in this study also reported having a high mean
education level, and very few reported having been treated for mental health issues (Groff, 1987).

Other studies of mothers whose children were sexually abused by family members confirm that, contrary to earlier beliefs, it is possible for mothers to not know about the ongoing sexual abuse of their children (Orr, 1995). In fact, these studies emphasize the social support systems necessary to take appropriate child protective action, and help mothers in their understanding of what has happened to their children who have been sexually abused.

In a German study, Breitenbach (as cited in Hooper, 1992) approached the problem by attempting to understand the barriers that silence mothers in incest cases. Breitenbach found that mothers have a difficult time assimilating the information that their partner is sexually abusing their child, or are horrified at voicing such suspicions. Consequently, the process of disclosure reveals only one area of the family dysfunction - it is a lengthy and interactive journey that poses great threat to the family system (Bell, 2003). In the same way, earlier authors stressed the idea that incest is a collective psychopathology of all members of the family.
with the mother playing out specific interpersonal and intrapersonal dynamics that increase the likelihood that incest will occur (Gutheil & Avery, 1977).

There has been much controversy over the years on whether or not such behavior is conscious or unconscious, and to what extent the mother is a participant in the incest matrix. Although therapists are still divided on the issue, many admit that in long-standing incest cases, the chances of the mother not knowing what was happening are remote (Tinling, 1990). Perhaps a well-developed understanding of how the mother’s own recovery, or lack there of, in regards to her childhood sexual abuse facilitates or links this complicated matrix even further.

Theoretical Orientations

Ecological System Theory

The Ecological System Theory (EST) (Bronfenbrenner, 1989) provides a foundation for investigating multigenerational sexual abuse. According to EST, development is a continual process of interaction among persons and the environment. It is essential to examine particular developmental trajectories that occur before
the present situation. Bronfenbrenner suggests that development occurs through the interaction between the person (to include all of an individual’s characteristics) and the environment (which includes all people within the environment and their characteristics) through time. Development needs to be understood through a careful observation of the entire ecological content in which each person is ingrained, including historical events and situations (like childhood), relationships, and environmental factors (such as culture and subculture).

Learned Helplessness Theory

Studies examining the influence of learned helplessness (LH) in humans suggesting that recurrent exposure to an unsolvable problem can influence or undermine the ability for a person to solve later problems can be one theoretical explanation for multigenerational sexual abuse (Amichai-Hamburger, Mikulincer, & Zalts, 2003). In other words, upon recurrent failure to solve a problem, people may develop the expectation that outcomes are out of their control and they may transfer those expectations to other issues that they may face later in life. Consequently, such a
person may put less effort to address certain problems and even show performance deficits when facing certain life tasks (Amichai-Hamburger, Mikulincer, & Zalts, 2003).

Social Cognitive Development Theory

Multigenerational sexual abuse can also be understood by the social cognitive development theory, which is grounded on Piaget’s work on cognitive development (Piaget as cited in Baker, 2001). Piaget’s work focuses on the manner by which people come to understand their social interaction. This approach gives a structure for the understanding of why some individuals will develop different ends to the same experience.

The stages within cognitive development are progressive. In other words, an individual must master the first stage of understanding before developing more complex forms of thinking. By using the progress development of cogitation, a social cogitative development approach examines the manner in which cognitive development disruption affects the understanding of the mother’s social experience in multigenerational sexual abuse.
Summary

In summary, the literature presented addresses the various aspects that represent child sexual abuse in both mothers and child victims. In particular, a variety of studies demonstrate the importance of a mother’s role in the life of victimized child. However, this literature failed to provide a better understanding on how a mother’s support relates to her supportiveness in her own daughter sexual abuse experience, which expresses a need for further exploration.
CHAPTER THREE

METHODS

Introduction

This research project was qualitative in nature. The study utilized open-ended face-to-face interview format. The question guide for this study addressed the perceived maternal supportiveness during a mother’s child sexual abuse experience, as well as what response she had during her own daughter’s child sexual abuse disclosure.

This chapter describes the methods used to conduct an exploratory study on the subject of multigenerational child sexual abuse. In particular, this section will explain the study’s design, sampling, methods, data collection and instruments, procedures and the data analysis that was used in the study.

Design of the Study

The purpose of this study was to explore the phenomenon of multigenerational sexual abuse. More specifically, the study examined whether a mother’s experience of support after her childhood sexual abuse disclosure affects her ability to support her daughter during her sexual abuse experience. An explorative study
was useful especially in this subject matter, which is highly understudied. By exploring this area, the data collected was able to render new insights into how mothers' parents and/or agency's response to sexual abuse affects the ability for mothers to later support their children who are experiencing sexual abuse.

This study used a qualitative design which utilized face-to-face interviews with seven mothers who participated in child sexual abuse groups or individual counseling in either the Orange County's Parents United Chapter or the Morongo Basin Counseling and Recovery Center. The face-to-face interviews promote effectiveness in exploratory studies and thus rendered the participants' experience without the limitation of pre-selected answers.

Sampling

This study employed a non-random convenience sampling given that the population required for this study was specific. For this purpose, the selection of participants was limited to two agencies known for treating this particular population. The sample criteria consisted of participants in child sexual abuse
counseling or who had a child in treatment between January 2006 through March 2006 in either Parents United or the Morongo Basin Counseling and Recovery Center. Second, participants had to be mothers with a history of child sexual abuse. Lastly, participants had to have a daughter who had experienced child sexual abuse. The researchers focused on the quality of the information not the quantity. In turn, the goal was to select seven participants that met the criteria in efforts to capture the mother’s experience in multigenerational Child Sexual Abuse.

Data Collection and Instrumentation

The data collected from participants arose from a series of 17 questions guiding this study. The theme behind the questions was generated through a collaborative effort involving Tom Bell, Director of The Parents United Chapter in Orange County, and the present researchers. Questions 1 through 4 inquired on general demographics such as age, educational status, and income level; thus, the interviews begun with general questions to facilitate participation, given the sensitive nature of the subject.
The remaining questions were open-ended to encourage free responses in an effort to better understand the factors surrounding perceived support in child sexual abuse. The questions were divided into the following areas: childhood family life, childhood perception of support, adult family life, and mother’s supportiveness towards her daughter (please see Appendix A).

Due to the amount of data collected, all interviews were tape-recorded upon participants’ permission. The use of a tape-recorder has limitations in that participants can perceive this type of data collection as intrusive and withhold full disclosure. However, an advantage in recording the interview was in the ability to capture the participants’ responses fully for later analysis.

Procedures

The Orange County’s Parents United Chapter and the Morongo Basin Counseling and Recovery Center directors were contacted for this study via telephone. After several discussions regarding the risk and benefits to the agency and their clients, both agency directors agreed to participate in the study and help in the recruitment of participants with a letter of support.
The director at the Orange County Parent's United Chapter agreed to identify potential participants for the study within the agency. Once participants were identified, both researchers were asked to present a general overview of the study to a weekly support group of men and women that included both offending and non-offending parents. During the presentation, which lasted approximately one hour, the researchers were able to establish rapport with the potential participants and thus, participants felt comfortable signing up for an interview at the end of the presentation.

The Morongo Basin Counseling and Recovery Center agreed to distribute flyers throughout the agency's programs, which included a child abuse treatment program, substance abuse treatment program (impatient and outpatient), and a mental health program. Flyers were arranged in areas where the general population of the facility would have access to them such as, reception areas and bulletin boards. Clinicians working at the center were also asked if they would hand a flyer to clients upon completion of their therapy sessions. Participants from this facility were given general information through the flyer and were asked to contact
the researchers directly if they would like to participate (please see Appendix B). Overall, there were approximately 250 flyers distributed at the Morongo Basin Counseling and Recovery Center.

Interviews for the study were held between January 2006 and February 2006. They took place in several settings, which included the Orange County Parent’s United Program, the Morongo Basin Counseling and Recovery Center, and California State University, San Bernardino campus. Prior to each interview, the researcher explained the purpose and nature of the research, reminding the respondent that their participation and responses during the session will be kept confidential and that there would be no right or wrong answers. All eligible participants received a $10.00 cash compensation for their time. Each interview lasted approximately one-hour and consisted of 19 questions. The researchers conducted each interview and tape-record each participant individually. After data was completely collected from all participants, the tape recordings were transcribed verbatim in March of 2006. Data Analysis and Write-up was conducted during April and May of 2006.
Protection of Human Subjects

Anonymity and confidentiality was strictly enforced. Participants were given an informed consent form describing the nature of the study before participating in the study along with a audiotape consent form, which granted permission for the interview to be recorded (please see Appendices C & D). The study only utilized participants with the understanding that participation was completely voluntary. In addition, no identifying information about the participants was used, except for the list of participants who signed up for interviews. To insure confidentiality of the participants, this list was locked up and only the researchers had accesses to the information. Furthermore, each tape-recording was assigned a number from 1 through 7 instead of the person’s name. At the end of the study, when the tapes had been transcribed verbatim and the study was complete, all audiotapes and participants lists were destroyed by shredding the lists and cutting up the ribbon in the cassette tapes with the recorded interviews. These measures were implemented to ensure the protection of confidentiality and anonymity of each participant.
Furthermore, participants were given a debriefing statement at the end of the interviews. The information provided within the debriefing statement contained numbers to local counseling centers in case the participants experienced distress after participating in the study. Other information in the debriefing statement included the faculty advisor’s name and contact information for further inquiries regarding the study (Appendix E). This research project was sent to the California State University, San Bernardino Institutional Review Board for their review and subsequent approval.

Data Analysis

A qualitative approach was used to analyze the data. This involved the transcription of the tape-recorded interviews. Once this raw data was available, it was sorted and organized for the development of themes. The goals were to identify meaning units and categories. Subsequently, the categories helped develop the definition of the codes that were later assigned to the data collected. This process facilitated the identification of patterns within the data. The researchers took every precaution to avoid allowing their
biases to interfere during the interaction with the participants, as well as during the analysis of the data. For the purpose of describing the characteristics of the sample, this study utilized a frequency distribution table and the several measures of central tendency.

Summary

This chapter explains the methodology utilized in this study. The following topics were presented in detail: study design, sampling, and data collection procedures. Moreover, the rational that guides the development of the interview schedule was also offered. The chapter also addresses the issues surrounding the protection of human subjects, which include confidentiality, and anonymity of participants.
CHAPTER FOUR

RESULTS

Introduction

This chapter presents the data that was generated from face-to-face interviews with participants who had a history of child sexual abuse and whose daughters had also been sexually abused. The results were analyzed and a coding method was designed to obtain reoccurring themes. As a result, the major findings will be presented along with the four reoccurring themes that emerged from the data.

Presentation of the Findings

Seven participants were interviewed. A qualitative analysis was used to examine the thematic patterns that emerged from the narrative data. Categories were developed and re-examined. The data was organized so that the similarities within the group of data, as well as the differences within the group of data, were clear. The last stage of analysis featured the clustering of the data into themes, which allowed the researchers to draw conclusions.
Demographics

Questions one through six addressed the participant’s general demographics. The following are some of the demographic findings: the sample consisted of 100% Caucasian women (75% were between the ages of 46-60 and 25% were between the ages of 35-45). The participants were predominantly college educated with 43% having college degrees, 14% having trade school training, and 29% having only a high school diploma. Forty-three percent of the participants reported an income of $11-$30,000, 29% of $50,000 or more, 14% of $31-$49,000, and 14% of less than $10,000. At the time of the study, 43% of the participants were divorced, 29% were married, 14% were widowed, and 14% identified as single.

Childhood Family Life

Participants were asked to describe their childhood family life. Almost half reported that their mother was the disciplinary or the head of the household. One participant stated, “I was the only child - my mother was controlling and somewhat domineering. She was the disciplinarian. Critical, I would say extremely critical, expecting so much more than was possible.” A third of the participants reported having a father whom they rarely
saw. One participant shared, "My dad was in the service and sometimes he would be gone for six months or nine months at a time." Another participant stated, "I didn't see much of my dad, hardly ever."

Participants where asked to describe their parent's role in the family. Almost all of the participants, with the exception of one, reported having parents who had traditional family roles. One participant stated, "I was the second of five children. Parents were married for 40 years. I grew up in Michigan, a Catholic family -there was a lot of structure. My father worked and my mother was a stay at home mom."

**Childhood Perception of Support**

Participants where asked to share the age in which they disclosed their sexual abuse. Three participants reported disclosing their experience of sexual abuse as children, while the other four participants did not technically disclose or talk about the sexual abuse until adulthood.

Participants were asked to share to whom they had disclosed their experience of child sexual abuse. That question yielded the following findings: Three participants stated that they disclosed to their mother.
One stated that she disclosed to a family member who then told her mother. Three other participants stated that they did not disclose to anyone as children, but in those cases the mother had been told or discovered that the sexual abuse had occurred. One participant stated, “I was about 35 or 36, in 1980, first to my therapist and then to my daughter who had been molested. It was probably 1983 or 84, when I finally told my mother what had happened, and that was a shock because I found out she knew what was going on.”

Participants were asked, “Did you feel supported after the disclosure of your sexual abuse?” All seven participants reported receiving no maternal support. One participant stated that she did not feel supported by her mother. She added that her mother was much more concerned about the reaction her father would have. Similarly, participants who did not disclose but whose mothers knew the sexual abuse had occurred, stated that they received no maternal support during their childhood. One participant shared, “I had like a slap in the face to know that she knew about it, and as far as I knew, she did nothing about it.” Another participant stated, “She didn’t believe me, she thought I was lying and making it
up. So then she told my dad, and my dad got even angrier at me, so I was grounded and punished."

Participants were asked to identify those individuals who supported them after the disclosure of their sexual abuse. Five could not identify anyone who supported them during their childhood, although they did identify people who supported them as adults. In one case a participant reported feeling some support by her father as a child.

**Adult Family Life**

Participants where asked to describe their adult family life prior to the discovery of the daughter’s sexual abuse. Over half of the participants reported being single parents. One of the participants stated, "So, I ended up divorcing him, and then I was a single parent."

Most of the women shared experience extending back to their previous relationship. As a result, six of the seven participants reported being emotionally abused by their partner at some point in their life. The following statement is an example of emotional abuse, "I married a man who was a lot like my mother - domineering and
controlling. He systematically was emotionally abusive to both of us” (referring to the daughter).

In regards to a question about their roles in the family, over half of the participants reported that their main role was that of a working parent. One participant stated, “So, I actually hired her as a nanny. I am working two jobs and I was not paying to much attention.” Similarly, another participant reported, “I was working during the day. My mom and my aunt, a few houses down, were alternating taking care of things for me.” Only two participants indicated that their family had traditional roles.

Mother’s Supportiveness Towards Daughter

Participants were asked to describe how they felt after the discovery of their daughter’s sexual abuse. The majority of participants, except for one, reported feeling overwhelmed and angry. One participant explained, “It was overwhelming to me. I felt paralyzed, and I didn’t know what to do. I felt so angry at him.”

Participants were asked to describe what they did after their daughter’s childhood sexual abuse disclosure. Almost all of the participants reported the incident to the authorities without hesitation via therapist or
directly. One stated, "I was freaking out, so I called my therapist. She reported it. I was just in a panic and I didn’t know what to do." Another participant explained, "I just walked straight into the bedroom and got the phone and dialed 911. I told them that my daughter had just told me that she was being sexually abused." A third participant stated, "I didn’t know this was happening till 2004, I found out from her, well then I finally got visitation with T. (daughter) and sat down with T. I said T., you need to tell me the truth, and she started crying. I said, did he go all the way or just touching? She said just touching. That is how I found out. Then I got CPS involved and I finally got the kids back."

Only two of the participants failed to report the sexual abuse incident to the authorities. One of the participants failed to report to authorities out of concern for the daughter, as the therapist had advised. The participant stated, (Referring to reporting the incident) "I brought this up right away and every single one of those people (therapists) told me no. They would say that the best thing that you can do for her and for your family is that your daughter sees that all three of you come out of this. If you leave him and have him
thrown in jail she will feel that she is the one that broke the family up." Therefore, based on the therapist recommendation the participant failed to report the incident although she thought of reporting.

Participants were asked to identify daughter’s perpetrator. Four participants identified the participant’s partners. Two of the perpetrators were stepfathers, while the remainder were a live-in boyfriend and a biological father. The other three participants identified a neighbor boy, an uncle, and brother as the perpetrator of the daughter’s sexual abuse.

Participants were asked how long it took to obtain professional help for their daughter. The majority of the participants elicited professional help for their children soon after the child’s sexual abuse disclosure in the form of counseling. One participant reported, (Referring to the therapist), “She reported it to the police and we started having sessions together.”

Another participant stated, “It was odd. His lawyer was able to get him into Parents United sooner than we were. He was in by two weeks. We had to wait a month for an intake.” She was an adult therapist; she spent some time with my daughter and I.” Instead, this participant
was able to get a therapist through a friend. She stated, "It was lucky that some friend of mine had marriage counseling from a therapist. When I told her what had gone on, she said, "Why don't you see Sandy (her friend's therapist)?"

The themes emerging as significant findings in the transcribed data are: 1) mother was emotionally unavailable (non-nurturing); 2) during the first generation, mother was inactive regarding the sexual abuse of her daughter; 3) mother was supportive and responsive to the daughter's sexual abuse in the second generation; 4) mothers experienced a gap in with counseling service linkage.

Theme 1) Mother was Emotionally Unavailable

Almost all of the participants (six out of seven) reported having a mother whom they were not close to or could not talk to about important issues in their lives. One participant stated that her mother was always depressed and in bed sleeping, while another participant stated that her mother was an alcoholic who spent a lot of time drinking. In one case a participant reported that her mother may have also been sexually abused: "I am sure she was abused too. She was very emotionally absent. She
didn’t work, she stayed home, but she did see. She could let herself see what was going on.”

It should be noted that although a third of the participants reported a father who was rarely home, many of these participants also reported having a positive impression of their father. As one participant stated, “He was laughter. He was the fun one. I gravitated to him. I think I was more of his side of the family.” Another participant reported, “He was the Pipe Piper – the kind of person that animals and children loved.”

Theme 2) Mother’s Inactive Response

Almost all of the participants (six out of seven) reported that their mother did not support them when they were made aware that the sexual abuse had occurred or they did nothing to stop it. As one participant stated, “She did nothing and I did nothing. I proceeded to eat and stuff it down and be miserable.” Another stated, “She was not the protector. She wasn’t the, I am going to kiss it and make it better kind of girl.” In one case, a mother knew that her daughter was being sexually molested by her two brothers and only told her sons to stop, one did and the other son continued molesting her until age 17.
One participant reported that her mother had been physically abusive when she was told that the sexual abuse had occurred. "She beat me up; she beat me for it and told me I was a liar." In another case the participant received no support from both her mother and her family when she disclosed, "I finally told my mom what he had been doing to me and she didn’t believe me. She thought I was lying and making it up. It divided the family... word got around and so I felt I was even further away from the family."

Most participants reported feeling very angry when they received no support from their mothers. One participant specifically stated that she was left feeling "guilty, angry, and doomed." Another participant reported not being able to talk to her mother because they did not have a close relationship: "Now, how do you talk to someone whom you have never spoken to? Even into a large part of my adulthood, I had my own child and I said, "How can she allow him to do that to us?"

Interestingly, four participants reported that their mother’s never told their fathers or that their fathers never knew about the sexual abuse. In one case the mother
stated that if the daughter told her father, he would kill the man that sexually abused her.

**Theme 3) Mother’s Protective Response**

Five of the seven participants reacted in a protective manner upon the daughter’s sexual abuse discovery. They displayed this behavior by immediately believing the child’s sexual abuse discovery and taking protective action. As previously reported, the majority mothers immediately reported the sexual abuse incident to the authorities. Most also enrolled their daughter in counseling.

In addition, some mothers immediately removed the child from the environment. One participant stated, “I told her do you want to go stay at friends for a while and reassured her that it was going to stop. I didn’t even have the knowledge of how far it would go. I knew he was going to be out of the house by the time he came home.”

In another instance the mother has to go through greater length in order to remove her child from the perpetrator’s home. The perpetrator (bio-father) had gained sole custody of the daughters since they were not disclosing, but in fear of returning to the offender, one
of the daughters disclosed. As a result, the participant stated, "I had to get CPS involved; they placed them in my home as foster children." So, she recovered her children after short while.

Theme 4) Gaps in Linkage to Counseling Services

Interestingly, most of the participants that reported the incident to authorities also reported difficulties in linking to counseling services. As one participant said, "It was odd. His lawyer was able to get him into Parents United sooner than we were. He was in by two weeks. We had to wait a month for an intake."

Reasonably, this mother was searching for more immediate counseling services for the victim. As mentioned before she used her friend therapist.

In another instance, one of the participants reports that she didn’t receive any service after the daughter’s forensic interview. The participant stated, "Nothing was offered. I was so ashamed that I was a licensed therapist and had allowed this to happen to my daughter. I quit my job before that happened, I was talking to someone in my office and they said, “Well, you qualify for Victim Witness.” Again, the participant had to find her own resources for counseling.
Similarly, another participant reported using an adult therapist while they search for a child therapist and further reports that she felt left out by the new therapist. This is illustrated in the following, “My therapist found another child therapist who specialized in child sexual abuse, but no one would ever talk about it. None of her therapists would tell me about what was going on or what was being talked about. As a parent no one was teaching me how to deal with it. You know what I mean; the only role I was playing was of driving everyone everywhere.”

Summary

After analyzing the participants answers in regards to their own child sexual abuse experience, as well as information regarding their daughters’ child sexual abuse experience, the following four themes emerged from the narratives data: their own mother was not emotionally available upon the disclosure of the sexual abuse, no material support upon disclosure, participants were supportive and responsive upon disclosure of their daughters’ sexual abuse, and mothers experienced a gap in linking to counseling services. Base on these findings,
it seems that the participants are trying to break of multigenerational cycle by taking protective measure such as reporting the incidents of sexual abuse and seeking professional help. However, there seems to be a failure in provision for counseling referrals. These families had to seek out their own counseling services.
CHAPTER FIVE

DISCUSSION

Introduction

This chapter includes a discussion of the findings of the study as they relate to four core themes that emerged from the narrative data. The limitations of the study will be addressed along with the recommendations for social work practice, policy and research. Finally, an extraction of the important conclusions from the study is discussed.

Discussion

Seven highly educated, Caucasian women were interviewed for this study. The purpose was to explore the experiences of mothers who were sexually abused as children and who were later faced with their own daughters' sexual abuse. The study also examined how maternal support during the first generation influenced mothers' ability to support their daughters during the second generation of sexual abuse disclosure, and what interventions, if any, were initiated by the mothers once the daughters disclosed their sexual abuse experience.
The results of this study clearly suggest that a lack of maternal support during child sexual abuse disclosure does not negatively impact the ability for mothers to be supportive during their daughters' experience of sexual abuse. In fact, this study suggests, in this sample at least, that the mothers' support systems may have created the ability to be supportive when responding to their own daughters' sexual abuse disclosure. However, it is important to consider the variety of factors that could have contributed to mothers in the first generation, to be unable to provide support for their daughters during their sexual abuse disclosure.

Findings of this study suggest in some way how the influence of "traditional" gender roles could perhaps impact the ability for mothers to be responsive to the disclosure of sexual abuse by their daughters. A key theme that emerged from the data was that mothers during the first generation were not emotionally available to their daughters or did not have a nurturing role despite the fact that most were stay at home mothers who were physically present in the home. Often these women were reported as being the disciplinary, possibly battling undiagnosed mental illness or substance abuse at a time
when little discussion or acceptance of such conditions was prominent. The nurturing role appeared to be provided by the father, who although were often working outside of the home and physically unavailable, were remembered by some of the participants, as being "the fun one" or the only source of emotional support.

Interestingly, most mothers did not tell the fathers that the sexual abuse had occurred. Consequently, many participants report that, had their fathers known that they were sexually abused, the fathers would have been proactive and supportive in their response to the sexual abuse disclosure. This mentality may be contributing to the resentment and anger that participants still report feeling toward their mothers' inactiveness upon disclosure. Under these circumstances, mothers predictably would be perceived as unsupportive or emotionally unavailable. In other words, it may be that for the moments that the fathers were around their daughters, it was easy to be nurturing and supportive and with that recollection it is easy to imagine that these supportive and nurturing fathers would have been their daughters' rescuers had they been aware that their daughters were sexually abused.
However, it is worth noting that more than 75% of the participants in this study were between the ages of 40-60, and therefore, their experiences of sexual abuse occurred in the late 1940s to late 1960s. Consequently, it appears that many of the cases in this study have a cultural influence that determined why mothers may not have disclosed the sexual abuse to the fathers. To illustrate, mothers who are fulfilling traditional parental roles - in this case the parent who is at home caring for the children - may have been experiencing guilt over their inability to keep their daughters safe from harm. Consequently, they could have feared being blamed for their daughters' sexual abuse.

Moreover, it could also be that these mothers, who perhaps felt responsible, did not want such information to dissolve the family unit, which at the time would have been a significant crisis for a family to face. It is also unfortunate that during the first generation many mothers who were home makers were not prepared to work outside the home because of the lack of education and training. Clearly, being left as single mothers during this generation would have been a cause for great economic concern as well as psychological shame.
The fact that all of the mothers during the first generation were inactive when they became aware that their daughters were sexually abused further explains a cultural influence. One participant reported disclosing her experience of sexual abuse in 1956, a year in which there was very little education on the topic and the availability of resources was almost nonexistent. The understanding of how sexual abuse can occur, who is responsible, and who perpetrates such crimes was not discussed in the 1950s. The lack of information on sexual abuse would have made it difficult for mothers to feel supported through the process of helping their own daughters. Mothers often have a difficult time accepting that sexual abuse could happen to their daughters (Miller, 1985), and information regarding sexual abuse during this early generation did not offer mothers options in terms of reporting the crime.

Accordingly, the responsibility that mothers faced during a generation in which they were the parent responsible for “raising” the children coupled with the lack of resources could explain the mothers’ inability to be emotionally available to their daughters during their childhood, which was then compounded by their inability
to be supportive or seek professional intervention after the disclosure of their sexual abuse experience.

Unlike the mothers in the first generation, the participants in the second generation were more responsive to their daughter's sexual abuse. The findings indicate that perhaps the participants' support system could impact the mother's active response. This support was manifested in a form of therapeutic counseling for many of the participants. In fact, one of the participants indicated that she instinctively called her therapist for guidance upon the discovery of her daughter's sexual abuse. Somehow this therapeutic relationship enabled the participants to confront the crisis with the support of their counselor. As a result, the child's sexual abuse was reported.

However, it is difficult to distinguish whether the sexual abuse report occurred because the clinicians were mandated reporters, who were required by law to report all incidents of child abuse, or whether it was the mother's intent to report. For this reason, it is important to discuss the possibility that the opposite results may have occurred on occasions when the clinicians failed to report the sexual abuse. For
example, in one case the therapist discouraged the participant's intention to report on the premise that the daughter would later feel guilty for tearing the family apart. This reiterates the powerful role clinical therapist assume in client and therapist relationship.

Indeed, it is concerning to discover that mandated reporters do not always report child sexual abuse. A study by Hackbarth (1994) affirms that a low percentage of professionals fail to report suspicions of sexual abuse despite the fact that they acknowledge standard reporting procedures. In retrospect, a possible rational explanation for this particular finding may also be explained from the lack of awareness in child abuse reporting laws in 1978 when this particular child disclosed. During that period of time child abuse reporting laws were not in the forefront as they are today.

Interestingly, most mothers who reported their daughter's sexual abuse incident explained that at the end of the investigation no counseling resources were offered by the child protective services system. Instead, mothers reported being left to search for their children's counseling services. Undoubtedly, being left
to search for the child’s therapist can be an unwarranted burden for mothers in a time of crisis.

Another finding suggests that having played the role of a divorced-single-parent could have possibly affected the mother’s supportive reaction. For instance, most mothers in the second generation lived independent lives. For them the psychological shame of divorce, as it was in the first generation, did not exist. In fact divorce in itself had been empowering given that most participants were escaping severe emotional and physical abuse upon divorcing. In addition, financial survival was often the sole responsibility of the mothers in study. Most of these mothers worked full-time, even when they were in a relationship. Thus, the decision to report their daughters’ sexual abuse was not necessarily dependent on the mothers’ financial dependency or need to remain in a marriage to meet societal norms.

Limitations

This study had several limitations. Due to the sensitive nature of the topic in this study, it was difficult to recruit participants and the sample was therefore small (n=7). It was basically a non-random
convenient sample and not representative of all adult survivors of sexual abuse. Additionally, all of the participants in this study were Caucasian, which does not consider how maternal support may have differed for African American, Latino, or Asian women living in the same generation.

Another possible limitation is that participants' experiences of receiving counseling may affect the reliability of the data. It is possible that this population, who is highly educated and has accessed counseling services for themselves, is more likely to consider obtaining treatment for their own daughters.

Furthermore, the reliance on the recollection of self-disclosure may limit the accuracy of the information obtained since there is a risk of distortion and loss of information in the recollection of events from a prior time period. Empirical findings suggest that a person's cognitive appraisal of life events strongly influences his or her response (Lazarus & Launier, 1978). In other words, the same event may be perceived by other individuals as positive, irrelevant, or harmful.
Recommendations for Social Work Practice, Policy and Research

There are a number of recommendations for social work practices to be considered in working with families of multigenerational sexual abuse. First, therapists need to cultivate the necessary skills to work with child sexual abuse survivors as presented in this study since it is possible that therapists may be the initial and only support for mothers. Therapists need to be able to deal with the mother's crisis while temporarily treating the child victims to facilitate the healing process.

Secondly, professionals in the investigative process, such as social workers for Child Protective Services and officers from law enforcement agencies, need to pay close attention in providing the victims' families with service referrals. This study identifies a need to revisit the follow-up protocol after the initial child abuse investigation. It is necessary to have a system in place that insures service referrals for these families whether they have an open case with Child Protection Service agencies or not. Funding continues to be available through Victim Compensation Funds. This burden should not be placed on families in crisis.
Thirdly, child protection agencies need to consider the provision of immediate counseling services for the parents. Currently, there is a protocol requirement for children to have a medical exam and a forensic interview once child sexual abuse is disclosed. At the same time, the mother is assessed on her ability to protect the child from the perpetrator, which is usually the partner. However, in order for the non-offending parent to appropriately respond to a crisis and insure the long-standing protectiveness, therapeutic support is necessary.

Current changes in state policy continue to significantly improve the criminal justice system's response to sexual abuse crimes. This is evident in the current development of multidisciplinary teams, which support victims. Nonetheless, the findings in this study suggest that a review of multidisciplinary team protocol may be necessary as the majority of participants reported a lack of service referrals. It is recommended that this type of referral service be reviewed at a local level where direct services are rendered.

A number of recommendations for future research are as follows: One suggestion is to establish a larger
number of participants with diverse demographics to capture whether maternal support differs in regards to ethnic diversity, education, treatment, or income. Another recommendation is to use a strict sampling criterion that discriminates against the use of participants from different generations. This practice would be beneficial in revealing differences in social constructs that can affect the mothers’ response within the different generations.

Conclusion

The present study aimed to explore the influence of maternal response in women who were sexually abused as children and who were also faced with their daughters’ sexual abuse. After analyzing the four emergent themes, the study suggested that the mothers in the second generation, regardless of active maternal support during their childhood, made an effort to break the cycle of multigenerational child sexual abuse through the use of supportive counseling and lack of social stigma. The study also suggested that there is currently a gap in aftercare services for the victims. As a result, researchers recommend that professionals investigating
child sexual abuse cases revisit referral protocols at the direct practice level. Due to the limitations in the study, it is recommended that future researchers consider a larger sample, the effects of social constructs within the same generation, and the role that racial diversity may play in maternal response.
APPENDIX A

INTERVIEW QUESTIONS
Interview Guide

Demographics
1. What is your age?
2. What is your ethnicity?
3. What is your educational level?
4. What is your yearly family income?
5. What is your marital status?
6. How many children do you have?

Childhood Family Life
7. Describe your childhood family life.
8. Describe your parent's role in your family.

Childhood Perceptions of Support
9. At what age did you disclose your sexual abuse?
10. Who did you disclose to?
11. How did they react to your disclosure?
12. Did you feel supported after the disclosure of your sexual abuse?
13. Please identify those individuals that supported you during and after the disclosure of your sexual abuse?

Adult Family Life
14. Could you describe your family life before the discovery of your daughter's sexual abuse?
15. Could you describe the roles you and your partner played?

Mother's Supportiveness towards Daughter
16. Describe how you felt after you were told about your daughter sexual abuse?
17. Describe what you did after this discovery.
18. Who was the perpetrator?
19. How long did it take for you daughter to get professional help?
APPENDIX B

RECRUITMENT FLYER
Approximately 35% of women have been sexually molested in their lifetime
(Putnam, 2003)

It is also suggested that approximately 1.8 million adolescents have been victims of some form of sexual abuse in the United States
(Kilpatrick & Saunders, 1997)

Please help us understand this phenomenon. If you were sexually molested as a child and have a daughter who was also sexually molested, you may be able to participate in a study conducted by California State University, San Bernardino.

- You will be given a $10.00 cash compensation for your time
- Interviews will take approximately 1 hour
- All interviews will be confidential – no names will be used
- Only the researchers will have access to the information
- The researchers will come directly to you for the interview
- Participation is voluntary and you can change your mind at any time

For more information on this study or to schedule an interview please contact the following researchers:

Ana Stockwell, MSW student intern (760) 408-6690

or

Maria Santana, MSW student intern (951) 306-8711

Your participation in this study may help in the development of better interventions for sexual abuse survivors. You will potentially be helping thousands of women and children who have been victimized by this horrible crime.
APPENDIX C

INFORMED CONSENT FORM
Informed Consent

This study in which you are being asked to participate is designed to investigate the role of support in multigenerational child sexual abuse. This study is being conducted by Maria Santana and Ana Stockwell under the supervision of Professor Janet Chang, Ph.D., in the Department of Social Work at California State University, San Bernardino. This study has been reviewed and approved by the Institutional Review Board of California State University San Bernardino.

This study consists of an in depth interviews that will take approximately 1 hour. You will be asked to answer questions in regards to your experience of support after having disclosed child sexual abuse. All your responses will be held in the strictest of confidences by the researchers. Your name will not be reported with your responses. You may receive the group results of this study in its completion in September of 2006 at the following location: Pfau Library at California State University, San Bernardino, 5550 University Parkway, San Bernardino, California 92407.

Upon completion of the interview, all participants will receive $10.00 in cash as compensation for their time. Please understand that your participation in this research is totally voluntary. You are free not to answer any questions and withdraw at any time during this study. If you choose not to participate, you will not lose any privileges and the agency will not withhold any treatment for withdrawing. When you have completed the interview, you will receive a debriefing statement describing the study in more detail. In order to ensure the validity of the study, we ask that you not discuss this study with other participants.

Due to the sensitive nature of the study some participants may experience distress during the interview. Referrals to local counseling centers will be available in the debriefing statement. All participants will also receive $10.00 as compensation for their time. If you have any questions about this study, please feel free to contact Professor Janet Chang, Ph.D. at (909) 537-5184.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here

Signature: ___________________________ Date ____________________

Participant
APPENDIX D

AUDIOTAPE CONSENT FORM
Audiotaape Consent Form

As part of this research project, we will be making an audiotape recording of you during your participation in this study. Please indicate what uses of this audiotape you are willing to consent to by check marking in the space provided. You are free to check mark any number of spaces, from zero to all of the spaces and your response will in no way affect your credit for participating. The researchers will only use the audiotape in ways that you agree to. In any use of this audiotape, your name would not be identified. If you do not check mark on any of the spaces below, the audiotape will be destroyed.

- Audiotape can be studied by the research team for use in the research project. Check mark __________
- Audiotape can be used for scientific publication. Check mark __________
- Audiotape can be played at meetings of scientists and researchers. Check mark __________

I have read the above description and give my consent for the use of the audiotape as indicated above.

Please sign by check marking.

Signature __________________________

Date: _______________________________
APPENDIX E

DEBRIEFING STATEMENT
Debriefing Statement

This study you have just completed was designed to explore how a mother’s experience of support after her childhood sexual abuse disclosure affects her ability to support her daughter during her sexual abuse experience. In this study questions regarding parental, as well as professional supportiveness were proposed with the purpose of inquiring into the mother’s perception of support from these two entities. In turn, the researcher plans to gain insight to themes surrounding support and multigenerational child sexual abuse.

As a participant of the study, you may have discomfort or distress during and after the study. The following are local clinics and phone numbers that can help you with your counseling needs. The Life Learning Center, 8251 Westminster Ave, Suite #201, Westminster, California, 92683, (714) 898-1217; The Morongo Basin Counseling and Recovery Center, 555-475 Santa Fe Trail, Yucca Valley, California, 92286, Hotline # (888) 743-1478 or (760) 365-3022.

Thank you for your participation and for not discussing the contents of the interview with other participants. If you have any questions about the study, please feel free to contact Professor Janet Chang at (909) 537-5184. If you would like to obtain a copy of the group’s results, please contact Professor Janet Chang in September 2006.
REFERENCES


Diaz, A., & Manigat, N. (2000). The health provider’s role in the disclosure of sexual abuse: The medical interview as the gateway to disclosure. *Children’s Health Care, 28(2),* 141-149.


ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:
   Team Effort: Maria Santana & Ana Stockwell

2. Data Entry and Analysis:
   Team Effort: Maria Santana & Ana Stockwell

3. Writing Report and Presentation of Findings:
   a. Introduction and Literature
      Assigned Leader: Ana Stockwell
      Assisted By: Maria Santana
   b. Methods
      Assigned Leader: Maria Santana
      Assisted By: Ana Stockwell
   c. Results
      Assigned Leader: Ana Stockwell
      Assisted By: Maria Santana
   d. Discussion
      Assigned Leader: Maria Santana
      Assisted By: Ana Stockwell