# PARENTING THEMES FOR INCEST SURVIVOR MOTHERS WITH DAUGHTERS

By

Christine Kreklewetz

A Thesis

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# PARENTING THEMES FOR INCEST SURVIVOR MOTHERS WITH DAUGHTERS

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**ABSTRACT**

The purpose of the present research was to examine the parenting experience of incest survivor mothers. The present study addressed how one avenue of the cycle of abuse may be propagated by examining mothers' parenting beliefs, attitudes, and practices, including perceived strengths and weaknesses, from a feminist perspective. Sixteen adult women, recruited through local Community Health Centres, participated in indepth interviews. Each mother described her experience as a parent, focusing on her relationship with her preadolescent daughter. Mothers also completed a parenting attitude questionnaire. Content analyses explored three important themes identified in the clinical literature: 1) protectiveness and associated fears, 2) sexuality issues and 3) parentification of daughters. New themes also arose from the data and are discussed. Implications for treatment of survivors and recommendations for the prevention of further sexual abuse within the family are provided.

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# CHAPTER I

## Introduction

Over the past decade increasing awareness of the sexual abuse of children by adults has not only had the effect of engendering community outrage, but has resulted in an escalating number of disclosures (Russell, 1986). The extent and gravity of the problem has only recently been appreciated. It has been shown that for some children effects of early intrafamilial and extrafamilial sexual abuse has deleterious effects in childhood which extend well into adulthood (Brunngraber, 1986; Finkelhor & Browne, 1988; Green, 1993; Herman, Russell & Trocki, 1985).

Although the effects of sexual abuse have been the subject of much research, this work has understandably emphasized personal symptoms and disorders. The increased awareness of these personal consequences has given rise to other questions. What are the effects, if any, of having been abused upon later relationships with others? Specifically, does being a victim of incest affect later parenting? If so, in what way?

Of interest is the small amount of research which has addressed the effects of incest on later parenting. The effect of incest on later parenting is an important area of study for two reasons. First, while much has been written about inter-generational abuse in which it is proposed that those who were abused as children grow up to abuse others, to date there is a lack of empirical evidence that this is the case for survivors of childhood incest or sexual abuse

(Cole & Woolger, 1989). Examination of this area would merit further investigation, especially in regards to treatment issues and the prevention of further abuse. A second reason for studying the effects of sexual abuse on later parenting is provided by incest survivors in therapy who express numerous concerns about themselves as parents (Cole & Wooger, 1989).

While it has been found that although many mothers of incest victims were often sexually abused themselves as children (Halliday, 1985; Goodwin, McCarthy, & DiVasto, 1981; Butler, 1985), little research has focused on what factors contribute to the reoccurrence of the system of abuse. What are parent-survivors experiencing because of their past abuse histories? What are their strengths as parents and how might they be overcoming the intergenerational continuance of this cycle?

One might expect that any long term effects of having been abused would extend into all areas of adult functioning, including parenting, for the effects of child sexual abuse can be devastating for its victim and and in many cases the trauma can have long lasting effects. According to Masters and Johnson,

> The victim suffers from the experience itself, which occasionally causes physical damage and frequently results in psychological damage; and she (or he) also eventually suffers the loss of her sense of security and her own personal worth. In fact, a long continued guilt-ridden repression of the feelings generated by incest may eventually affect every aspect of her life.

(1976, p.55).

Both empirical studies and the available clinical literature provide evidence to support the fact that incest survivors do indeed have unique concerns when it comes to parenting their own children. According to Merrett-Hiley, (Personal Communication, 1993) female adult survivors of sexual abuse often have feelings of being disconnected from their male children. They fear becoming bad parents, and they often have problems relating to their children "as children" as opposed to relating to them "as adults". Others have reported that these women are often confused about nonerotic versus erotic touch, and nonexploitive and exploitive touch (Westerlund, 1992). They sometimes express fears concerning perpetuating the cycle of abuse, and may display over-protective and over-nurturing parenting behavior (Sanderson, 1990).

Some of these feelings appear to be a part of any parent's experience, but may be excessive or even exaggerated among those parents with a history of sexual abuse (Sanderson, 1990; Westerlund, 1992). Being a parent certainly may be a different and perhaps a more difficult experience for women who were victims of incest. However, what we know about the parenting experience of incest survivors is very limited and is mainly provided by observational reports by clinicians; even these reports are sparse.

The above reasons and the lack of empirical research suggest a need for further examination of this area. The purpose of the current study was to examine female incest

survivors' own experience of motherhood. Further exploration into this area will assist both clinicians and researchers in better understanding this unique experience and it will help identify possible areas of parent education that might require a special focus and/or intervention with these women.

The following literature review concentrates on the dimensions of childhood sexual abuse with specific focus on the incest experience. Following a brief summary of the various forms of child abuse in our society the present study will narrow its focus to childhood sexual abuse and incestuous abuse. To begin, various definitions of sexual abuse and incest that have been used in the literature and within our culture will be explored. Next, the problems resulting from the use of non-consistent terminology will be discussed. A section is then included which addresses non-abusive behaviors and sexuality within the family. Given these issues, a definition of incest adapted for this research is proposed.

After a brief overview of the scope and awareness of childhood sexual abuse and incest, the remainder of the review is devoted to looking at both the immediate and longer-term effects on its victims, making reference to two conceptual models used to explain the impact of being sexually abused. Finally, concluding the discussion, research concerning the effects of being abused sexually on one's parenting attitudes and behaviors will be examined.

## Review of Literature

### Child Abuse and its Varying Forms

According to Briere (1992) many different forms of childhood abuse exist. Each type of abuse has its own unique aspects, yet often overlaps with other types of abuse symptomatology. Our understanding of each type of abuse varies with regards to how much is known about its etiology. For instance, while childhood physical abuse initially received attention from the public and from researchers, more recently, childhood sexual abuse has been emphasized. Research on emotional or psychological abuse has only recently received significant attention from the general public and from professionals (Briere, 1992), even though "emotional abuse may be the cornerstone of all abuse" (Finkelhor in Briere, 1992, Preface).

While past child abuse research has separated different types of abuse in order to identify differing effects on victims, recent work has begun to emerge which looks at child abuse and its effects as a whole (Briere, 1992). Renvoize (1993) also addresses this separation of sexual abuse from physical and emotional abuse. She cites a personal communication from Scarba Family Centre Director, Adrian Ford who explains why research on other types of abuse has taken a back seat to childhood sexual abuse: "(I find) an enormous overlap of all four forms of child abuse- emotional, physical, neglect and sexual. So I'm intrigued that, in spite of this, sexual abuse- probably because of its horror- has been separated out from the rest of the

child abuse spectrum while all the others are accepted as normal. You know, 'well this or that happens in every family, but sexual abuse doesn't'"(p. 39). This example of our culture's sense of discomfort and denial of child sexual abuse and incest will be further illustrated in later sections of this paper.

For purposes of the present study the long-term effects of physical abuse, emotional abuse, or neglect, will not be addressed even though the consequences of different types of abuse do overlap with those of childhood sexual abuse and incest. The present study will focus exclusively on incest and sexual abuse, where the primary focus is on "contact of an explicitly sexual nature" between a child and an adult at least five years older.

## Definitional Inconsistencies

A wide variety of terms and definitions in the literature such as "sexual assault", "sexual abuse", "intrafamilial sexual abuse", "incest", "rape" and even "physical abuse" has resulted in the general public often being confused about what each of the terms mean, but more importantly, confusion exists about how they differ.

"Sexual assault" is a legal term and has often been used as a analogous term for "sexual abuse" and "incest". Sexual assault, however, is a broad concept which includes the sexual molestation of children and incest, but also may encompass: date rape, sexual assault in marriages, exhibitionism, sexual harassment in work and obscene phone calls. Therefore, researchers and individuals in the child abuse area use the term "sexual abuse" as opposed to

"sexual assault" when referring to sexually abusive acts on children.

Well known researcher David Finkelhor (1979), distinguishes between sexual abuse, physical abuse, and rape of children. A difference he notes between sexual abuse and physical abuse of children is that the perpetrator's motivation to sexually abuse is for sexual and psychological gratification as opposed to a motivation to physically harm a child in physical abuse. Those from a feminist orientation tend to emphasize incest as mainly an act of power over another person rather than an act based on sexual feelings. Also, in sexual abuse the trauma to the victim is primarily psychological compared to physical abuse where along with some emotional trauma, the effects exist mainly as physical injuries.

In differentiating sexual abuse from rape, Finkelhor (1979) states that in rape, intercourse is usually the result, more force and violence are used, and the victimization does not happen repeatedly over a period of time.

Following from Finkelhor's ideas Blume (1990) finds incest to be the most devastating form of childhood abuse, and feels it combines all the forms of abuse. That is, incest carries with it the violence and violation of physical abuse; the self-esteem problems of emotional abuse; and often the actual or perceived abandonment of the non-perpetrating parent as in emotional abuse.

Having a clear, precise definition of childhood sexual abuse and incest has typically been a problem for

researchers and this has been clearly illustrated in the writings of those working in the field (Bagley & King, 1990; Draucker, 1992a; Green, 1993; MacFarlane & Waterman, 1986; Russell, 1986). Researchers have generally not arrived at a consensus regarding what exactly constitutes sexual abuse and incest and consequently, these terms have often been used interchangeably in the literature with varying broad definitions or often, no operational definitions given at all.

The following review will show how researchers have identified various behaviors and situations to clarify their definitions of sexual abuse and incest, including both contact and non-contact sexual activities. However, it remains open to debate whether in fact some of these situations and/or behaviors are abusive, as opposed to being part of any child's healthy expression and development of sexuality.

## Sexual Abuse

Definitions concerning behaviors. Sexual abuse definitions seem to include a wide range of sexual victimization, from a single occurrence of an abusive behavior from a stranger, to many years of an exploitive sexual relationship with a family member. In determining what constitutes sexual abuse researchers have generally looked to various behaviors as definitional criteria. Behavioral definitions of the sexual abuse experience lie on a continuum varying from, lenient, non-physical definitions of sexually abusive behaviors (e.g., lewd

comments, or verbal innuendos) to those that are unequivocally abusive behaviors (e.g., being raped or otherwise penetrated).

These behaviors can be conceptualized along a continuum of physical contact. At one extreme there are direct coercive physical contacts of a sexual nature towards a child (e.g., intercourse, fellatio, sodomy, fondling, kissing, masturbation or child prostitution) while at the other extreme there are non-contact behaviors (e.g., the use of pornography, voyeurism, exhibitionism, genital exposure or requests for sexual activities). While some researchers have differentiated between contact and non-contact behaviors in measuring sexual abuse (Russell, 1986), including non-contact sexual activities in the definition of sexual abuse has been controversial among researchers (Draucker, 1992a).

Definitions concerning situations. Perhaps more controversial definitions of sexual abuse lie around researchers considering certain situations as abusive. For example, an adult walking around the house in the nude in front of his or her children is considered within the range of sexually abusive behaviors by some (Sgroi, Blick & Porter, 1982). Others have suggested that parents and children sleeping in the same bed is abusive. One might easily recall the above scenarios in his or her own family of origin and not call them abusive. Yet, others who have not experienced these occurrences in their families may question the nature of these behaviors based on their interpretation of the harmfulness of the behavior and the

intent of the adult actors.

Aside from various behaviors or situations, other important criteria such as psychological aspects, have been used in defining sexual abuse. For example, Finkelhor (1979) defined sexual abuse mainly in terms of the age differential between the victim and the abuser and/or if the perpetrator is in a position of power over the victim. He argued that sexual abuse exists if there was unwanted sexual contact between a child and an older person or even a person of a similar age that involved force or threat. He included in his categories of an older person: a legally defined adult, adolescents at least 5 years older than a child victim, or adults at least ten years older than an adolescent victim. His definition of sexual abuse would not include sexual activity/behavior between a nine year-old and a 13 year-old where no force or threat were present.

Incest

Unlike "sexual abuse" which may encompass a single exploitive sexual experience, "incestuous sexual abuse" (incest) is rarely an isolated incident and often occurs over a long period of time (Donaldson & Gardner, 1985). Incestuous sexual contact usually begins as innocuous touching, tickling, wrestling and playing (Blume, 1990). Where incestuous abuse may begin with exhibitionism, fondling and masturbation, over time (usually near puberty) it may lead to intercourse (Thorman, 1983). Studies have found, however, that a progression in sexual activities is not always the case (Brunngraber, 1986). While incestuous abuse for girls usually begins when the victim is between 4

and 12 years old, with particularly high risk periods at ages 4 and 9 (Gelinas, 1983), victimization may begin as early as infancy (Donaldson & Gardner, 1985). Reports have been made about babies and preschoolers brought into hospitals with venereal warts, genital herpes, gonorrheal infections of the throat, and syphilis (Blume, 1990). The perpetrators of incestuous abuse, not surprisingly, usually live under the same roof as the victim and in the majority of cases in Russell's (1986) sample the incest occurred in their shared home. Families in which these crimes occur are not limited to a specific class, ethnicity, or socioeconomic status, and are most likely to be middle-class nuclear families (Butler, 1985).

One might assume that legal sanctions in Western culture against sexual relations between family members, and the more universal social "incest taboo", might result in very low rates of occurrence. Empirical investigations show otherwise. The "universal" nature of the incest taboo also appears not to be as universal as first assumed. According to Katchadourian (1989), while sexual relations between a mother and her son are virtually a universally accepted taboo, father-daughter and sibling sexual relations have been allowed in certain cultures.

Most would agree that incestuous abuse (e.g., sexual intercourse between a biologically related parent and child) lies at the very serious end of the sexual abuse continuum and would produce "more serious" effects. Some authors have found that the incestuous relationship

(compared to the non-incestuous relationship) carries with it more severe long-term effects for the survivor (Doob, 1992), particularly in cases where the abuser that betrays the child's trust is the father or step-father in the family (Finkelhor, 1979; Russell, 1986; Allgeier & Allgeier, 1988). Gelina's work (1983) finds that sexual abuse by surrogate fathers is practically indistinguishable in acts, or effects on the victim, from that of biological fathers, and that "It is the relationship, not the biology that is betrayed" (p. 313).

Typically, incest is socially defined as "sexual intercourse between two persons so closely related that marriage between them is forbidden by law" (New Webster's Dictionary, 1991). Similarly, the legal definition of incest focuses primarily on penile penetration and sexual intercourse. Some researchers have suggested that the legal definition of incest is too narrow to be clinically relevant (Draucker, 1992a) and is becoming less accepted (Renvoize, 1993).

Of late, it appears that the traditional definition of incest has indeed been broadened, as well as the specific acts and situations that define it. Blume (1990) provides numerous examples of what she considers constitutes "incest". Included in her examples are: the way a babysitter bathes a child, an older brother forcing a sister to undress, the way an aunt caresses her niece when she visits, the way a priest kisses a child goodbye, and it can even be a father's insistence that his daughter provide him with details of her sexual encounters.

In reviewing the current literature it quickly becomes apparent that "incest" (intrafamilial sexual abuse) does not have a universal definition across empirical studies. Many researchers are using an expanded, broader definition of incest; so broad in fact that some suggest the phrase 'child sexual abuse' is often being substituted for 'incest' even when the abuser may be the biological father or stepfather (Renvoize, 1993) and that incest and sexual abuse are being used interchangeably (Bagley & King, 1990).

Expanded definitions of incest have included sexually abusive acts other than intercourse and where the perpetrator is someone other than a relative by blood, marriage or adoption but rather someone who acts in a surrogate parental role (i.e., babysitter, teacher) (Blume, 1986). One might therefore consider the term "incest" to be one specific example of the broader phenomenon "sexual abuse" where the specific focus for incest is on the relationship the child has to the offender. Bagley and King (1990) advocate using "sexual abuse" rather than "incest" in research. These researchers view child sexual abuse as more of a universal phenomenon than incest. They feel that this more general term isn't restricted to blood relatives and includes a wider range of sexual behaviors and situations to which children are subjected.

In summary, it appears that past definitions of sexual abuse and incest have been mainly concerned with whether a "physical sexual act" occurred or did not occur, and little emphasis was placed on the effects on the victim. More recently, the abuse paradigm appears to have shifted to

incorporate not only specific behaviors, but also the victim's interpretation of events. In other words, in the past, whether or not one was abused depended on the perpetrators actions alone and whether *something* was done *to* the child. Today, more attention is given to the child's perspective and how he/she felt about, or perceived the experience regardless of whether he/she was exposed to sexual situations and/or to sexual behaviors that did not involve direct physical contact.

The definitional inconsistencies of sexual abuse and incest demonstrate that there are no clear, specific, noncontroversial definitions of either of these terms; definitions range from narrow, to very broad, consequently resulting in a confusing lack of clarity and consistency across empirical studies.

Generally, the child sexual abuse and incest literature focuses on abnormal or unhealthy sexual behaviors without identifying what "normal" sexual experiences and behaviors might be for children and other family members. The lack of this comparison may well be the core of the problem. What makes certain sexual behaviors or situations abusive? In order to understand abusive sexual behaviors towards children in a family environment, it becomes necessary to understand childhood sexuality and "non-abusive" sexual behaviors in the family.

Non-abusive Sexuality in the Family

Children by nature are sexual beings, and they exhibit sexual behavior in every developmental stage. Rutter (1971)

reported that the following behaviors can be seen in normal sexual development: "orgasmic-like responses" in male babies as young as five months of age, erections in infants, exhibitionism and sexual exploration among pre-schoolers, and genital play.

Sexual behavior is part of everyday family life. Given their normal curiosity about their own and others' bodies, children in a family may engage in various sexual exploration behaviors with siblings, with parents, and with peers. While variations exist across families in terms of what is considered acceptable sexual behavior, "normal" sexual behavior among families is unlikely to leave any lasting detrimental effects on the child or other family members. Sexuality itself is not incestuous; it is only incestuous when there is a power imbalance in the relationship (Blume, 1990) and where coercion is used. "Adult-child sexual interactions by definition involve coercion, because legally children are not capable of giving informed consent to sexual activity" (Allgeier & Allgeier, 1988, p. 605).

Katchadourian (1989) argues that adults should not discourage any childhood sexual expression unless it involves coercion or intrusive sexual activity. However, controversy still exists in such cases as the following: where the child seeing her father naked wants to touch her father's penis to satisfy her curiosity. If the father concedes, is this incest? Similarly, in some cultures, mothers stimulate their babies' genitals to calm them and help them to fall asleep (Pinhas, 1982 as cited in Allgeier

& Allgeier, 1988). Is this sexually abusive or "nurturing" behavior?

## A Subjective Definition?

From this discussion it is apparent that consensus on a definition of sexual abuse and incest has not been reached, and that the definition often rests on the victim's self-report and perception of whether what happened to them was in fact unwanted, intrusive and therefore abusive. In support for giving consideration to the survivor's "subjective" definition of being sexually abused, Long and Jackson (1993) point out that "Not all women whose experiences are labeled by researchers as abusive will also identify themselves as having been victimized" (p. 179).

In her clinical work with adult survivors of childhood sexual abuse, Draucker (1992a) states that "Although variables such as the closeness of the relationship and the type of sexual activity involved do seem to be related to the degree of trauma, the adult survivor's perception of the experience as traumatic and a determination of the impact it has had on his or her life are of greatest interest to counselors in defining an abusive childhood sexual experience" (p. 3).

In opposition to using a more subjective definition for identifying sexual abuse survivors, Berger and Luckmann (1967), who critically examined how individuals construct their own reality in their lives, suggest that sometimes the therapy process in itself convinces individuals to accept the "condition" suggested to them. In other words,

in some cases being in therapy may cause an individual to accept the "diagnosis" of having been abused and therefore they may perceive problems in their life as stemming from some past experience. This lack of consensus in research on a strict objective definition of "sexual abuse" has important implications when defining sexual abuse and in examining its effects.

## A Proposed Definition of Incest

In this paper, "incest" will be used instead of "sexual abuse", for the following reasons: (a) to reflect the fact that the abusers are family members acting in a parental role; (b) in the majority of reported cases of sexual abuse, the abuser is most often the father (Brunngraber, 1986; Donaldson & Gardner, 1985; Women's Research Centre, 1989) and (c) experiences of sexual abuse by a father or stepfather have been found to have particularly severe and have long lasting effects (Doob,1992; Finkelhor, 1979; Herman, Russell & Trocki, 1985; Russell, 1986).

In an attempt to solve the above definitional inconsistencies a modified version of Russell's (1986) definition of incestuous abuse will be used. Her definition includes "any kind of exploitive sexual contact or attempted contact that occurred between relatives...before the victim turned eighteen years old" (p. 41)

Therefore, amidst the aforementioned variations in and problems of definition, incest in this study will be operationally defined as (a) physical sexual behavior which

occurred between a female and a male perpetrator that was perceived by the victim as intrusive and exploitative; (b) where the perpetrator was a male parental figure at least five years older than the victim (i.e.,fathers and/ or step-fathers); and (c) occurring repeatedly over a period of time. Few would argue that, in this culture, explicit sexual contact behavior between a parental figure and a child is anything but abusive, thus, definitional problems will be minimized.

The next section of the review will address the level of awareness of sexual abuse and incest, various incidence rates, and the short and long term effects. Focusing only on research that has been done on incest will not provide the reader with a complete review of these phenomena. Since little differentiation has been made across studies between the effects of intrafamilial (incest) versus extrafamilial sexual abuse, the focus will therefore be on child sexual abuse in general, and incest in particular as much as possible.

## Awareness of Incest and Sexual Abuse

Adult sexual use of children has been well documented throughout history (Rush, 1980); however, only recently have people recognized the sexual victimization of children as a problem. The reluctance to publicly acknowledge incest was prominently shown by Freud in the late 1890's.

After Sigmund Freud found that many of his female patients attributed their hysteria and neurosis to childhood incest, he accepted their assertions and proposed a connection between early sexual traumas and later

emotional illness (Masson, 1984). However, Freud later retracted his proposed association and changed his assertion on the basis that seduction of a child could not be such a common occurrence among his patients and was rather, a fantasy (Masson, 1984).

Apparently, after Freud's unwillingness to acknowledge childhood incest, acknowledgement of the sexual abuse of children was not considered a serious problem in the research literature until the mid-1970's (Conte, 1991). However, even today, it is argued that to a large extent society still protects the secret of child sexual abuse (Summit, 1988) and that in some cultures sexual abuse of children is still not seen as a problem (Bagley & King, 1990).

Sandra Butler (1985) calls protecting the secret of childhood incest a "conspiracy of silence". What contributes to the conspiracy is the commonly held belief that incest can only happen in other families and that the offenders fit into our stereotypes of easily identifiable skulking males. It is this distance that protects us from our own sexual feelings towards older family members or our children developing into young men and women. It is "...our refusal to acknowledge to ourselves that we have ever had such feelings that creates our silence, aversion and unwillingness to openly discuss the issues involved in incestuous abuse" (p. 11). In a similar manner, Renvoize (1993) suggests that the term "sexual abuse" is preferred to the term "incest" because, "... it (is) easier to cope with the thought of what is implied when the act is

sanitized by calling it something less direct than incest" (p. 32).

Most research concerning child sexual abuse has been generated mainly within the last decade by both clinical and empirical studies. The majority of research on adult survivors of incest and sexual abuse has looked at female survivors. Recently, however, published works on male accounts of the experience of incest have begun to appear (Andrews, 1994).

According to Wurtele and Miller-Perrin (1992) the atmosphere created by the sexual revolution of the 1960's and 1970's lent itself to numerous disclosures about sexual abuse experiences. Individual reports coupled with unprecedented media coverage contributed to an increased awareness among the public of the serious social problem of child sexual abuse. Despite this increased awareness and focus on child sexual abuse, according to Green (1993), we are far from understanding many important aspects of this childhood trauma.

## Prevalence of Childhood Incest and Sexual Abuse

The prevalence of childhood sexual abuse and incest in our society is quite alarming. A history of sexual victimization is a fact for a large number of both men and women in the general population. It is now generally agreed upon among researchers that childhood sexual abuse and incest occur more frequently than was believed. Wurtele and Miller-Perrin (1992), however, provide evidence that differences in population, sampling methods and the way

sexual abuse and incest are defined will affect the reported extent of the problem.

In 1981, Herman-Lewis and Hirschmann estimated that as many as one million American women may have experienced father-daughter incest. More recent estimates from community surveys on abuse by a father or step-father ranges from 1.3% (Finkelhor, 1979) to 4.5% (Russell, 1988) to up to 6% of women (Finkelhor, Hotaling, Lewis, & Smith, 1990).

A recent prevalence study which highlights child sexual abuse as a substantial problem is one by Anderson, Martin, Mullen, Romans and Herbison (1993). These researchers found that close to one in three women (32%) reported having unwanted sexual experiences before 16 years of age. In the majority of cases the victims knew their abusers, with 38.3% being family members. A striking finding was that, "...the step-fathers were 10 times more likely to have been abusers than were biological fathers. One step-father in 10 was reported as sexually abusive, compared with one biological father in 100" (p. 915). Of the sexual abuse experiences, 71.5% involved genital contact or more severe types of abuse, and 12% of these involved intercourse.

In terms of intrafamilial abuse (sexual abuse by family members, including fathers and step-fathers) Finkelhor (1979) documented that 28% percent of his sample reported having had a sexual experience with a family member. Russell (1988) found that 16% of her sample reported at least one experience of intrafamilial sexual

abuse before 18 years of age and 12% of these women had been sexually abused by a relative before 14 years of age . Russell's definition of incest was narrower than that of other researchers, since she only included sexual contact behaviors which ranged from non-forceful kissing to forceable intercourse. Russell also notes that only 2% of intrafamilial sexual abuse and 6% of extrafamilial abuse were ever reported to authorities.

In another recent national prevalence survey, Finkelhor, Hotaling, Lewis, and Smith (1990) found that extrafamilial abuse was higher for boys, and intrafamilial abuse was higher for girls. Finkelhor and colleagues (1990) used a broad definition of sexual abuse which included both contact and non-contact behaviors and found that abuse was disclosed by 27% of the women and 16% of the men. Also, 9% of the male victims and 13% of the female victims said they had experienced actual or attempted intercourse.

Russell's study (1986) found that race and ethnicity have little to do with incestuous abuse. More surprising, however, was the finding that girls from high income families were more frequently incestuously abused that girls from lower-income families.

In clinical populations, the occurrence of childhood incest is even more elevated. It has been suggested that the impairments caused by sexual abuse increase the likelihood that victims will present at some point in their lives as psychiatric patients (Herman, Russell & Trocki, 1986). As reported by Doob (1992), only a few studies have reported the prevalence of incest in female psychiatric

patients. Her review found that a shockingly high number of female psychiatric patients had a history of incestuous abuse: patients with an incest history ranged from 14% to 23%, with the highest rate of incest being 52% in women who came to a psychiatric emergency department.

In reviewing several of the prevalence studies in the U.S. Wurtele and Miller-Perrin (1992) found that individuals recalling past abuse histories ranged from 7% to 62% for females (with a mean of 22% for contact abuse) and 3% to 16% for males. This extremely wide variation in prevalence rates according to these researchers may be due to the definition of sexual abuse they used. These researchers demonstrated that by using a slightly broader definition of *sexual abuse,* (i.e., a definition which included teenage perpetrators and situations where the child's health and safety was endangered) in the Second National Incidence Study, 14,400 children were identified as abused compared to the number identified in the First National Incidence Study (Wurtele & Miller-Perrin, 1992). This discrepancy was explained by Green (1993), who noted that a stringent and narrow definition of sexual abuse would produce greater adverse sequelae than studies using a broader definition.

Amidst the variations in definitional criteria for measuring sexual abuse, the prevalence rates of childhood sexual abuse and incest appear to be quite high. But even these high levels are thought to be underestimated because of individuals consciously or unconsciously not recalling

the experience (Doob, 1992; Wurtele & Miller-Perrin, 1992).

Increased awareness of sexual abuse has been heightened by these increasingly frequent and highly publicized reports of child sexual abuse. Recently, however, highly publicized cases of individuals suddenly remembering past abuse histories through the process of therapy has led to an emotional debate about the validity of recalling repressed events. Researchers have only just begun to question the authenticity of adult repressed memories of childhood sexual abuse and, whether the process of therapy or hypnosis actually creates false memories of sexual abuse (Loftus, 1993). It is important to note here that the purpose of the current research is to examine the incest survivors' perceptions and feelings about her past experiences and links to her current behaviour rather than attempting to determine the historical accuracy of the facts.

In conclusion, although the data vary regarding the exact extent of the problem of sexual abuse, it is clear that a significant number of men and women consider themselves sexually victimized as children, and that sexual abuse during childhood is far from being a rare event.

## Consequences of Incest and Sexual Abuse

Why is child sexual abuse and incest seen as an increasingly widespread and serious societal problem? Research which addresses both the short and long-term effects of this abuse on victims has consistently shown significant devastating effects (Browne & Finkelhor, 1986b, 1986b; Conte & Berliner, 1988; Wyatt & Powell, 1988).

Nonetheless, disconcerting assertions made by family therapist Larry Constantine (as cited in Leo, 1981) as well as others (Henderson, 1983) raise doubts about the negative effects of adult-child sexual experiences.

While the effects of sexual abuse may be particularly severe in survivors of incest as previously noted, a review of the literature indicates that few studies have focused solely on incest. The purpose of this review will be to emphasize the effects of incest as much as possible, but will not include incest between siblings, children and grandparents, children and uncles/aunts, or children and mothers.

Much work has been done on consequences for the adult survivor, and more recently, the effects on the child victim. The following two sections provide overviews of both the immediate and long-term consequences of child sexual abuse and incest (where "incest" was specifically addressed).

Initial Effects

The majority of the research on incest and childhood sexual abuse has focused on the immediate effects on the child; that is, the psychological sequelae during the period of the assault or shortly afterward. Not surprisingly, the initial effects of incest are quite similar to the effects of child sexual abuse. These effects include symptomatic behavior such as: affective problems (e.g., anxiety, fear, depression, shame and guilt, poor self esteem and anger), physical problems (e.g., genital injury, urinary tract infections), cognitive difficulties

(i.e., school/learning problems, dissociation), problems relating to others (e.g., aggression, withdrawal, strong dependency needs, poor peer relations, running away) and psychosomatic reactions (e.g., stomachaches, enuresis, nightmares) and internalizing and externalizing symptoms (Kendall-Tackett, Williams & Finkelhor, 1993; Green, 1993). Specific behaviors that have been linked to adolescent females with a history of incest include earlier and more frequent alcohol and stimulant abuse (Edwall & Hoffmann, 1988) and runaway behaviors and suicide attempts (Goodwin, 1982).

Brunngraber (1986) found that female victims of paternal incest, suffered more negative and severe immediate effects in the social, emotional, physical, and self-identity domains. Specifically, Brunngraber found that relationships with family members and with other females appeared to be impaired immediately after the cessation of incest, and relationships with men, as well as sexuality issues, were more adversely affected over time. While Brunngraber's study yields interesting results, it was limited by a small sample size and use of retrospective reports.

One can certainly argue that many of the symptoms listed above are present in children with no history of sexual abuse. On the other hand, consistent with the idea that there are a wide range of individual differences in how children react to sexual abuse, some children may not show any apparent symptoms from the sexual abuse (Kendall-Tackett, Williams & Finkelhor, 1993; Conte & Berliner,

1988). One mediating factor that may account for these individual differences is the victim's available support system (Conte & Schuerman, 1987; Brunngraber, 1986).

While harmful psychological effects have been shown to be important for child victims, dysfunctional family environments also contribute to and account for many of the symptoms of trauma (Urbancic, 1987; Conte & Schuerman, 1987). A recent study by Hotte and Rafman (1992) attempted to separate specific negative effects of incest from general family dysfunction where no incest occurred. Preadolescent girls with a history of incest showed significantly lower self-esteem, more sexualized attitudes and behaviors, more aggressive feelings towards themselves and more troubled relations with their mothers when compared to a control group of girls from a similar dysfunctional family environment without an incest history.

There is no one single set of symptoms that occurs in the majority of sexually abused children (Kendall-Tackett et al., 1993). Researchers have found, though, that the most noticeable symptom in sexually abused children is sexualized behavior; this is a very strong indication that abuse has occurred (Kendall-Tackett et al., 1993; Wurtele & Miller-Perrin, 1992; Beitchman, Zucker, Hood, DaCosta & Akman, 1991; Green, 1993).

Thus, while there is considerable literature on the initial effects of childhood sexual abuse in general, few studies have examined the short-term effects of incest specifically. However, we are left with neither a

consistent set of symptoms specific to sexually abused children nor a particular syndrome (Kendall-Tackett et al., 1993). We now turn to the lasting effects of childhood sexual abuse and incest on the adult survivor.

Long-term Effects

While much of the information available on the long-term impact of incest and childhood sexual abuse comes largely from non-systematic reports of adult and/or adolescent survivors, empirical studies have increasingly contributed to our understanding of the more lasting detrimental effects. A variety of studies have supported the idea that incestuous abuse in childhood has a broad range of long-term negative effects. Again, though, the degree to which lasting effects are reported is dependent on which definition of sexual abuse or incest was used.

Along with lasting, harmful consequences, researchers have established that childhood sexual abuse also carries with it a similar presentation of symptoms into adulthood (Browne & Finkelhor, 1986b). Sanderson (1990) provides a comprehensive list of the long term effects of child sexual abuse (See Appendix A). This list clearly shows that the traumatic experience of sexual abuse as a child shows itself later in the survivor's life in a multitude of ways affecting her emotions, physical health, perceptions, behaviors, interpersonal relations, and sexuality.

The most commonly reported symptom of adult incest survivors is depression (Browne & Finkelhor, 1986a; Gelinas, 1983; Sanderson, 1990) which is usually accompanied by feelings of guilt, low self-esteem and

feelings of powerlessness (Gelinas, 1983). Anxiety symptoms also appear quite frequently in survivors (Yama, Tovey & Fogas, 1993). Sexual abuse survivors usually present in therapy with complaints of either depressive symptoms and/or anxiety with no reference to (and often no memory of) past sexual abuse.

Past sexual abuse has also been specifically linked to dysfunctional sexual behavior (Briere & Runtz, 1990). Kendall-Tackett and colleagues (1993) suggest that sexualized behaviors appear to be most prominent in pre-school aged children, yet may re-emerge during adolescence and adulthood as sexual promiscuity, sexual dysfunctions, sexual offending or sexual aggression. Recognizing that research has not adequately addressed the various effects on incest survivors' sexuality, Westerlund (1992) recently devoted a single volume to female sexuality after incest.

Green (1993) noted that while many lasting effects of sexual abuse are similar to initial effects, many of the effects present in adolescence and adulthood as more "disguised" symptoms which often appear unrelated to the original trauma. These later symptoms may present as substance abuse, somatization reactions, eating disorders and possible sexual offending, particularly for men (Seghorn, Prentky & Boucher, 1987). Vulnerability to revictimization, borderline personality disorder and multiple personality disorder (MPD) could also be related to earlier incest trauma.

Long-term consequences of particularly severe incest (i.e., where intercourse or the use of physical force was

used) has been found to result in greater distress, higher levels of trauma and anxiety disorders and higher risk for the development of psychiatric disorders for the victim (Russell, 1986; Finkelhor, 1984; Pribor & Dinwiddie, 1992). Similarly, Herman, Russell and Trocki, (1986) reported that negative effects which persisted over time were associated with highly intrusive, prolonged incestuous abuse where the abuser was a father figure.

Brunngraber's (1986) community study of paternal incest victims indicated that the most negative lasting effects on female victims were difficulties with interpersonal relationships with men (i.e., feelings of hostility and distrust towards men and avoiding emotional or physical contact with men); and sexuality problems (i.e., avoiding or fearing sex, having difficulty blending emotional intimacy with sexual contact, experiencing flashbacks during sex or having solely lesbian relationships).

As noted earlier, prevalence of a history of sexual abuse or incest appears to be high in clinical populations (Doob, 1992). Similarly, based on clinical observations, Lowery (1987) composed a list of symptoms in untreated adult incest victims, which included emotional and physical abuse towards children, impulsive behavior, promiscuity, somatic complaints, feelings of detachment and powerlessness, lack of trust, always needing to care for others, difficulty with authority figures,difficulty in parenting and reinvolvement in incestuous assault. Many of the effects for clinical populations thus overlap with

those in studies which examined non-clinical populations using the broader term sexual abuse.

A unique long-term effect of incest recently discussed in the literature has been that of the "psychic loss" of the father (Wingerson, 1992). This, according to Wingerson, is a core element of the incest experience and leaves children feeling that they have lost their idealized parent and his empathy, their security, and their sense of self, even though the father may still be physically present. While this sense of loss begins in childhood stresses Wingerson, the child is often unable to mourn this loss and later as adults this mourning becomes part of the incest victim's healing.

Negative effects of childhood incest often do not show themselves directly in adulthood and might be delayed, even though the survivor remembers the abuse. Researchers have frequently referred to "triggers" which cause survivors to experience symptoms of the incest at certain times in their lives (Sanderson, 1990; Gelinas, 1983). Various life events or experiences may trigger specific symptoms for the survivor. Becoming sexually active or having any close intimacy with a partner (which may recreate feelings associated with the abuse trauma); birth of a child (which may restimulate memories of vulnerability); over-identification with the child (particularly if female); phobic reactions to the child's genitalia; or a child reaching the age at which the mother was abused, all may result in flashbacks (Sanderson, 1990). Other life triggers may be separation or divorce of the survivor,or death of

the abuser and/or death of the non-perpetrating mother. Therefore, negative long term effects of incest may not show themselves until one of the above (or other significant) life experience occurs for the survivor. Gelinas (1983) parallels this delayed process to a "time bomb", especially since the survivor cannot avoid situations that may function as developmental triggers.

Positive Coping Strategies

To date, the majority of incest and sexual abuse research has examined the negative outcomes of these traumas. Not surprisingly, victims' own perceptions of past incestuous abuse have also been strongly negative. Half the women in Herman, Russell and Trocki's (1986) sample felt that their incestuous abuse had substantial lasting effects on their life. However, researchers have recently begun to explore the healing process in adult survivors and positive ways in which they have coped with, and survived such a trauma. Brunngraber's (1986) study was the first of its kind to yield information about the positive coping methods and aftereffects of paternal incest,

> "Despite their past incestuous victimization, and in some cases because of it, many women in this sample seemed to have learned valuable qualities of self-reliance, autonomy, independence, accountability and sensitivity toward others. The positive aftereffects, therefore, seem to represent coping mechanisms used by victims to deal with the period during and after the incestuous assault" (p. 31)

In another study, Draucker (1992b) provides a rich

description of the experience of surviving incest with regards to construing benefit from this victimizing experience. Incest survivors were asked how they adapted to the incest experience and what, if any, positive benefit resulted from it. Almost 50 percent reported at least one positive outcome resulting from their incest experience. A content analysis of the survivors responses revealed the following four themes: 1) an increased ability to relate to other victims, 2) increased understanding in the causes of abusive behavior, 3) an increased sense of personal strength, and 4) an increased self-awareness.

Also relevant is the unusual finding by Long and Jackson (1993) who examined the relationship between the emotional responses of victims during the time of the abuse and later effects. While the majority of the sample reported negative emotions (e.g., guilt, fear, anger) around their abuse, these researchers also identified a group of women who reported primarily positive emotions occurring at the time of the abuse ( e.g.,cared for, aroused, special). In attempting to explain this peculiar finding, Long and Jackson (1993) suggested that these women did not see their experience as abusive and did not consider themselves to be victims of childhood sexual abuse. This is clearly a definitional problem, especially since their definition of abuse was "any sexual activity" and 58.6% of their sample reported "kissing". As well, all women in the positive group reported abuse by someone outside the family, further confusing the "abusive" nature

of these behaviors.

In summary, many empirical studies illustrate that there is indeed a broad range of recovery from incest and sexual abuse in childhood; some survivors are profoundly affected and display chronic symptoms, some show milder problems, and some report that they have recovered well from the abuse. Over the past several years, a multitude of studies have focused on the longer term, lasting effects of child sexual abuse. The studies reviewed here indicate that a history of incest or other sexual abuse is unquestionably associated with ensuing psychological and social problems in the majority of its adult victims. In summary, symptoms as an adult found to be associated with a history of childhood sexual abuse and incest include: self-destructive behaviors, dissociation, somatization, eating disorders, interpersonal and sexual problems, low self-esteem, substance abuse, and high levels of depression, fear, and anxiety.

## Perspectives in Understanding Incest

According to Finkelhor (1988), it has only been since 1984 that researchers have begun to propose conceptual models to understand the resulting trauma of sexual abuse and incest experiences. In integrating the findings on the impact of being sexually abused, four different approaches that address the etiology of the phenomenon will be considered: a) Post Traumatic Stress Disorder (PTSD), b) Traumagenic Dynamics Model of Child Sexual Abuse , c) a systemic approach, and d) a feminist approach.

Post-Traumatic Stress Disorder (PTSD)

The post-traumatic stress disorder (PTSD) model has been frequently used to explain the traumatic psychological effects of sexual abuse and incest on its victims. PTSD exists as a diagnostic category in the Diagnostic and Statistical Manual (3rd ed. rev.) (American Psychiatric Association, 1987). While PTSD was originally formulated to apply to adult war veterans (Trimble, 1985), researchers have recognized that PTSD symptoms are relatively common in child sexual abuse victims (Kendall-Tackett et al., 1993) as well as in adults with an incest history (Courtois & Sprei, 1988). Recent research suggests that many of the lasting effects of incest and child sexual abuse in adults are similar to and meet the diagnostic criteria for PTSD, (McLeer, Deblinger, Atkins, Foa & Ralphe,1988; Berliner & Wheeler, 1987; Finkelhor, 1988; Donaldson & Gardner, 1985; Pribor & Dinwiddie, 1992).

According to the DSM-III-R diagnostic criteria, post-traumatic reactions include fear, startle reactions, reenactment of the trauma, intrusive thoughts and nightmares, flashbacks, sleep disturbances and depression. While it has been noted that for many victims of sexual abuse the PTSD symptoms are absent (Finkelhor, 1988), Rowan, Foy, Rodriguez and Ryan (1994) reported that 69% of their female clinical sample met all the criteria for PTSD (1994). Donaldson and Gardner (1985) also found that delayed or chronic PTSD was present in 25 out of their 26 adult incest victims.

Some researchers suggest that the PTSD model is

helpful because it provides incest survivors with a way of reinterpreting and normalizing their reactions which they often consider as "crazy" (Courtois & Sprei, 1988). Another benefit of placing sexual abuse in the framework of PTSD as noted by Finkelhor (1988), is that seeing sexual abuse as a PTSD stressor removes blame from the victim for the experience. The PTSD label places the incest victim in the same category as victims of natural disasters and wars and thereby challenges the idea that the incest trauma was self-inflicted.

Many researchers agree, however, that PTSD does not adequately explain post-incest experience. First, it does not address the emotional loss suffered by the child or the violation of the relationship (Blume, 1990). Next, it fails to acknowledge victim's gender. Finally, various characteristics of sexual abuse and incest survivors do not fall within PTSD (e.g., dissociation, suicide attempts and revictimization) (Briere & Runtz, 1988).

Given its shortcomings, some feel that the PTSD model remains the best available psychiatric framework for understanding the effects of incest (Blume, 1990). Finkelhor (1988) notes that, while the PTSD model provides a list of symptoms, it does not explain how the symptoms develop for the victim. He suggests that until further research has been done on the impact on victims we should not adopt this framework for understanding the trauma of incest and sexual abuse.

Certainly, viewing sexual abuse and incest within the

PTSD model has many benefits; however, a more specific application to sexual abuse and incest would improve its ability to explain the effects of such traumas.

The Traumagenic Dynamics Model

Finkelhor and Brown (1985) have suggested an alternative to the PTSD framework to better understand the psychological effects of incest and sexual abuse and the process in which these symptoms develop. Their model uses many elements of the PTSD model. While these traumagenic factors may be present in other kinds of trauma, when combined together, according to Finkelhor and Brown (1985), they characterize the unique experience of sexual abuse.

Finkelhor and Brown's (1985) model contains four trauma-causing factors they refer to as "traumagenic dynamics". The four factors are (1) traumatic sexualization, (2) betrayal, (3) powerlessness, and (4) stigmatization. Each of the traumagenic dynamics will be described briefly to explain each one and show the impact each has on the victim.

Traumatic sexualization refers to processes in which the child's sexuality is shaped in an inappropriate way as a result of the sexual abuse. This might happen when the child receives gifts or privileges for inappropriate sexual behavior and then the child learns to use sexual behavior to get his/her needs met from others. This might also occur when a part of the child's anatomy becomes fetishized and given distorted importance, or when fear becomes associated with sexual activity. These dynamics are unique to sexual abuse since they do not occur in other childhood traumas

such as parental divorce or physical abuse.

Later effects observed in adult victims of sexual abuse that seem to be connected with the dynamic of sexualization include: aversion to sex, flashbacks, difficulty with arousal and orgasm, vaginismus, and negative feelings about their sexuality and their bodies (Finkelhor & Browne, 1985).

The second traumagenic dynamic, betrayal, occurs when the child discovers that a person who they trusted and depended on caused them harm. This also includes the child's experience with the non-offending family members (e.g., if they felt that they were not protected or believed). This effect may be characterized in adulthood (reviewed by Finkelhor & Brown, 1985) as an impaired judgement of the trustworthiness of others, vulnerability to revictimization in relationships, or hostility and anger leading to aversion to intimate relationships.

The powerlessness dynamic occurs when the child senses that he or she is in danger and is unable to stop or escape from the abuse experience(s). The experience of having one's body repeatedly invaded and the sense of powerlessness often lead to fear, anxiety and helpless which often do not end once the abuse terminates (Finkelhor, 1988). The later effects associated with this dynamic in adulthood include: fear and anxiety, PTSD symptoms, impaired coping skills (e.g., employment problems, low sense of efficacy, revictimization), and compensating for past powerlessness (e.g., a need for male victims in particular to control or dominate others).

The last traumagenic dynamic includes stigmatization, in which negative messages are conveyed to the child ( e.g. that she is evil, worthless, shameful and guilty) and that the child should assume blame for the abuse. These messages eventually become incorporated into the child's self-image, often as shame, guilt, low self-esteem and feeling somehow different from others. While the degree of stigma suffered varies for different children, Finkelhor suggests that the longer term effects may show up in adults as feelings of isolation, poor self-esteem, drug and alcohol abuse, prostitution, guilt and shame with its extreme form being self-mutilation and suicide attempts.

Finkelhor and Browne's (1985) traumagenic dynamics model is valuable in understanding both the immediate effects of sexual abuse on the child victim, as well as many of the lasting effects on the adult. This model has been frequently cited in the literature for its usefulness in understanding the impact of childhood sexual abuse and incest. For example, Green (1993) found this model to be the most sophisticated attempt at identifying effects of the abuse experience on children as well as adults.

Limitations of using this model to explain the effects of sexual abuse and incest, however, include failure to separate acute and chronic traumatic events, the interaction between them (Green, 1993), and lack of empirical verification (Kendall et al., 1993).

While this review has emphasized the experience of the incest victim, little mention has been made of the context

in which incest occurred, namely, the victim's family. One cannot truly understand incest trauma without examining survivors' incestuous experience within the fuller context of the family system.

Family Systems Theory

Family systems theory can be used to explain why and how incest occurs. In examining the problem of incest from a family systems perspective, the focus is not on the incest behavior per se, but the dysfunctional family interactions and stress that led to the incest (Bagley & King, 1990). Those advocating treatment from this perspective, feel that "...an effective strategy of change must confront the underlying family structure in order to eliminate the need for the symptom of incest" (Alexander, 1985, p. 87). The focus is not on the sexual misconduct, but is rather on the relationship dynamics and the family variables that contribute to the incestuous behavior (Friedman, 1988).

Inherent in family systems theory is the assumption that *all* members of the family contribute in some way to the incestuous abuse. According to Sgroi (1982), incest usually involves some level of participation by other family members even if it is ignoring the situation. One family member may even "set up" a child to be victimized by another family member. She states, however, that incest is most often a result of indirect participation of every member. Therefore, within this conceptual framework one needs to look at both the organizational and the interactional aspects of the family system in which the

incestuous interaction evolved (Friedman, 1988).

Systems theory points to the internal organizational structure of the family where incest occurs. In such families there exists a high degree of isolation from the external world, interconnectedness and entrophy (i.e., lack of organization, information exchange and external stimuli)(Alexander, 1985). Additionally, researchers have found that many "myths" exist within the family subsystems where incest is occurring. These myths often include the belief that "it is okay for adults to violate children and for men to violate women" (Bennett, 1992). Renvoize (1993) states that,

> Very often the entire family will have created its own set of myths by which they all live. Each individual may have made up their own story which justifies the way they live- the offender to allow him/herself to continue the offences, the victim to help her/him to survive the abuse, the partner, usually the mother, to ignore or rationalize the other partner's abuse. These myths are their reality..." (p. 139).

Continued acceptance of these myths allows the abuse to continue and leads the entire family into a "conspiracy of silence" (Bennett, 1992).

The systems perspective also focuses on the internal interactions of the family subsystems. Only the spousal and parental subsystems will be briefly discussed here.The spousal relationship in an incestuous family has been characterized by a power imbalance and troubled sexual relations (Waterman, 1986). As well, the marital

relationship has been described as "pathologically dependent" (Friedman, 1988), where both adults are afraid of loss, separation and abandonment.

Mayer (1983) explains that in families where incest occurs, psychopathology exists and affects all members. The children are not emotionally healthy and when brought up in a pathological family system, they learn to get their needs met in similar dysfunctional ways. She suggests that their behavior is even perhaps necessary for their own survival or that of the family unit. In conclusion, Mayer states that, "...to recognize the fact that each individual in the family has a role in incestuous abuse is not equivalent to removing final responsibility from the offending adult member" (1983, p. 14).

Often in families where incest occurs, mothers are victims of past sexual abuse or wife abuse, and the continuum of learned "victimized behaviors" affects her own protective efforts towards her children (Truesdell, McNeil & Deschner, 1986). Especially where mothers' incest has not been treated, the incest survivor as a mother is unlikely to recognize or prevent incest (Lowery, 1987).

The incest survivor as a mother experiences unique problems with regards to parenting her children. These problems, which will be covered more fully in the following review of the literature, include: issues about the child's sexuality, nurturing, boundaries, role-reversal, expectations for her child's behavior, discipline and protectiveness.

Inherent in family systems theory is the assumption that all members of the family where incest is occurring play a role in causing or maintaining the incestuous abuse (including the child whose role is victim). Mothers in particular, have been targeted by researchers based on the assumption that their roles and behavior in the family are crucial factors in the onset, and continuance of incest. Especially for untreated adult victims of incest, "the victim becomes a 'high-risk candidate' for setting up the same type of nonfunctioning, disorganized family system that contributed to their incestuous assault" (Lowery, 1987, p. 30).

This is a very sensitive and controversial issue among researchers. Glaser and Frosh (1993) strongly advocate that family systems theorists support "mother blaming" and focus on the mother's inadequacy in the sexual abuse. Blume (1990) feels that using this theory to understand childhood incest is dangerous, in that the next step might be to look at how a mother- or even her child- "contributes" to the father's rape of the child. Others caution that assuming that the vulnerable, lonely, needy child victim may precipitate the incest is dangerous because the vulnerability may become confused with responsibility (Bagley & King, 1990). Russell also criticizes the assumption underlying family systems theory (i.e., that non-perpetrating mothers "collude" in the incest by not having sex with their husbands or rejecting the traditional housewife role which leading the father to substitute the daughter for caregiving). She states that this theory is

unjust and "...is only a slightly more sophisticated version of the old seductive child theory (1986, p. 385)".

Examining the dynamics in the incestuous family from a family systems perspective demonstrates how the incestuous family as a whole experiences the effects of incest across its various subsystems. Many concerns have been expressed by feminist researchers regarding this theory's usefulness in understanding incest. The shortcomings of this approach in explaining childhood incest lie in (a) its failure to address power differences between child victim and adult perpetrator, (b) its tendency to attribute responsibility for the abuse to the mother, (c) its inability to explain incestuous abuse that occurs outside the nuclear family, and (d) its not addressing contextual contributors (e.g., poverty) and (e) its discounting male socialization toward violence in our culture (Glaser & Frosh, 1993; Russell, 1986). The fourth and final perspective that will be discussed is feminist theory.

Feminist Theory

Feminist researcher Diane Russell (1986) maintains that while many scientists in the past were unwilling to recognize the problem of incest, feminists (both clinicians and researchers) along with survivors, were responsible for raising public awareness about this "secret" trauma. From the feminist perspective, incest and child sexual abuse are very real, prevalent, problems and feminists in the field argue that a feminist perspective is most appropriate in understanding its etiology (Russell, 1986).

Feminist exploration on the effects of incest has

generally involved examining the experience of the incest survivor herself as opposed to focusing on the wider family dynamics. While the larger context of family roles and dynamics are given consideration, feminist research holds incest as a social problem rather than as an individual problem. As discussed by Russell (1986), feminist research takes into account many contextual and structural factors in the occurrence of incest. These factors include male sex-role socialization, exposure to child pornography, power imbalances in society, and the historical devaluation of children.

Feminist theory emphasizes the power men have over women and recognizes how the difference in power affects womens' experiences. In contrast to family systems theory, the feminist orientation holds the perpetrator solely responsible for his actions irrespective of the other family members' behavior (Curtois & Sprei, 1988). While researchers from a family systems perspective focus on the collusion of mothers and their role in the occurrence of incest, researchers who embrace a feminist perspective claim that this is another way of blaming the mother (Blume, 1990; Russell, 1984).

The focus in feminist research and therapy is on the victim's experience. In an effort to more clearly identify the dynamics of incest and sexual abuse in women and the "meaning" of the experience, researchers at the Women's Research Centre (WRC) in the Greater Vancouver area (1989) examined the experience of sexual abuse and incest from the

perspective of the adult survivor. Seventeen adult survivors and eight women whose children had been sexually abused were given the opportunity to tell their histories of abuse. The majority of all the participants had been abused by a member of their immediate family (i.e., fathers, stepfathers or brothers). During four-hour interviews these women told their stories and provided descriptions of their childhoods, their abuse, the effects of the abuse as children and as adults and their strengths and survival strategies. For the purpose of this paper only the perceived consequences of the abuse will be discussed.

Using Pamela Sleeth's Survivor's Cycle as a framework, the WRC (1989) attempted to explain the women's experiences and beliefs about themselves which developed as a result of the abuse. Consequences of the abuse reported by these women fit into the following categories: confusion, self-estrangement, development of survival skills, entrapment, and negative sense of self.

According to the Survivor's Cycle, the incest or sexual abuse initially caused confusion. The child experienced confusion about authority of adults and themselves, about what's real, about physical, emotional and intellectual limits, and about personal competency. Often unable to change her situation, the child "let go of their reality" over which they have no control. The female child victim may separate herself from her abuse experiences through forgetting, blanking out or even creating "splits" in her personality.

In the next stage in the cycle, survivors described

the following "skills" they developed to cope with the abuse: intellectualizing, hiding, passivity, humor, helping, acting out, taking drugs and/or alcohol, escaping (i.e., running, fantasizing, lying), considering and attempting suicide, seeking acceptance, and seeking control. In the next stage in the cycle, the child feels trapped by the secrecy, fear, guilt, and responsibility for the abuse. In the last stage of the cycle, the child's feelings about the experience and the distortion inherent in the abuse leads her to form a negative self image or lose her sense of self. This stage of the cycle in particular was clearly illustrated when the adult survivors talked about feeling incomplete, invisible, empty and lost.

Given that the previous feelings and perceptions were initially instilled in childhood during the time of the abuse, one might expect that without appropriate treatment and intervention, these effects would not only permeate childhood development but may persist into adulthood and become core factors in the adult survivor's daily life. The WRC's research (1989) supported this idea whereby, "The cycle continues. In her adult relationships the survivor grapples with her confusion about who she really is, what her needs are, what her rights are, what she is responsible for, and what she deserves. The cycle produces its own energy, continually reinforcing itself unless and until it is broken" (p. 113). Interestingly, the above description of the cycle appears to follow a somewhat systemic perspective where the survivor's perceptions get continually fed back to her which increases the likelihood

that her perceptions and behaviors will keep recurring.

As we have seen, being sexually abused as a child often results in seeing oneself and one's environment in a unique way as an adult. It also may result in survivors' developing subsequent coping strategies. It is important to note that while the Survivor's Cycle was applicable to the women interviewed, consequences of sexual abuse are unique to each individual. The degree to which each survivor experiences the effects is dependent on many factors, as suggested by Finkelhor's Traumagenic Factors: traumatic sexualization, betrayal, powerlessness and stigmatization. Other factors that may also account for the differing amounts of trauma and effects to the victim include: the nature of the victim's relationship to the offender, the duration of the relationship, the sexual acts engaged in, the degree of force or coercion used, the age of the child and the age disparity between the perpetrator and the victim (see Finkelhor, 1984, for a further review of these factors).

In a similar attempt to understand the meaning of incest to survivors from a feminist perspective, Kondora (1993) described the experience of five adult women survivors of childhood incest. Through unstructured interviews, Kondora (1993) identified two main shared meanings of the survivor's lived experience. Regardless of whether the survivor had always remembered the abuse or had just remembered it, thinking back upon the abuse was an important central theme in which the painfulness, intrusiveness and pervasiveness of the memories was

prevalent in their stories. "Adult women survivors of childhood incest experience a centrality of remembering such that their past is always illuminated in front of them" (p. 14). The second pattern that emerged from the women's stories was that of caring behavior. The women told of having an ability to care for themselves as adults because someone other than their parents showed caring behavior towards them as a child or as an adult.

In summary, each perspective is useful in understanding the various effects and dynamics of incest. Family systems theory has been criticized for emphasizing mothers' inadequacy in accounting for incest and mother-blaming is often inherent. The feminist perspective attributes blame for incest where it belongs-to the offender. This perspective also best describes the mother's perception of herself and her strengths as a parent to her daughter. The material and stories mothers share in this study are best interpreted within a feminist framework which encompasses the larger social structure that contributed to these mother's own incest experience.

By examining four different major theoretical perspectives, the previous review attempted to explain the long-term effects and dynamics of incest and sexual abuse. These perspectives, however, do not specifically address parenting issues of incest survivors. The next section focuses on the intergenerational aspects of incest and on attachment theory, which offers an explanation of how incest is transmitted across generations.

## Incest Across Generations

Unfortunately only a few studies have addressed how one's childhood experience of abuse affects one's parenting. What happens to the abused child when he or she reaches adulthood if little or no effective intervention has taken place? In 1980, Harold Martin, noted that while there are "...no prospective long-term studies of mistreated children...The most obvious long-term effect of the abusive environment is its influence on parenting patterns in the next generation" (p. 353). Now, over a decade later, there is general acceptance among clinicians and researchers that an abuse cycle exists with regard to physical abuse and neglect. That is, children who are victims of physical or psychological abuse or neglect may grow up to be abusive parents. In their review of the literature on the intergenerational transmission of abuse, Kaufman and Zigler (1987) estimated that 30% of individuals that have been physically abused, sexually abused, or suffered extreme neglect, will maltreat their own children in some way.

In attempts to understand a "sexual abuse cycle", much research has been done mainly in the area of adult and adolescent sexual offenders to help understand the abused-to-abuser link. What we do know is that the majority of male sexual offenders have been sexually victimized themselves (Freeman-Longo, 1986). A very recent study of sexual offenders found that the incidence of sexual abuse in childhood was a) higher among child molesters than the incidence of sexual abuse reported in both clinical and

non-clinical samples in the literature and b) more than twice as high as that among rapists (Seghorn, Prentky & Boucher, 1987).

With regard to women, Goodwin, McCarthy and DiVasto (1981) found that among 100 mothers of children who were sexually or physically abused, 24% of the mothers reported having been incestuously abused themselves. This finding was then compared to 3% of 500 women who came from the same community and whose children had not been abused to their knowledge.

In explaining their findings, these researchers argued that mothers who were sexually abused themselves adopt emotional and physical distance from their children, thus providing more opportunities for abuse to occur (Goodwin, McCarthy & Divasto, 1981). Others suggest an alternate explanation. Having had inadequate parental role models for good parenting, survivors of sexual abuse have often not learned appropriate protective behaviors with which to protect their own children from potentially abusive situations (Sanderson, 1990).

Glaser and Frosh (1993) attempt to explain the intergenerational nature of sexual abuse for survivors. They state that the experience of the abuse increases women's vulnerability to sexually exploitive men and reduces their ability to protect their children. "It is an apparent puzzle that there is a strong link between having been abused oneself in childhood and having children who are themselves sexually abused. The puzzle here is that the statistical link passes down a maternal chain (girls who

are abused have daughters who are abused) and yet it is mostly men that actually do the abusing" (1993, p. 55).

Mothers who are incest survivors themselves are frequently concerned with the possibility that they may repeat or be a party to some of the abuse which happened to them. Often though, the fear of repeating abusive family patterns, or awareness of one's abuse, in itself prevents survivors from ever being abusive (Maltz & Holman, 1987; Kritsberg, 1993) It is worth noting here that while there appears to be a high risk of repeating the pattern of abuse, many victims do not become abusers.

A final explanation of how incest may cross generations comes from the so called role reversal of mothers and daughters or "parentification" theory. According to this theory, "parentification" of daughters often plays a primary role in continuing the cycle of incest (Draucker, 1992a; Courtois, 1988; Gelinas, 1983). The literature suggests that in families where incest occurs, mothers have usually been "parentified children" and boundaries have been blurred (Gelinas, 1983). Since the survivor was parentified as a child, she may expect the same from her children and role reversals occur.

The importance of maintaining generational boundaries is repeatedly mentioned in the literature as an important factor in increasing the risk for incest. According to Thorman (1983), blurred boundaries, especially between mother and daughter and father serve as a basis for an incestuous relationship.

Parentification consists of blurred boundaries between the mother and the child, and can be expressed by assigning children major responsibility for housework and childcare in the family. Terri Phillpot (personal communication, 1995), a counselor at Klinic Community Health Centre who runs parenting groups for battered women states that parentification or "violating childrens boundaries" is a primary topic for abuse survivors. Parentification can occur on many different levels, including emotional, physical and sexual parentification. Emotional parentification is most prevalent in the groups that Phillpot works with (80% of whom are sexual abuse survivors). Emotional parentification takes the form of the mother sharing inappropriate information with the child around her abuse, and assuming the role of a "friend" or confident with her children. Phillpot finds that survivors who are single mothers with little supports in their lives are often "desperate for emotional support", so they sometimes turn to their children for emotional nurturing. One of the areas that Phillpot works on with the mothers is helping them identify other sources of physical and emotional support. She also stated that many of the long-term physical and emotional manifestations of sexual abuse survivors (e.g., recurring colds, illnesses, yeast infections, depression) place the mother in a position of needing extra physical care and nurturing.

As described by Draucker (1992a), intergenerational transmission of incest may occur in the following way. The parentified child grows up being attracted to partners who

are typically needy, narcissistic or insecure and who expect her to take on most of the household and maternal responsibilities. With little regard (and little time) for her own needs, the survivor becomes "emotionally depleted". She attempts to get support from her husband who feels threatened and abandoned and withdraws from her. She may then turn to her children for emotional support and the process of "parentification" begins. If unable to meet his needs outside the family, the husband may attempt to get his needs met through his daughter. The daughter, now an incest survivor, becomes an adult with a poor self-concept who is skilled at caretaking, and is at risk for exploitation. The cycle continues. While Draucker's description of how parentification may occur clearly follows a family systems model (i.e., where all members of the family play a role in the parentification occurring), clinical literature on parentification often holds the mother primarily accountable for its occurrence.

## Attachment Theory and Internal Working Models

An attachment perspective/theory can also be used to understand the intergenerational transmission of abuse. Similar to the reoccurrence of incest through generations, attachment may also be transmitted intergenerationally (Ricks, 1985).

Bowlby's (1980) theory of attachment suggests that the early infant-caregiver relationship provides a pattern for later relationships. Egeland, Jacobitz and Sroufe, (1988) explain,

With confidence in oneself and others the

> securely attached child is more likely to enter into loving and trusting relationships. In contrast, infants whose needs have not been appropriately met develop expectations that care is not available and others cannot be trusted and, as adults, are more likely to have difficulty entering into supportive relationships with others and providing adequate care for their offspring (p. 1081).

While little attention has been given to bringing early-formed working models into adulthood, working models of oneself and others appear to play a major role in parenting one's own children (Egeland et. al., 1988). Bowlby's (1980) concept of internal working models of self and attachment figures proposes that early relationships are internalized and are strongly linked to later psychological functioning.

Attachment theorists advocate that initial relationships are extremely important in the development of one's self-esteem. One of the profound long term effects of incest, has been that adult survivors have low self-esteem and self-worth. This finding can be easily understood within Bowlby's framework of an "insecure attachment" and a "negative internal working model of the self". Inadequate or negative internal working models are most likely to occur in response to "intolerable mental pain or conflict" and ..."inadequate working models, in turn, will interfere with coping and with optimal development" (Bretherton, Ridgeway & Cassidy, 1990, p. 277).

The internal working model construct has been used to

explain the development of healthy as well as pathological relationships (Bretherton et al., 1990). An interesting study by Egeland and colleagues used attachment theory as a guide in examining the discontinuity of the cycle of abuse. These researchers found that the following experiences decreased the chances for mothers with a history of abuse to abuse their children: the availability of a supportive relationship in childhood, experience in therapy, and a stable, satisfying relationship during adulthood. Unfortunately, this study classified mothers into "abused" and "nonabused" groups without regard to the type of abuse experience (i.e., sexual, physical or emotional abuse).

An attachment framework and internal working models in particular, help explain the long-term effects and intergenerational transmission of incest, and the parenting experience of survivors. While this theoretical framework serves as a useful guide in the present study for understanding parent-child relationships, it is insufficient in itself for explaining the societal problem of incest. In the next section, specific parenting concerns and issues for incest and non incest survivors will be addressed.

## The Parenting Experience of Incest Survivors

Unfortunately, virtually no systematic research exists on the effects of the incest experience on the incest survivor as a parent. What little we know about the parenting experience of female incest survivors comes mainly from clinical data; there is none about the male parent incest survivor. In particular, questions of how

incest survivors' experiences affected their desire to become parents, their feelings about their child's sexuality or how their abuse impacted on how they parent their own children are left unaddressed. This study focuses on the mother's beliefs, practices and reality not necessarily the role her partner or other supports play in her life.

Female Survivors as Parents

While many female incest survivors function quite well as parents, others are unable to do so because their mothering is impeded by the long term effects of the incest and traumatic stress reactions (Courtois, 1988). Kritsberg (1993) refers to this deficiency in protective behaviors of survivors as "blind spots". This is where the survivors' own defenses may not have allowed them to see potentially dangerous situations for their children.

The mother's role in the incestuous father-daughter relationship has been a controversial one, and yet has been studied much less than that of either the male perpetrator or the child victim (MacFarlane & Waterman, 1986). While blame has been attributed to mothers in the past for "colluding" or "allowing" the sexual relations between the father (or father figure) and the child to continue, mothers in families where there is incest have been found to be generally subservient, oppressed and incapacitated (Jehu, 1988). The consequence of having these characteristics according to Jehu (1988) is that "...the mother is unable to protect, supervise, and guide her own daughters, who are consequently more vulnerable to

victimization"...and that "...the mother does not model or transmit self-protective and assertive skills to the daughters" (p. 19). These mothers are therefore "victims themselves and are in a poor position to instruct and equip their daughters to avoid these hazards" (p. 19).

Not surprisingly, research suggests that many survivors of incest do not want to have children. There are several reasons for this. First, many incest survivors are afraid of assuming the role of a passive witness in the same ways that their mothers did; thereby contributing to the cycle of abuse (Sanderson, 1990). A second reason is based on their perception that they are bad or "evil" and therefore couldn't possibly bear a normal child (Westerlund, 1992). Finally, survivors see pregnancy as losing control of their body and fear being left vulnerable and powerless (Westerlund, 1992). Thus, some survivors do not become involved in intimate relationships, marry, adopt, or have children at all.

At the other extreme lie survivors who feel a "desperate need" to have children in order to do better than what their mothers had done. This often translates itself into striving to be the "perfect mother". This distorted perception of a perfect mother leads the survivor to have high self-imposed demands and expectations which in turn may interfere with her children's sense of individuation and independence (Sanderson, 1990). Sanderson (1990) also notes that if the children do not show appreciation at having such a perfect mother, or if giving

the children everything reminds the mother of what she was deprived of, the mother may end up feeling resentment towards her children.

Striving to be a perfect mother often results in over-protecting and over-nurturing behaviors (Sanderson, 1990; Westerlund, 1992). Paradoxically, while most mother survivors over nurture, they may also experience difficulties in how comfortable they feel when providing nurturance and have difficulty balancing discipline with affection (Gelinas, 1983; Jehu, 1988). Supporting this idea, Goodwin and colleagues (1981) report that incest survivors as parents often imbue closeness and affection with sexual meaning.

Similarly, Sroufe and Ward (1980) found that 9.25% of low income mothers in their sample (n=176), showed a seductive pattern of behavior towards their preschool male children. A later study by these researchers revealed that while mothers engaged in sexually inappropriate and physical abusive behavior towards their preschool sons, the same mothers were less physically intimate with their preschool daughters and showed a high degree of derision towards them (i.e., belittling their efforts, addressing them with sarcasm, laughing at them, demeaning or ridiculing them) (Sroufe, Jacobitz, Mangelsdorf, DeAngelo & Ward, 1985). These researchers postulated that inappropriate sexual or seductive behavior of mothers in their sample may reflect a history of sexual abuse (42% of the target mothers reported a history of sexual abuse), unmet emotional needs, or parentification. According to

Thorman (1983) parents need to understand the difference between "loving sensuality" and "abusive sexuality" in order to avoid crossing the line between these two forms of parent-child interactions.

Clinicians have reported that mother survivors often express fears and severe anxieties about parenting. For many of these mothers, their primary concern is how to protect their children from being sexually abused by others (Kritsberg, 1993; Kirschner, Kirschner & Rappaport, 1993). They express worries about the nature and adequacy of their child's sexual abuse prevention training and general sex education (Westerlund, 1992). Researchers have suggested that these parents compensate for their fears by being hypervigillant concerning their children's safety and monitoring them closely (Kirschner et al., 1993; Sanderson, 1990).

Survivors may often express a concern that they might marry someone who may abuse their children and become highly anxious and suspicious about their partners and spouses becoming perpetrators (Maltz & Holman, 1987; Kirschner et al., 1993). This idea is supported by the clinical literature in which it has been found that incest survivors are vulnerable to choosing partners that resemble their own abuser- partners who then may end up abusing their own children (Sanderson, 1990).

Mother survivors of incest not only worry about how others may harm their children, but they are also concerned with their own feelings and actions towards them. Survivors often fear they will not be good parents. They report

feeling ambivalent about having children and ambivalence towards their children (Gelinas, 1983; Westerlund, 1992). Mother incest survivors may experience bursts of rage and anger, feeling easily overwhelmed and helpless when it comes to everyday parenting (Kritsberg, 1993; Finney, 1992; Gelinas, 1983). Often apprehensive about their strong anger toward their children, especially when they are feeling out of control, they sometimes fear inflicting physical abuse on them (Jehu, 1988; Haller & Alter-Reid, 1986). In general, mothers with histories of incest worry that they might be overprotective, fail to protect their children, or be "inappropriate", "seductive", "harmful" or abusive (emotionally, physically, or sexually) (Westerlund, 1992).

Clinical reports show that these mothers have difficulty setting boundaries and limits for their children (Gelinas, 1983; Sanderson, 1990; Jehu, 1988). They may withdraw, feeling overwhelmed; however, they are often pursued by their children for attention, which is expressed by mischievousness or misbehavior (serious squabbling, fighting, property damage, accident proneness or frank self-destructiveness) (Gelinas, 1983).

Another theme emerging from the clinical literature concerns the nature of the mother-child relationship and the role one plays. A common pattern found in incest survivors' family of origin is one of "parentification" of the daughter by the family (Courtois, 1988; Gelinas, 1983; Draucker, 1992a). As previously discussed, parentification occurs when the child (usually the eldest daughter) becomes

responsible for the caretaking, protecting and nurturing of the other family members. Taking care of others overrides acknowledging her own needs and as an adult she is often seen as a "superwoman", juggling many different projects and being all things to all people. The young child is asked to take care of the parent or the household and "there may be an implicit message to the children to act as little adults" (Kirschner et al., 1993 p. 77). While this "reversal of roles" or "parentification" is frequently mentioned in the dynamics of the mother-daughter relationship, the literature does not directly address if this is also the case in the mother-son relationship or at what age this behavior occurs.

For incest survivors, part of taking on an adult role in the world appears to be suppressing emotional neediness in her child (Kirschner et al.,1993). Following this line of thought, Sanderson (1990) found that parent survivors often did not allow their children to express emotion and cry, as the child's tears reminded them of their own painful childhood. When feelings were shown, the child would be immediately comforted by the mother.

While the majority of work examining the parenting experience of incest survivors has been clinical, an empirical investigation by Cole and Woolger (1989) strongly supports the idea that effects of incest on later parenting might also be expected. These researchers found significant differences between the child-rearing attitudes of paternal incest survivors and non-incest survivors. Incest survivors who perceived their mothers negatively were more likely to

promote autonomy in their children; yet, they showed lower child acceptance. The authors questioned whether there was a rejecting quality to the emphasis on autonomy. They also noted that many women expressed wanting to be warm, fair parents; however, upon describing specific child-rearing situations they sounded harsh or detached to the interviewers.

In Cole and Woolger's (1989) clinical work with parents they indicate that:

> incest survivors often express inadequacy in coping with children's need for support and structure, and demonstrate acute difficulty in responding to children's dependency demands, e.g., toddlers' needs for limits, teen needs for coping with sexuality. They also manifest resentment and hostility toward their children, and appear unaware that these feelings may be related to their own disappointing, harsh childhood. (p. 414)

This study was one of only a few that have directly addressed the issue of the sexual abuse survivors' parenting experience. One shortcoming of this study was that the women completed closed-ended child rearing and parenting attitude questionnaires which limited the answers they could give. The inclusion of open-ended questions would have complemented the interesting findings that these researcher obtained and may have provided a "richer" understanding of the mothers' experience as parents and insight into why they felt the way they did. A second limitation was that age and gender of the children were not

addressed in this study.

In conclusion, parenting is a challenging role, one that can be especially difficult for high risk parents such as incest survivors. For survivors of incest, parenthood may have periods which trigger memories and feelings from the parent's painful past. This may be particularly difficult for the incest survivor and her preadolescent or early adolescent daughter since (a) sexuality issues and tension are paramount during this time, (b) the mother's incest often has occurred during this time period, and (c) the daughter is at a developmental stage where she is more vulnerable to male attention and sexual advances (Thorman, 1983).

The existing reports on the effects of incest and sexual abuse on parenting are mainly clinical case studies. The main shortcomings of the literature on mother-survivor parenting effects include: a lack of empirical support and underlying, damaging assumptions about mothers which make them solely responsible for the care and protection of their children, and blame them for the abuse of their children. Much of the literature has also failed to address contextual or structural factors (e.g., economic dependence, stereotyping of females, family violence) which increase the risk of abuse for women and children. Studies have also lacked distinctions based on childrens' age and gender. One may expect that mother-incest survivors would have some unique behaviors towards or concerns about their child depending on their gender and developmental age.

This study specifically addresses the parenting experience of female incest survivors who have prepubertal or early adolescent daughters. Concluding this review of the literature therefore, will be a short discussion on the parenting issues during preadolescence and early adolescence.

## Parent-Child Issues in Early Adolescence

Preadolescence and early adolescence (typically between the ages of 8 and 11 years and 12 to 14 years of age respectively) are extremely important periods of growth Preadolescence according to Hamner and Turner (1985) is a period of development about which we know very little. While parents play a crucial role during this period they often have a difficult time living with children of this age since they are neither children nor adolescents (Hamner & Turner, 1985).

### Autonomy and Individuation Issues

According to Hamner and Turner (1985), the period of preadolescence is one which leads to identity formation in adolescence. This is achieved by parents encouraging their child's independence and responsibility rather than their prior dependence. During this period when the child is gradually moving towards autonomy and independence, anger and distress for both parents and adolescents is natural since parents tend to resist changing family rules while adolescents want immediate changes in rules (Noller & Callan, 1991). Healthy adolescent development is most likely to occur in families where autonomy is highly encouraged and control is flexible and is balanced by

support and acceptance from parents and other family members (Noller & Callan, 1991).

Sexuality Issues

Most preadolescents have not yet begun to mature sexually (Hamner & Turner, 1985). During pubescence, however, (between 10 1/2 years to 12 1/2 for girls),the adolescent growth spurt begins and the child's body begins to change into that of an adult (Lloyd, 1985). The onset of menstruation typically marks the "beginning of womanhood" and the onset of adolescence. It is often seen as having great significance by girls and their parents. At the point of menarche, "All the social meanings of being a woman are activated, such as ideas about sexiness, reproductive capacity, 'availability' ...Parents may feel ambivalent or negative about their child growing up, and being potentially sexually vulnerable" (Moore & Rosenthal, 1993, p. 58).

It is not uncommon for parents to feel uncomfortable initiating and carrying on a discussion about sexuality with their adolescent (Moore & Rosenthal, 1993). Researchers agree that the initial attitudes towards sexuality are instilled in the home, so that parental models and teachings are extremely important (Moore & Rosenthal, 1993).

Changing Alliances

Loyalty to, and strong identification with, peer groups are also significant during this period and may cause conflicts between preadolescents and parents. Parents, however, may also experience a conflict between

loyalty to their children and their often excessive demands and loyalty to their partner, their career, and their own needs (Hamner & Turner, 1985).

Protectiveness

Most parents are protective of their children when it comes to imminent danger and unsafe situations. They, often along with the school system, teach them assertiveness skills and self-protective behaviors. It would seem reasonable that parents without a history of sexual abuse or sexual assault would have very mild concerns that their child might be sexually abused, or worse, fear that their partner might be a perpetrator.

## Incest Survivors as Parents of Preadolescents

Research on mother-child relationships where the mother is not an incest survivor shows that parents have a difficult time discussing sexuality with their children, at times experience anger towards them and express warmth and protectiveness while stressing independence and taking on responsibility. A certain degree of each of these is accepted as normal; however, clinicians have found that for mothers with a history of incest, some of these behaviors and feelings may be deficient or present themselves in extreme forms. For example, while it is a painful task to encourage a child to be less dependent on her parents and more independent and responsible, this is a normal and expected duty of parents which encourages the child's identity formation. Mother-survivors, however, are often excessively hypervigillant, nurturant and protective.

Similarly, the process of identity formation may be impeded if too much responsibility is being put on the child, such as in the case where parentification occurs.

## Summary

The preceding discussion of incest and child sexual abuse addressed several specific issues: definitional problems with the terms "child sexual abuse" and "incest", and the awareness and prevalence of child sexual abuse and incest in the general and clinical populations. A review of the short and long-term effects of childhood sexual abuse and incest was also presented. The intergenerational transmission of incest was discussed, followed by an explanation of how this process may occur using attachment theory. Finally, parenting issues of importance for survivor-mothers, and parent-child issues during adolescence and the transition into adolescence were discussed.

Amidst the abundance of research on the lasting effects of sexual abuse, there is insufficient empirical data available on the experience of motherhood in incest survivors, and how they may be a part of the cycle of abuse with their own children. We do know, however, that one's family of origin has a strong influence on later parenting. It is very likely that female survivors' behavior towards their children is influenced by their early incest experience. It would be reasonable to expect that parents with a history of incest have also developed their own unique way of viewing and dealing with the experience of motherhood.

When the later effects of incest on parenting have been examined, it has been mainly through survivors' accounts in

therapy and closed-ended questionnaires where the gender and developmental stage of the child were omitted. Numerous key questions have not been addressed. For example, the basic question of, "What is it like for an incest survivor to be a mother?" has not been asked.

Parenting can be both a challenging and rewarding experience. The literature illustrates that parenting may be more difficult for incest survivors, especially since healthy, parent positive role models were absent during their own childhood. It has often been recommended that parenting skills are vital for abuse survivors, and that they often need to reparent themselves. What are some of the challenging aspects of parenting for these women?

In sum, we know very little about the survivor's adult role as a mother, and her feelings about and interactions with her daughter, especially during the stressful transition period of preadolescence.

## Problem Statement

The primary goal of this study was to describe the complex experience of parenting a preadolescent daughter for the female incest survivor with regard to three of the major themes that emerged from the literature review. They are: 1) parentification of the preadolescent daughter, 2) sexuality issues and 3) protectiveness and associated fears.

This study will specifically address the following questions:

1) Is some form of role reversal occurring in the mother's relationship with her daughter?

2) What issues, if any, are being brought up for the mother with regards to her daughter's emerging sexuality? What particular models of sexuality is she bringing into the relationship? Do these mothers discuss sexuality issues with their daughters, and if so, in what manner?

3) How do these mothers protect their children? From what or whom do they feel a need to protect their children? What are their greatest fears concerning their children's protection, and how do they deal with them?

# CHAPTER II

## Method

### Subjects

#### Selection Criteria

In the present study, 16 adult incest survivor mothers were interviewed, all of whom had a history of paternal incest. This was where (a) the abuser existed as a male parental figure to the child (i.e.,the perpetrator was a father or step-father) and (b) the abuse continued over a period of time and was not an isolated incident.

Since this study was primarily concerned with mothers' relationships with preadolescent or early adolescent daughters, the women recruited for this study ideally had at least one daughter between 8 to 14 years of age. This daughter was the target child around which the interview questions were focused. Two of the mothers had daughters aged 17 and 18 years. These mothers were asked to recall their parenting experience with this daughter during the desired age range (8-14 years).

Incest is a traumatic experience, often with long lasting effects on its victims. As we have seen, there is a potential for survivors to experience negative effects of incest when certain "triggers" occur. The process of talking about her experience as a parent may indeed be one of these triggers. Therefore to maximize the protection of the subjects in this study and to reduce potential risk for harm, only mothers who had at some time in the past received counselling (or were currently receiving it) around the

incest experience were interviewed. While the criteria included mothers who were not currently in counselling, the researcher cautioned them upon initial screening that it might not be in their best interest to participate in the study without currently being in therapy.

Sixty-three percent of the mothers in the present study were currently receiving counselling, and 38% had completed counselling for their incest. How these mothers sought counselling, what factors were important in their decision to seek counselling, and at what point in time they entered counselling were not addressed in this study. The amount of time spent in therapy varied from six months to ten years; the mean time spent in therapy was 3 years (see Table 1).

Interested Subjects not Fulfilling Selection Criteria

Some mothers interested in being a part of the study did not fit the selection criteria (i.e., mothers had a daughter just outside the age range specified; mothers were abused by a family member other than father or step-father). This situation was dealt with in the following ways. First, the screening criteria were emphasized to counselors helping with recruitment and on recruitment posters. Second, the researcher explored the mother's motivation for being a part of the study and referred her accordingly to appropriate resources. Third, the researcher exercised discretion as well as flexibility in selecting the participants for this study.

Some exceptions to the above selection criteria was made in the current sample of women. Three of the mothers had an older brother as their abuser. At the time of their abuse the brothers were 6 to 13 years older than their victim which

maintains the criterion of a difference in power. Two of the women also viewed their perpetrator at that time as a father figure.

Demographic Characteristics

Mothers' mean age was 37 years; most were divorced (see Table 1). The majority of the sample were Caucasian; the sample varied widely in income level.

The mothers' sexual offenders were predominantly their fathers (81%), but also included brothers, uncles, aunts, grandfathers, male family friends and strangers. Seven (44%) of the mothers reported sexual abuse by multiple abusers.

Mothers were not asked directly about other types of abuse, alcohol use in their family of origin, current or past domestic violence or if their daughter was sexually abused; however, many mothers volunteered this information. Physical abuse of some kind occurred in 56% of mothers' families of origin, as did emotional abuse. Six of the mothers also reported alcohol abuse in their family of origin.

While mothers were not asked directly about having a history of depression or physical or emotional absence from their children, thirteen mothers described earlier periods during which they were emotionally, and/or physically absent from their children, especially when their children were young. These periods included illness, depression, heavy drinking, "nervous breakdowns", or when they "just couldn't function".

All of the mothers recalled being abused more than once. While most of the mothers recalled their abuse lasting for many years and were able to pinpoint when it started and when

it finished, not surprisingly, other mothers had little recollection of the duration of their abuse and their corresponding age. The sexual abuse reported ranged from the pre-verbal years to the late teenage years.

A striking finding was that in 50% of mothers in this sample revealed that the target daughter had been sexually abused. In six of these cases at least one of the siblings was sexually abused as well. Offenders included biological and step-fathers, grandfathers, babysitters, peers, siblings, foster care placements, cousins and uncles. Nine mothers (56%) reported an involvement with Child and Family Services.

Because the present sample is small, select, and clinical in nature, random sampling was not appropriate and a nonprobability sampling technique to obtain volunteers was therefore used.

## Procedure

Fifteen health care and counselling agencies agreed to assist in obtaining subjects for this study. Agencies were contacted through a letter which explained the purpose of the study, the interview procedure and the request for volunteers by specified criteria (See Appendix D). The researcher was open to whatever means of connecting with participants that was in the best interests of the participating agencies as well as the participants. The following options were suggested to agencies:

1) Upon agency approval the researcher would post posters within the agency's bulletin boards, outlining the study's purpose and requesting interested mothers to call the

researcher for more information about the study.It was mentioned on the poster that if funding became available, participants would receive an honorarium.

2) Counsellors at each agency would receive a letter outlining the study with the selection criteria and a number of information packages for potential participants. Each package would contain a letter informing mothers about the study and a return postcard. Counsellors would be asked to give their clients an information package if they felt they would be appropriate for the study, reminding the client that participation in the study was in no way a necessary requirement for them to receive counseling at the agency. This would end the counsellors' involvement in the study.

Clients who chose to participate in the study had the option of contacting the researcher by phone (a phone number was on information letter) or sending in a pre-addressed stamped card (also included in the information package) requesting the researcher to contact the mother by phone with more information about the study. In either case, upon initial contact the researcher described the study in fuller detail to the mother and asked pre-determined questions (see Appendix E) to ensure she met the study's inclusion criteria.

Once arrangements were made to meet with the mothers, audiotaped interviews were conducted at a private location of the mother's choice, which included their home, or an office at the participating agency. The length of each interview varied from one to two hours. Participants received travel costs as well as $25 for their participation in the study.

Before data collection took place the interview schedule

and questionnaire were piloted on a counsellor. This was imperative to check the length of the interview, the wording used, the potential reactions' of mothers, and whether rapport with mothers would be set up adequately at the beginning of the interview.

Data Collection

Data collection involved having the mothers complete a parenting questionnaire and audiotaping each personal interview. Throughout the interview each woman was encouraged to talk about her experience as a parent and what was important to her.

At the beginning of each interview, the mother was reassured that the content of the meeting was confidential. The investigator cautioned the mother, however, regarding the circumstances under which confidentiality would be breeched. These included: (a) where there was a child welfare concern (i.e.,if it was revealed that a child may be in immediate danger of being abused), and (b) if the interviewer became concerned about the mother's safety to herself or to others.

Mothers were also reminded that there was no "right" or "wrong" answer to the interview questions and that it was up to them how little or how much they wanted to reveal. They were told that they may be asked to elaborate on or to clarify their statements at various points throughout the interview. Finally, mothers were told that they may terminate the interview or their participation in the study at any time. All of the participants were promised a copy of the transcript of their audiotape upon completion of the study. Many of the mothers also requested a summary of the results

of the study.

The first part of the interview included semi-structured questions and open-ended communication using the modified version of George and Solomon's (1993) Caregiving Interview. The responses to the open-ended questions provided a context in which to ask further questions and utilize verbal and non-verbal probes. More focused questions coupled with the researcher's request for examples (referred to as "mini-tour" questions by Spradley, 1979 cited in Gilchrist, 1992) describes as questions) were also asked throughout the interview within the context of a casual conversation with the mother. After the Caregiving Interview, mothers completed the AAPI standardized questionnaire about her parenting which focused on her relationship with her daughter.

Interviewer-Informant Roles

The main role of the interviewer was to learn from the informant, by trying to see the mother's experience of parenting as she experienced it. This "pupil" role is elucidated well by Spradley, 1979 (in Gilchrist, 1992) where the researcher asks of the informant:

> I want to understand the world from your point of view, I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me understand? (p. 34)

The interviewer asked the mother questions while remaining as

objective as possible and without directing the conversation in order not to influence her responses. The aim was not necessarily to get the answers to the questions the researcher asked, but to uncover patterns and ideas the mother considered important enough to bring up; hence, for the researcher to listen (Gilchrist, 1992). Therefore, the interviewer did not offer parenting advice, or give judgmental feedback in any way to the mother.

Glazer (1982) stresses the importance of reciprocity between informants and interviewers. There is little reciprocity during the interview; however, it becomes evident in the final manuscript which "...cast(s) favorable light on the challenges and struggles of the informants" (p. 50).

## Ethical Considerations

### Issues of Consent

Prior to the interview all potential participants in this study were informed that they would need to sign an informed consent form prior to the interview taking place. The researcher went over the consent form with the mother at the beginning of the interview (see Appendix F) to ensure that she understood the terms of the consent form.

### Safeguarding Mothers' Confidentiality

All the mothers were assured that their confidentiality would be protected. The interviews were taped; however, after written transcriptions were made the tapes were destroyed. All correspondence between the mother and the researcher (phone numbers, addresses, notes, questionnaires, transcripts) were kept in a locked file until needed, with no

identifying information attached. Each mother was identified by a code number on her respective forms and pseudo-names were exchanged for real names upon transcribing the tapes.

The proposed research project was submitted to the Faculty of Human Ecology Ethics Review Committee. Ethical approval was obtained prior to data collection (see Appendix H).

Sensitive Material and Potential Risk to Subjects

Vulnerability of subjects in research increases with the exposure of sensitive personal material (Glazer, 1982). Upon initial contact with the mother and at the beginning of the interview, the mother was informed and reminded that the researcher was sensitive to her history of incest. She was also told that the study was about her unique experience as a mother and it would not be the details of her incest per se that would be discussed in the interview.

If in the interview it became apparent to the researcher that details of the incest were being discussed, the researcher gently reminded the mother of this point and attempted to refocus her. This occurred in four of the interviews. If in fact the mother continued to discuss her incest experience with visible anxiety the researcher informed her that they may need to stop the interview. This did not occur in the mothers' interviews.

Throughout the interview the researcher asked about the mother's emotional state and whether she was feeling comfortable about disclosing. Again, she was reminded that she could stop the interview if she desired. The following safeguards were put in place during and after the interview

in cases where the content of the interview became distressing for the participant:

(a) Participants would be provided with the phone number to Klinic's 24-hour Crisis Line for immediate crisis counselling

(b) Participants would be provided with names and phone numbers of support groups for sexual abuse survivors in Winnipeg.

### Transcription of Interviews

All mothers' interviews were transcribed by a paid transcriber. Due to the sensitivity of the material, the researcher briefed the transcriber before and during transcriptions. Reliability of transcription was checked on 10% of the interviews and no substantive differences in content or length of transcripts were found. The researcher then analyzed the interviews with the assistance of a microcomputer qualitative data analysis program, HyperQual (Padilla, 1990).

## Instruments

### Caregiving Interview

A modified version of George and Solomon's (1993) Experiences of Caregiving Interview was utilized (see Appendix B). This interview schedule was devised to obtain self-reported profiles of mothers' type of caregiving. Unique patterns of caregiving representations were found by these researchers, which corresponded to patterns of their child's attachment (George & Solomon, 1993). Additional questions pertinent to themes important for the present research were added. Original questions from George and Solomon's Experiences of Caregiving Interview are underlined in

Appendix B.

After mothers responded to these open-ended questions, their transcribed responses were categorized into one of four scales concerning dimensions of the mother's subjective experience of her child and her thoughts about the relationship. The scales are: secure, rejection, uncertainty, and helplessness, and will be briefly discussed.

Secure-Caregiving Scale. The secure base scale emphasizes the mother's relationship with the child as flexible and balanced. Mothers with high ratings on this scale describe themselves and their child as autonomous individuals with their own needs and goals. These mothers feel they know what their childs needs are and are successful in providing protection for their child. Mothers with this view of their caregiving with their child see their child as wanting and deserving care and protection, and see their child as able to clearly tell them what they need.

Avoidance-Caregiving Scale. This scale describes mothers, caregiving as protecting one's child from a distance. Mothers' descriptions discounted, dismissed, distanced or neutralized the affective relationship between themselves and their child. They evaluated themselves negatively as a caregiver (e.g., they would state that they were not good mothers). Their descriptions of their child were that they weren't deserving of attention, were difficult, manipulative, or uncooperative. Finally, mothers with this caregiving strategy gave negative evaluations of their child and frequently used generic terms in describing

the relationship (e.g., "the mom", "the kid").

Ambivalent-Caregiving Scale. This scale describes the caregiving strategy of keeping the child close. These mothers were unsure, questioned, expressed doubt or confusion and vacillated in opinion. These mothers described their child in positive terms while expressing their desire to keep the child young, innocent and immature.

Helplessness-Caregiving Scale. This final scale was related to organization and control. Mothers described themselves as out of control, consistently lacking effective and appropriate resources to handle the child. These mothers often got lost during the interview and described their caregiving in a disorganized way. They described their child in "extremes": either unresponsive and beyond control or help, or overly controlled and precocious.

George and Solomon's (1993) Experiences of Caregiving Interview was used in this study as one method of understanding the type of relationship mothers with a history of incest have with their daughters. The scale was modified to reflect the older age of the child and to reflect questions about the relevant themes explored in this study. Two coders independently judged 100% of the sample and the Kappa coefficient for agreement was .78.

Adult-Adolescent Parenting Inventory

The second self-report measure used was Bavolek's (1978) Adult-Adolescent Parenting Inventory (AAPI). The AAPI is an inventory designed to examine the parenting attitudes of adults and adolescents. This measure is a 32-item scale which provides an index of risk for parental abuse and neglect. The

four parenting scales assess: appropriateness of expectations, empathic awareness of children's needs, belief in the use of corporal punishment, and tendency to reverse family roles.

Internal reliability-consistency was equal to or greater than .70 for each of the subscales. Test-retest reliability of the total instrument was .76. Items used in the inventory were initially identified by experts in child abuse; selected items met an 80% or more agreement among experts which suggests an adequate level of content validity (Bavolek, 1978). Mothers respond to questionnaire items on a 5-point Likert-type scale with responses ranging from strongly agree to strongly disagree.

After the open-ended interview, mothers completed the AAPI questionnaire about their parenting. After the fourth interview it was apparent that the mothers had strong negative reactions to the AAPI instrument. Because the mothers felt that the questions were very negative, the researcher added nine new questions to the questionnaire. These questions were similar to the original questions, but worded more positively and spaced throughout the questionnaire (e.g., "young children should be responsible for much of the happiness of their parent" was changed to "young children should not be responsible for much of the happiness of their parent") (see Appendix C for revised version). The new questions served to balance the questionnaire and were not involved in the analysis of the responses.

Each of the items on the questionnaire were recorded on

the AAPI profile worksheet.Raw scores were calculated on each parenting subscale and converted into standard scores (sten scores). Each mother's standard scores were then plotted on Parenting Profiles for Non-Abusive Female Adults and Abusive Female Adults. These profile scores allow one to see the determination of risk for abusive behaviors. The higher the sten score, the less abusive or more nurturing are the respondents' attitudes. Mothers' scores on each subscale reflect their individual strengths and weaknesses in parenting. Mother's sten scores were plotted and can be seen in Tables 2-5.

According to Bavolek (1978), Sten scores of 1 and 2 are extremely low and indicate a significant deficiency in appropriate parenting behavior. Individuals with standardized scores of 1 and 2 should be considered high risk for abusive parent-child interactions. Scores of 3 and 4 are low scores and also reflect deficiencies in appropriate parenting behavior, but do indicate some individual strengths. Scores of 5 and 6 are average scores and reflect the "norm" for that population. Scores of 7 and 8 reflect attitudes in parenting and child-rearing that exceed what would be expected from the "average" parent. Lastly, standardized scores of 9 and 10 are extremely positive scores and indicate very appropriate and nurturing parenting behaviors.

Credibility of Coding Categories

All interview transcripts were read by the investigator. Four hundred "tags" of words, phrases, or sentences that reflected themes of protection, sexuality, parentification and other emergent themes were created. Through the use of

the HyperQual computer program (Padilla, 1990) the 400 tags were sorted into these categories. To ensure that the "tags" given to the mothers phrases accurately reflected the meaning of the mothers' words, ten percent of the tags corresponding to the three main themes were categorized by a second coder. The Kappa coefficient was .89.

A secondary check on credibility was completed for both elicited and emergent themes. The creation of each category and relevance of tags within each were reviewed by a therapist and a sexual abuse counsellor. "Experts" in the field further confirmed coherence within categories and distinctions between them.

# CHAPTER III

## Results

## Data Analysis

### A Combined Approach

This descriptive study of incest survivors' experience as mothers lent itself to a narrative research approach. Narrative analysis involves examining the themes and issues raised as being important to the subject of interest, exploring these themes in more depth and possibly identifying new themes. The strength of this type of methodology is that it provides a wealth of information and allows participants to "structure the world as they see it rather than as the analyst sees it" (Rank, 1992). A more structured parenting questionnaire was also used to complement the interview. A recent study by DeYoung (1994) used a combination of narrative life history interviews as well as more structured measures to examine mothers in paternally incestuous families. The combination of these two approaches greatly added to the descriptive richness of this study. According to Rank (1992), integrating these two research approaches allows for greater insight into the various ways of viewing and interpreting the phenomenon under study. "Family researchers should be interested in understanding such multiple dimensions of reality" (p. 296, Rank, 1992).

Content Analysis. Analysing the transcripts was a lengthy process. Each interview transcript was analysed separately, highlighting and coding passages (i.e., mothers' phrases and quotations) by attaching a label or "tag" to each. This

initial analysis yielded 400 tagged passages. An initial 107 tags were identified and later collapsed into 40. The passages, with their tags were grouped into general theme groups then further refined and condensed into sub-theme groups. Some passages were clearly relevant to several themes and thus had multiple tags attached to them.

The transcripts were analysed over a period of four weeks. It was important in the validity and consistency of the study to continuously check and review the tags attached to previous passages. When it was clear that a passage did not fit any of the existing tags, a new tag was created and old passages were reviewed to see if the new tag was relevant. At the end of the analysis I had listened to each audiotape at least once, read each transcript at least three times, and reviewed fieldnotes I had taken during the interview. Patterns previously identified in the literature review (i.e., around the themes of protectiveness, sexuality and role reversal) were noted, as well as those that were suggested by the transcripts themselves.

Reliability/Dependability

Efforts were taken to ensure reliability of the results of this study in collecting, analysing and interpreting the data. Field or research notes were taken prior to each mother's interview (during the initial screening), during the interview, and after the interview was completed. These notes consisted of additional information on the mother and her situation, comments she made after the interview was completed, and subjective comments and observations served to enhance the audiotaped data and existed as the beginning of

the analysis.

The accuracy of the mother's interview transcripts was enhanced through the researcher simultaneously listening to each audiotape and visually checking the corresponding typed transcript for errors, omissions and "garbled" areas which the transcriber could not understand.

Credibility

Credibility of this study was enhanced in two ways. First, the mothers themselves lent credibility to this studys' findings since their experience was valid for themselves. The interviews were all audiotaped. I made periodic verbal checks during the interview to ensure that my assumptions and understandings were the same as the mother's. A second way credibility was established in this study was through external validity checks with experts in the area. These included a clinical psychologist who works with incest survivors and a counsellor who works with groups of battered women, most of whom are also survivors of sexual abuse.

## Open Ended Interviews

### Parenting- A Survivor's Perspective

At the beginning of each interview, mothers were asked "How would you describe yourself as a parent?" or " What is it like for you to be a parent?". These open-ended questions elicited a variety of interesting responses (see Appendix G) and often foreshadowed the main tone and themes of the interview. Four main themes emerged from these responses which highlighted these women's experiences as survivor-parents: 1) a determination to parent differently and better than their own parents did, 2) a strong desire for resources

and information about parenting, 3) a belief that parenting is challenging and difficult, and 4) a belief that parenting is a learned process.

Perhaps the most pervasive theme relating to this question was the reference to "not wanting to parent the way I was parented". Clearly, the majority of mothers recognized that they lacked positive role models as parents and were cautious about continuing this pattern. Mothers' fears and worries often centered around not wanting to 'become their parents' which resulted in negative feelings about becoming a parent, and deliberate and conscious efforts to parent differently. This was illustrated by comments such as:

> I never wanted to be a parent. I was always afraid to be a parent because of how I grew up and knew that I didn't learn any skills at home...

> I knew in my heart that I had been parented in a wrong way and I didn't want to pass that down to my children...so I used to do exactly the opposite of what my father would do.

Sometimes anger, rather than fear, motivated a mother to provide a different upbringing for her children,

> I decided you guys are assholes and I'm not going to be like you so I went too far the other way, [laugh]. They were too nuts, and I was too lenient, there was no middle ground, just from one extreme to the other.

One mother in particular had no memories of her upbringing, including how she was parented. Even with the absence of memories of her abuse and her upbringing, she did, however, rely on her instincts that something was not quite right. It began with her delayed childbearing,

> There were a lot of red flags, so that's why I didn't want to have kids until I was in my thirties, I wanted to check out all these red flags and make sure everything was okay...I had this foreboding feeling that I knew there was something wrong, so I started taking courses when I was pregnant.

One way of finding out how to do something that you've never been taught is to research the topic and access as much information as possible. This was a striking finding in this study for many of the mothers, and it often proved to be successful. As one mother put it,

> I became a voracious studier...I read everything, I study everything...when my kids were younger I just read and read and read everything on parenting-two hugs for survival-everything about loving discipline, because I was aware that I wanted to be a parent that talked things through with my kids and never became a violent parent like my father. And I feel like I've been very, very successful.

and another "researcher" claimed,

> I read a lot of books on parenting actually it can get very confusing after awhile, all these different styles but I needed...like I thought that I could naturally be a good parent that I knew, but I didn't, there was nothing to go back on to really look at there was nothing that I wanted to pick back from the past and use so I needed to read a lot and I did and I learned a lot and I decided from the reading which things I could really use in my life and what I couldn't.

In trying to be different from their own parents and without knowing how they should be, the majority of mothers found that at least initially, it was a lot of hard work. One mother expended tremendous energy in many areas of her parenting,

> I'm going to read this, I'm going to study this, I'm going to be the kind of mother that my mother wasn't and actually I became Supermom, you know as a child of the sixties I was doing the alpha sprouts in the windows, and washing out the cloth diapers and blending the baby

> food in the blender from the organic vegetables in the garden and making my yogurt and it was unbelievable, and sewing their clothes, that was with my first...Because I was going to be the perfect mother...see, I was always going to be the perfect everything...That changed totally with (second daughter).

Parenting carries with it the whole gamut of emotions, and is often seen as a balancing act, or a "rollercoaster",

> Kids can bring you to either end of your feelings so fast, sometimes you can be so angry at what they're doing but at times you can be just so overjoyed at being with them and what they're doing, that's what I feel like, like it's sometimes a roller coaster and I'm kind of like the conductor making sure it doesn't go off the track.

With one exception, all of the mothers found that becoming a parent was very much a conscious "learned process". One mother, however, who described her upbringing as being a "little adult" taking care of her five siblings from age nine to sixteen initially found the experience to be instinctual and "...just kind of the natural thing to do." As well, although mothers reported that their parenting experience tended to become easier and more enjoyable over time, one mother's ambivalence about being a parent was clear,

> I think the level of commitment that it's such a long long responsibility and there's no getting out of it, there's no avoiding it, you can't just decide one day well I've had enough of this. Well, you could but I think it would be pretty hard to come to that decision. So I think that has been pretty challenging...I have felt ...yeah, if it had been easy to do that...I don't think I would've ever done that but certainly I have thought of that...have thought "I wish I hadn't had children, why did I have children?"

Most of these mothers felt that parenting became easier

as their children got older. However, while becoming more at ease with having information to access and accumulating experiences, an area which still caused these mothers a sense of unease, were fears and worries about how they would, and whether they could protect their children. Clearly stemming from their incest histories, a main concern for these mothers was about protecting their children from what happened to them.

## Part I: Elicited Themes

### Protection

The issue of protection was an area of interest in this study and mothers were asked: "Would you consider yourself a protective parent?". Every mother described herself as a protective, and often "overly" protective, parent. While some mothers expressed concern that their overprotection might have negative effects on their daughter, others saw feeling protective as a strength in their parenting skills and did not desire to become less protective,

> One of my friends was giving me heck about it, saying you're being too protective, too cautious, and I said you know, that's just the way that I am.
>
> I guess maybe I am overprotective sometimes but I'd rather be that way than have something happen and have to live with that.

Protection Strategies. All of the mothers felt that their daughter was generally safe the majority of time.(Mothers subjectively defined "safety" for themselves.) It quickly became evident that a primary concern of these mothers was that their children were safe. What also emerged from the interviews was that these mothers protected their

children in a variety of ways by adopting "protection strategies" or "safety plans". These protection strategies allowed them to feel more comfortable about their child's safety and are aptly named due to the conscious decision making and planning that went into the mothers' behaviors. Protection strategies and safety plans included: 1) education and information sharing, 2) monitoring their children's contact with certain people and in certain situations and 3) checking behaviors.

The most frequently mentioned protection strategy was education and information sharing. Unquestionably, these mothers felt that the more information they could pass on to their child about assertiveness and respect for one's body, the less chance for them to be abused and the more prepared they would be to protect themselves. One mother offered to let her daughter take a Wen Do self-defense course, while another would leave newspaper clippings around the house pertaining to children being abused, abducted etc. Implicit in this education and information sharing strategy were efforts at promoting good communication with their daughter,

> ...because if they get abused, I do not want them to live with it, I want them to know that they can come to me and I am going to believe them and that I will do whatever it takes to protect them.

A second protection strategy mothers used to safeguard their children was monitoring their children's contact with certain individuals and situations and developing "safety plans". Some mothers frequently mentioned how their children were not allowed any access to their own abusers or with individuals they felt may be "potential" abusers. In some cases mothers did not allow contact with family members who

refused to acknowledge the mother's own abuse,

> Because my mother was in such denial that they wouldn't be safe on her own to see them.

While mothers saw this strategy as protecting their children from potential abuse, limiting their children's contact with family members sometimes elicited feelings of guilt and regret,

> ... it's hard to take because there's been a lot of losses because I don't know what the effects are in terms of the kids...loss of grandparents, cousins, aunts and uncles...on the one hand it's ... you sort of step back and say was it worth it but on the other hand if they're not willing to name it and deal with it maybe it's better because it could be repeated.

Two particular situations elicited the most fear and cautionary behavior with regards to their daughter's safety. First, situations which involved adults drinking alcohol made many of the mothers extremely cautious about the safety of their children. One mother knew and expected there would be drinking behavior at a party she was throwing, so she developed a safety plan which involved making arrangements for her children to stay at her mother's house for the night. Many of the mothers mentioned that alcohol played a role in their own abuse as children.

A second situation which appeared to require a protection strategy was allowing daughters to sleep over at a friend's house. The following mother's statement underscores her sense of apprehension, her monitoring behavior, the safety plan she put in place, and the painful process involved in dealing with this issue,

> I didn't even know this girl's last name. I didn't know where she lived, I knew nothing about her family, but immediately I was nervous because I thought, how do you know what's what in her family? So (daughter) was hounding me: "come on can I go? Please, Please let me know!" and I said, "let me think about it, and I'll let you know". And the day wore on and she was hounding me more and more, and I kept putting it off, and I didn't want to talk about it...I was really nervous about it. In the end she told me where the girl lived, she told me that the girl only lived with her mother and her two brothers, because the dad was gone so I felt a little better there was no dad there. But then I needed to know how old the brothers were and they were (son's) age and younger, so I had it kind of narrowed it down to the only possible worry might be the older brother and I asked her if she knew him from school, and yes, she knew him, and I asked (son) if he knew him from school, and yes he did. And everything seem ok. I wanted to talk to the mother but she was at work, and finally I let her go. I guess I was a little paranoid still and three or four times I told her it was okay but we really don't know their family so... "you go and have a good time, but if there's anything that makes you feel uncomfortable in any way-even, if you just get homesick, even if its three o-clock in the morning, you call me and I'll come and get you", and so she said "okay". And I cringed and let her go.

For some mothers, common adolescent behaviors also evoked responses ranging from cautionary

> I watch my daughter....I just talk to my daughter more and say "everything's okay?" Just making sure she doesn't give me any indication that there's anything wrong. It's like if she is over at someone's house I'll say "so, what were you doing?" "Oh, just listening to music or playing", and if it sounds like I'm interrogating her, "yeah, in a way I am". I don't want to think that she's at somebody's house when somebody's hurting her, ever, and I don't care if it's people I know, I'm just cautious.

to fearful:

> I don't let her do some of the things kids her own age do...I'm just horrified at some of the things some

> mothers let their kids do stuff at her age that I could never do...I won't let her go to the mall, I won't let her hang around with friends...I won't let her out after dark even to go across the street to a neighbour to visit a friend. I guess I'm terrified of her being abused in those situations.

Finally, the third, and rather unique protection strategy that emerged from the data was mothers using "checking behaviors". These behaviors tended to be used by the mothers inside their homes, and as suggested by the examples below, tended to be less conscious and more automatic than the other strategies. The following example of checking behavior came from a mother who was abused by her older brother,

> One thing I notice...is if her older brother who is 17 and would go into her bedroom, let's say he's just getting a comic or getting something out of her room that he knows he can have but I see him go in there, immediately I say "C?" , and she says "I'm in this room mom" and I say "okay". But if I think she's in the room and he's gone in there, then I jump on him and say "what are you doing?", "I'm just getting this", "okay". He may not know why I'm asking, but in my head I'm saying, "I'm watching you younger brother"...

Another mother who was abused by her father said,

> I remember I was sitting in the kitchen with my mother and if my kids went into the living room where my father was I immediately had to run into the living room and be there. I could never leave them in a room with him ...

For these mothers, checking and monitoring their children's behaviors enabled them to feel more effective as parents and reduce the likelihood that their children might also be sexually abused. When talking about their daughters' safety and need for protection, mothers were inclined to talk about unsafe situations and "bad people" existing "out there". There were also frequent references to the fact that while

they couldn't control what happened outside of their home, most felt that they had control over their children's safety inside their home. One mother even labelled her home her "sanctuary". Nevertheless, there was ambivalence and uncertainty about trusting their marital partners completely.

Marital relationships and maternal protectiveness. At the time of the interview, seven of the sixteen mothers were married or living with a partner. While all of these women said they trusted their partners implicitly, five also expressed ambivalence, worries and concerns about trusting their partner:

> I used to panic when my husband would put the kids to bed and I'd be downstairs, and he'd be up putting them to bed and if it was quiet I'd be up there...if he hugged them too long I'd be monitoring them...I would intervene, oh, right away, I'd be there like a shot.

> I don't spend any time worrying about anything happening from my own family...I know my husband would never do anything and I trust A (son), but having said that there's one little piece of radar that's there all the time anyway...I feel sort of sick to even say that but...

and one mother recognized that she spent a good part of her time and energy protecting her children from an ex-partner:

> I guess the fact that I've never let (husband) put them to bed that I take that all on that I never left him alone with them...it's always something...all my actions around (my daughters) are wrapped up in that. No wonder why I'm stressed out all the time, I never really thought about all that energy... from the beginning of the day to the end.

One woman's partner knew how she felt and supported her need to "check" on him:

> I guess I've just learned I do trust my instincts and I just want to be 100% sure in all directions...My husband's very aware of how I'm feeling too. He really really respects the boundaries too, let's say he's changing into his pyjamas in the evening, the boys could walk in and yes, he would turn and that's okay, but if my daughter was going to walk in he would yell at her to let know that the door was closed or whatever "the next time you knock and you respect my boundary, I certainly respect yours"...

One of the mothers said that she had no concerns around her current partner with her children. After probing further she revealed the reason for this:

> I researched him fairly thoroughly before I got involved with him ...I had two kids to bring into this relationship...I found out quite a lot about him...there are ways. I was very attracted to him but I wasn't going to blindly go into a relationship....

The majority of these mothers were very cautious concerning their daughters' involvement with adults. Those who were divorced or separated were also very careful about who had access to their children. One woman mentioned how only after almost a year of dating did she introduce her partner to her children; similarly, another mother never left her children alone with her new husband for the first year.

In summary, the following piece of advice given by one mother to other survivor mothers profoundly underlines her sense of safety and trust:

> Be ever vigilant, always, even if you don't want to even consider it you have to be vigilant even at home in some kind of way...you can't assume that you can trust anyone...I hate to have to even think that! ...my husband would die if he thought that I had even the remotest thought in that direction but... I guess I had my trust sort of shaken and that would be the thing I would say ... It's nice to be trusting...but, but... and

I'll leave that but in there.

Child's age and maternal protectiveness. Most mothers agreed that children are at greatest risk for harm when they are younger, smaller and are less able to protect themselves from sexual abuse. Many mothers made repeated reference to their child's physical size and suggested that their small stature left them more vulnerable to harm. Some mothers judged their daughter's "age of vulnerability" to be around the same age as when they themselves had been abused. Some mothers, however, felt that when their children were quite young they were at very little, or no risk, because they were always close by where mothers could "keep an eye on them".

Contrasting this were mothers who felt that while their pre-teenage daughters were older and physically larger, the fact that they were less able to closely monitor them (i.e., being away from the home and with friends more often) resulted in anxiety for many of the mothers who saw this as a risky developmental age for sexual abuse or molestation.

Parentification

Parentification was a second main theme described in the literature as important for incest survivors (Draucker, 1992a; Courtois, 1988; Gelinas, 1983; Thorman 1983). Examples of different types of parentification were evident in the interviews. Daughters were described as taking on adult responsibilities and worries, especially when mothers were sick or unable to do so. Some mothers clearly recognized how their roles with their daughters had reversed at some point in their relationship:

> Now I think we have a very good relationship like she's very protective of me...She's sort of reversed roles

> where she doesn't want to leave me by myself where she should be going out and having fun with her friends she's quite content to go to a show with me or sit at home with me and even though I keep telling her you should be out with your friends, doing things...
>
> ...in the end I ended up...having in layman terms, a nervous breakdown where I recovered my full memories of my incest with my father...And the end of another abusive relationship and the whole bit and by then C was parenting me...because I was so involved with these abusive relationships and stuff ...getting so that I was functioning less and less and less well, you know not able to make decisions...at the end there before I went into hospital I couldn't even make dinner sort of thing. C was managing at home and caring for us. ...I had no boundaries at that point. What boundaries I had I wasn't enforcing. She was seeing that the meals were prepared, she was caring for her little brother.

For other mothers, indications of parentification were more subtle, and these mothers tended to see their daughter's "early maturity" as helpful to them and very positive:

> ...she is a very very compassionate child...if something is wrong in our family C is really in tune with it and has a lot of empathy, very compassionate, if she knows I'm having an off day she's right there and she'll support me and I just think that's wonderful... I'd go home I'd be drained, and walk in the door and all the kids would be wanting to tell me this or they're fighting or whatever...the boys would still be fighting where C would say "mom, why don't you just lie down and rest for half an hour and I'll tell you about it later". For a 10 yr old that's pretty knowledgeable, she's got a lot of intuition.

It is important to mention that the above scenario certainly can be viewed positively, where the daughter recognizes her mothers' needs. However, by saying that her daughter "supports" her in the above statement, one becomes unclear about the roles both the mother and daughter play on a daily basis. Another mother describes how she tends to get flustered and panicky getting her children off to school and

asks for help from her daughter in controlling her emotions and behavior:

> ...actually my kids are pretty good because they say to me "oh mom we'll get out of here in time, we always seem to make it" and that does help me calm down, like it sort of snaps me into reality. In fact, with my oldest daughter I've told her...that if I get like that I don't mean to and I do get like that maybe you could say something, like "Mommy" and that'll trigger me to know and she's done it...she's gone "Mommy", just like that and I go "oh yeah, I'm doing it again aren't I?"...

This quote also illustrates how some mothers were not aware that a reversal of parent-child roles was occurring.

Sexuality

The final main theme that was directly explored in the interviews was mothers' responses to their daughters' developing sexuality. As girls growing up, most of the women in this study were given very little information about their own sexuality. As mothers, the majority of these same women were very eager to provide their daughters with as much information as possible, as early as possible. Informing their daughters about sexual issues also tied in closely to the protection strategy of "education and information sharing".

Mothers wanted to give their daughters all the information that they had not received, although they were sometimes unsure about the type of information they should give their daughters and how much was "appropriate". One mother felt,

> I didn't want to say it because I thought that if I said it I might say it in an offensive way somehow. I didn't know how much would be too much to say...

Not knowing what, and how much to say, was undoubtedly a challenge for some women, given that they felt "the more information the better", and one mother declared, "I want them to have the information probably more than they want to have the information".

Having been sexualized at a very young age, one might wonder about the kind of messages about sex abuse survivors are providing their daughters. Interestingly, some women feared that their negative experience may somehow "rub off" on their daughters, or on how they educated them about sex and sexuality:

> I want her to have an open attitude about sex and be open and feel good about her body. I don't always myself, and I worry that things I'll say will rub off on her and she'll get messages that I don't verbally say, but she'll get these messages...

Another mother recognized that she had a lot of anger in this area and purposefully delayed giving her daughter much information about sexuality:

> I guess because I had such negative feelings towards it I didn't really want to talk about it with her. I figured the less I said the better. Probably that was the right thing to do is not to say anything...I believe that now. I guess because I had such anger and strong feelings I never talked to her about it because I really did want to talk about it.

One of the mothers whose daughter just reached the stage of puberty looked at it with some trepidation:

> It's starting to get challenging again watching my daughter go through puberty and knowing that she's going to start coming into her own sexuality and I know that

> I'm going to have to deal with that and I don't think it's going to be easy for me. I just know that it's natural for her and it's natural for her to start being interested in boys and being curious about things, but I just know it's going to be hard...it's hard now watching her start going into puberty.

How did these women provide their daughters with this essential material amidst their fears, anxieties and anger around this topic and not knowing *what* and *how much* is appropriate to tell? Books and other resource materials became "lifesavers" to the majority of these mothers. The public school system was one of these resources. One woman felt quite relieved to have the school's assistance with this:

> It didn't bother me that they were teaching it at school because they'd only say so much and it'd cut down their curiosity and then they're not asking me and I won't have to deal with it (laughs). The chicken's way out...let somebody else do it...but somebody that's reliable...at least they're not picking it up on the streets and stuff.

Fourteen of the mothers felt very comfortable with the amount and type of sexuality information provided at school. One mother wasn't sure if they were doing anything at school at all, and another felt that the school provided too much information.

Physical development. Most of the mothers were very excited about their adolescent daughters' emerging sexuality. Only one of the mothers conveyed a sense of discomfort around her daughter's physical development. For this mother, educating her daughter about sexuality was fairly easy; the difficult part came when her daughter started to change

physically:

> ...when her body started to change, about 11 and a half, everything was feeling pretty comfortable, there wasn't a whole lot of stuff around her sexuality with her...we'd been able to talk about things and start to try and do some basic sex education and stuff like that. ... and then just when her body started to change it was just like.....it was so uncomfortable and I don't know why, it just felt so uncomfortable...it was like no, I don't want to see you change, I don't want to see your body change, it just felt awful..it was really difficult... I still don't know why...it's pretty well passed off it's not as much a problem anymore but I'm still uncomfortable with her more adult body...it's hard for me to hug her...it was really hard at that time.

It was apparent that mothers who had received little sexuality education themselves, questioned what was normal sexual development for their daughters. This mother's two daughters had both been "bothered" (sexually abused):

> M, she's 10 she's already started her period...like same with C she started early, I don't know I didn't want them to start early I thought maybe I even asked the doctor if it was because they had been bothered down there and the doctor said "no" but I still wonder about it though. [Is it because they've been sexually abused, touched down there, is it? asks the interviewer]

## Part II: Emergent Themes

### Changes in Parenting Style

In addition to the three themes previously discussed, a major theme that was not directly explored but emerged from the maternal interviews was a shift in parenting style before and after counselling. Two characteristics of this parenting shift included: feeling more comfortable in one's parenting, and becoming more active in setting limits and monitoring their children's behavior.

Mothering as more natural. In the beginning of their career in parenting, most women found that "mothering" was a very conscious preoccupation which eventually became more integrated within themselves,

> In time it just became more who I was, the fact that I wasn't just going external, like 'okay, this is how I'm going to parent' Then it was something that I wore on the outside. It's not anymore. It's something that's inside me now.

One mother recognized a change in her enjoyment of parenting as her children got older. While some of her actions in the past were a forced effort, over time they had evolved into a very "natural" and gratifying process,

> ...you don't get a whole lot of positive reinforcement from 1,2,3,4, but around 4 or 5 you do, like around 3 they start to spontaneously hug you back... You start to get that real positive feedback, and six or more years of that changed me. I knew I was doing the right things but it was something I did even though I wasn't even comfortable with it at first and then I did it because it was a matter of habit and then eventually I did it because it felt right and because it was just me.

More active parenting. A second major change in mothers' parenting included taking on a more active role as a parent. As mentioned, thirteen of the mothers described periods during which they were emotionally, and/or physically absent from their children, especially when their children were young. One mother recalled,

> Especially when J was young I was very neglectful, emotionally neglectful... I still tend to withdraw...I have to watch that even yet but it was really severe... I was even physically neglectful with her too, that was a very difficult period...there was months where I don't think her needs were anywhere nearly adequately met.

Another mother stated:

> ...I abused alcohol about 17 years not giving a damn about anything you know...hiding in alcohol...and like I say the children suffered as a result of it...Child and Family Services have been involved at times and I see every reason why because I was not a responsible parent. I was not there...

Another woman felt that she had been somewhat anesthetized:

> ...I think throughout (my early years as a parent) I wasn't experiencing a whole lot of feelings, everything was pretty numb...I think I was chronically depressed...couldn't deal with issues that were happening and my own feelings were just so far away and inaccessible. When I started in counselling, after about a year the experience of having feelings was so bizarre, it was wonderful...if I could get my memory back there at all I don't think I'd find a whole lot in terms of feelings, because it was like a crime, you go sort of with blinders on and you just survived and they (children) suffered from that too because that's where I was in emotional withdrawal where I wasn't really accessible...

Clearly, many of the mothers had a period where they weren't functioning well as parents. Over time, however, they saw themselves becoming more actively involved in parenting their children. The majority of mothers attributed this shift in parenting style to their own counselling and healing.

Active parenting behaviors were illustrated by: talking more to their daughters about sexuality issues, discipline and limit setting behaviors, and being more aware of protection issues. One mother describes how she felt talking to her daughters about sexuality prior to her own counselling:

> I would try to answer ...not in depth though like if they asked direct questions and stuff. But we never really sat down and talked really in depth. ...(I felt) fear, [laugh] "I don't want to talk about this, how dare

> you!". I didn't say that but I was probably thinking that...and they would ask something and it would be like panic situation... so you kind of vaguely, enough to curb their curiosity and then like change the subject and get them off on something else...it was easy to do...

When asked if she talked to her daughter about sexuality, another mother responded:

> Yeah, (now) we talk about everything. (Prior to counselling), not as much...probably not...thinking about it now, no, probably not.

More active parenting styles were also seen in mothers' ability to set limits with their daughters, dealing with conflict, and giving their children more responsibility. One mother said:

> I think I'm more calm with them. Now I can lay down the rules where before I couldn't because I was always afraid that if they didn't listen or do the things they were told to do that somebody would end up getting hurt ... So I think they liked it better before when there wasn't any rules. It's difficult...now I think they wish I'd never gone into counselling but...they think I'm happier than I used to be I used to be depressed all the time...they don't like all these rules but in the long run it works out for the better.

In terms of altering some of the responsibilities and roles in the home, a mother responded:

> ...I've also had to work hard at letting them have that kind of responsibility because it's only been a couple of years since I would run home and if I were going out I'd have everything all nicely prepared, but not anymore, I don't have to do those kinds of things anymore...

These new parenting skills were often difficult to implement. Some mothers felt they had to "undo" what had already been

done, and they weren't always successful:

> ...neither one of them now like the rules so the oldest one is moving out. We have a good relationship but she's leaving and the 14 yr old...did go to live with dad, part time, because...she does not have to do much over there and she does not like the rules here and it's because they're new...

One mother recognized positive changes in her parenting, as well as room for improvement:

> I see myself at getting better at parenting But I'm not sure I've reached that middle ground because I'm still lenient with them, but not as much. I'm learning.

Finally, active parenting also took the form of being more "aware" of issues with their children such as protection:

> I think I've been even more wary of extended family members since I've been in counselling, my radar is sort of up there and I feel vigilant all the time...

At some point in their parenting career these mothers developed a fuller awareness of their role as a parent and more involved in their children's lives, and while it was sometimes a difficult task and often caused conflict, they felt that it was worth the effort.

What do the mothers attribute changes in their parenting to? One mothers viewed her shift in parenting as part of a self-healing process; a journey:

> there's a lot of space between being a really bad parent and being a good parent and I guess it's just kind of a road that you travel getting to be a good parent and there's a lot of different stages that I went through trying to be a better parent...feeling comfortable with myself has a lot to do with it...

## Standardized Measures

### AAPI

The strength of the above content analysis allowed mothers the freedom to describe their own experience using their own words. A more structured parenting questionnaire was also used to complement the interview and add to the descriptive richness of this study.

Except for one mother scoring below average on the second factor (i.e., Inability to be Empathically Aware of Children's Needs), all of the mothers scored in the average or high range on all categories which indicated they were not considered abusive when compared to national norms. Measurement of current attitudes in this study, therefore, indicated that all the mothers had strengths in 1) having appropriate expectations of children, 2) use of disciplinary methods other than corporal punishment, and 3) having a clear understanding of the role of "parent" and "child". With one exception, all of the mothers also displayed strong sensitivity to their children's needs.

### Caregiving Scales

The four maternal caregiving patterns were identified based upon the entire maternal interview protocol. Interview transcripts were coded and each mother was categorized into one of four attachment classification groups (see Table 6). Based on mothers' caregiving descriptions of themselves, eight of the mothers were categorized as ambivalent, five mothers were rated as secure, and three mothers were categorized as disorganized/controlling.

## Discussion

The goal of the present study was to provide an indepth description of three main themes present in the incest survivor literature as they pertain to mothers of preadolescent daughters: protection, autonomy/role reversal and sexuality issues. The open-ended interviews revealed rich detail pertaining to these themes and also allowed new themes to emerge which have not been discussed in the literature to date.

### Protection and Trust

Five of the seven women in this study who were married or living with a partner expressed some ambivalence, worries, and concerns about trusting their partner and others. Similarly, Haller and Alter-Reid (1986) found that all of the married incest survivor-mothers in their study expressed a need to protect their daughters from the possibility of sexual abuse by their husbands. The finding of not fully trusting their partners was also reported by Kelly (1988). Questions from this finding arise, with regard to the partner's perceptions include: (a) is the partner aware of how the survivor feels?, and (b) how does he or she feel about the lack of trust in the relationship?

Mothers in this study also felt that during, and/or after completing counselling they became more protective of their daughters and aware of potential dangers to their daughters' safety outside of the home. This translated into more active and conscious protective behaviors of daughters, including closer monitoring behaviors. These behaviors can be viewed as adaptive and a part of the mothers' parenting

strengths. However, what implications did this shift in monitoring behaviors have on the pre-adolescent daughter? This area requires further research.

In this study, mothers' main fear was that their daughters would be abused, and this fear often led to close monitoring behaviors. These results are supported by other researchers and clinicians (Kritsberg, 1993; Kirschner et al. 1993, & Sanderson, 1990). Mothers' fear for their daughter's safety and lack of trust in their partners can be best understood from a feminist perspective and within the framework of attachment theory and internal working models.

First, these findings are not surprising given that 50% of mothers in this sample had daughters who were sexually abused. These two responses may in fact be viewed as healthy, protective, and realistic, especially since prevalence rates of child sexual abuse are so high. One could also suggest that given their experience of betrayal of trust, it would be surprising if these mothers did not struggle to feel completely confident about their daughters' safety.

Next, it is worth noting that mothers in this study all wanted their children to have as much information as possible about personal safety and self-assertiveness. None of the mothers perpetrated the sexual abuse, and all of the mothers with daughters who were sexually abused acted immediately when they became aware of the abuse. This took the form of distancing themselves and their children physically from the perpetrator, laying charges against the offender, and seeking counselling for their daughter.

From a working model perspective, as young children,

mothers in this study were victimized and had their trust betrayed by significant persons. All of the women were also victimized over a period of time. Understandably, it seems very likely that the adult working model for the majority of these women was that "the world is an unsafe place" and it clearly played a major role in parenting their daughters. Interestingly, mothers' perception of "potential danger all around" was present in the interviews even after counselling. This may speak to the profound effect of these womens' victimization and early attachment history on their current relationships, or to these mothers' increasing awareness of the sexual abuse of their children.

Parentification

Indications that some form of parentification was occurring tended to be diluted, but nonetheless, present in many of the interviews. Parentification took the form of daughters assuming responsibility for adult tasks and taking on adult roles; this ranged from assuming caregiving tasks for their siblings, to providing emotional support to their mother. Some of the mothers clearly saw a reversal of roles between themselves and their daughter at some point in their relationship. Other mothers did not appear aware that parentified behavior had taken place, yet described situations which indicated a reversal of roles. Mothers in this study were not asked directly if they felt that their children taking on parental roles. Perhaps if they had been asked directly, and had been given examples, more examples would have been identified.

Sexuality Issues

The topic of sexuality raised some anxiety for mothers in this study. There was clearly a range of feelings associated with discussing this topic with their daughters. The majority of women in this study were quite comfortable and determined about educating their daughters about sexuality. Others felt less comfortable with this issue and struggled through it; and two mothers avoided and/or postponed discussing the topic. There was no clear pattern of refusing to talk to their daughters about this topic, and/or of anger or hostility associated with the discussion.

More Active Parenting Style

Many of the mothers attributed their more active parenting style to their own healing and counselling. However, their attribution of change in their own parenting behavior was also connected to a main supportive person in their life, and/or an unsupportive partner no longer in the relationship. This finding was supported by Egeland et al.(1988) who found that experience in therapy and a satisfying relationship during adulthood decreased the chances for mothers with a history of abuse to abuse their children.

All of the mothers had more than one child and most of them felt that parenting the second child had been much easier, and displayed a more "positive" and optimistic attitude about parenting the second child.

Thirteen of the mothers described a period of time when they were emotionally or physically absent from their children when they were young. Jehu's (1988) description of

mothers with daughters who have been sexually abused was also that of being oppressed and incapacitated and often victims themselves.

A feminist perspective also helps interpret the above results. Ten of the mothers had experienced a separation or divorce and had (or were still experiencing) a period of single parenting. Divorce, coupled with single parenting often results in a high degree of stress and financial problems (Wallerstein & Kelly, 1979). Single mothers also have reported feeling overwhelmed by the experience of divorce and single parenting often resulting in depression and being unable to adequately care for their children (Crossman & Adams, 1980; Rohrlick, Rainer, Berg-Cross & Berg-Cross, 1977). Unfortunately the present study did not directly measure at what point in their parenting mothers experienced divorce, or at what point they sought counselling.

The finding that mothers' parenting style changed from withdrawn and depressed behavior to active parenting at some point, suggests a need for research to focus on survivors of sexual abuse prior to or early in their parenting years. It would also be helpful to follow this change longitudinally in order to determine what factors play a role in this transition.

Research has indicated several negative effects of maternal withdrawal and depression on children, including emotional dysregulation and behavior problems (Downey & Coyne, 1990). Early identification of women who are sexual abuse survivors and accompanying intervention strategies with

these women and their families prior to parenthood, or early in their parenting is crucial. Noting that 50% of the mothers in this sample had children who were sexually abused, it may be worthwhile to aim prevention programs at high risk groups such as incest survivors (for a review of intervention strategies see MacMillan, MacMillan, Offord, Griffith & MacMillan, 1994). Intervention strategies for these mothers could initially take the form of individual and/or group counselling around their sexual abuse, and specialized parenting groups.

Specialized Parenting Materials and Programs

All the mothers felt that counselling had helped them with their own healing. Help also came in the form of printed literature and parenting groups. Most of the women emphasized the importance of getting information on parenting, including taking parenting courses. Almost every mother in this study had taken at least one parenting course and found it helpful; however, some mothers felt that parenting courses would have been more helpful to them if they were geared to survivors, and survivor-issues,

> there's an inability to protect your own kids and I think it comes directly from that inability to protect yourself so the issues of protection...there's almost more need in a parenting course for survivors to work on survivor issues rather than just straight parenting.

Another mother clearly felt that she didn't quite fit into a "generic" parenting group:

> I couldn't deal with it I felt too different...It was like I'm not normal, why pretend?

Since parenting issues are often not addressed in individual and/or group counselling for sexual abuse survivors, incest survivor mothers could benefit from a "second stage" counselling group. This group would run in conjunction with, or after, individual therapy. The second stage group would focus more specifically on parenting issues unique to sexual abuse survivors. Important topics and information such as: transferring feelings to their children, parentification, protection issues and communicating a healthy sense of sexuality to their children would be important themes for them to consider. Other issues that would be valuable to cover would be poverty, violence to the mother as an adult, and single mothers. Specialized pamphlets dealing with the previous topics mentioned should also be developed and available to clinicians working with mothers who are sexual abuse survivors.

AAPI and Caregiving Scales

The findings of the open ended interview complemented the findings of the AAPI. Where some of the mothers feared that they may become abusive, the AAPI indicated that mothers in this study were outside the norms for abusive parenting, and none of the mothers had sexually abused their children. This finding was supported by Maltz and Holman's, (1987) assertion that the fear of repeating abusive family patterns and the awareness of one's abuse, in itself prevents survivors from being abusive parents.

The fact that half of the mothers were categorized as having an ambivalent parenting style on the caregiving instrument may have been due to several factors. First, many

of the mothers reported that they had had unplanned pregnancies, most of which occurred at a young age, and they had ambivalent feelings about having children. A similar finding was reported by Gelinas (1983) in her clinical work.

Second, 50% of the mothers had a daughter who was abused. Being aware that their children had been abused may have strongly influenced some of these mothers' strategies, particularly protection strategies. One mother in fact, felt that she became a much more protective parent after her daughter disclosed her sexual abuse. It is noteworthy that protectiveness was a defining characteristic of the ambivalent category.

Another factor which may have influenced mothers' caregiving parenting style was their relationships with their partners. At least two of the mothers in this study disclosed that they were in physically abusive relationships at one point. Clearly, domestic violence would affect these mothers' ability to parent their children, and their attitudes towards parenting.

All of the mothers desired to be active in their children's interests and in their protection. Their ambivalent parenting style may also may reflect their investment in protecting their children within the context of their own and their daughter's past sexual abuse, and their not fully trusting their partner and/or others.

The findings that these mothers were not pathological or deficient parents were not surprising, given the clinical nature of the sample in this study. The women in this sample

appeared to seek counselling for growth and self-understanding; thus it was not a unique finding that these women were heavy information seekers when it came to their parenting and expended a lot of energy towards being caring, nurturing, "good" parents.

Mothers' Perceptions- Effects of Incest on Parenting

Mothers in this study unanimously felt that their parenting had been affected by their past incest experience. The perceived negative effects on their parenting included: repeating patterns, (e.g., choosing an abusive partner), feeling they were unable to experience emotional and physical closeness with their daughter, pervasive anger which carried over into their parenting, and feelings of powerless as a parent. Most of the mothers stated that resolving their abuse made them better parents. Some mothers perceived specific positive effects from resolving their abuse: increased communication with their daughters and heightened awareness of protecting their children.

The Strength of a Feminist Approach

The quality of this study's findings strongly support the use of the feminist perspective in this particular area of research. The interpretation of the results of this study were influenced by the larger context of these women's lives. Taking social, structural and cultural factors into account validated the experiences of the women in this sample.

A feminist based methodology, including the face-to-face open-ended interview structure allowed interaction between the researcher and the mothers, which enabled the women to willingly share their experience and discuss sensitive

subject matter openly. The interview style used in this study reflected that of feminist researchers (Oakley, 1981). The focus upon these women's perspectives as women, partners, and mothers, validated previous themes and generated new research questions which will further illuminate vital issues in the lives of many female sexual abuse survivors.

## Summary and Conclusion

An overview of the parenting experiences of a clinical sample of sixteen incest survivor mothers was provided. This specifically included: 1) how they protected their children, including some of their main fears and worries, 2) how they dealt with their preadolescent's and adolescent's emerging sexuality including relaying information about sexuality to them, and 3) the roles played by these mothers and their daughters. New themes were also recognized as well, which revolved around mothers' perception of a change in their parenting style over time. The narrative history of their experiences provided the reader with insight into their thoughts, feelings, and perspectives.

## Limitations and Future Directions

The combination of qualitative and quantitative approaches in the present study highlight the wide ranging individual differences across mothers in this sample. Transferability of research findings is extremely important; however, caution must be applied when it comes to drawing conclusions about the present findings and when generalizing the findings to other groups. The study was limited by its small sample size, and by the fact that the women were self-selected and had prior counselling experience. The knowledge and insight of these women into the effects of their incest have undoubtedly been influenced by their counselling experience. It would be useful in future studies to examine incest survivor mothers with no formal counselling experience

and use a comparison group of non-abused mothers.

Another limitation of this study involved the issue of the evolving perspective of the researcher and the presence of uncontrolled variables. This research required interpretation as well as description. As well, analysis of the interviews involved a comparison of one interview to the next. Therefore, the first interview was conducted and interpreted somewhat differently than the last interview. Uncontrolled variables included: the interviewer's and the mother's comfort level and degree of rapport, and the interview location (ie., at the mother's home, or in an agency office).

Finally, this study does not attempt to formally draw inferences about an entire population; rather, the main intent of this study was to gain a deeper understanding about parenting issues from incest survivors themselves.

This exploratory study only begins to highlight the importance of examining the parenting experience of female incest survivors from their perspective. Key issues arising from this research merit further study. First, examination of the family system as a whole would produce a more holistic picture of daughters' and partners' experiences, as well as of the family climate. Of particular importance are the partners' perceptions and experience of parenting with a survivor of incest, focusing on issues of trust; and daughters' perceptions of how they are being parented, focusing on mothers' monitoring behavior and restrictiveness concerning limits.

Second, several of the mothers felt strongly that

parenting boys as opposed to girls was more challenging in certain areas such as mother-child roles and conflict. Based on her own clinical experiences, Phillpot (personal communication, 1995) supported this by stating, " you could multiply the problems survivors have by 100 when they have sons". Often, mothers' sons "became" their father, and their sexual offender and that sons' sexuality was also an area which caused a lot of anxiety for survivor-mothers.

As noted in the literature review, the most commonly reported symptom of adult incest survivors is depression (Browne & Finkelhor, 1986a; Sanderson, 1990; Gelinas, 1983). The majority of the mothers talked about being emotionally withdrawn from their children or depressed when their children were young. Interestingly, while most of these women seemed to enjoy parenting more after counselling and after their initial child(ren), there was evidence of intergenerational recurrence of incest in this sample of mothers. Half of the women revealed that their daughters had been sexually abused. To be clear, this does not imply that the mothers were responsible for the abuse of their daughters- it was the father (or other) that was the offender. Other factors such as the mother's lack of power to protect her daughter in and out of her home, and the father's control over the family including physical and/or sexual violence towards the mother that may account for the occurrence of sexual abuse of the daughters. Glaser and Frosh (1993) sum up mothers' powerless to prevent their daughter's sexual abuse best:

> With an internal self-image in which guilt, blame, anger and a sense of worthlessness combine, and with an experience in which dependency needs are met with rejection or sexual exploitation, female victims of sexual abuse may fall prey to men who might go on to abuse their children. These women are also least likely to be able to prevent the abuse.

Longitudinal research tracking these women before counselling, and perhaps during their initial pregnancy, bearing in mind contextual factors, could help reveal what their early parenting experience was like and possible risk factors associated with their daughters being sexually abused.

Also important is the examination of current parent education literature and development of specific parenting pamphlets which meet the special needs of sexual abuse survivors. While somewhat helpful, most "mainstream" parenting groups and printed material do not address important parenting issues pertinent to this population.

Further feminist research in this area is needed to more precisely examine mothers' experiences earlier in their parenting career, to support the themes generated from these mothers' interviews, in order to help clinicians and parenting professionals recognize the unique fears and concerns of mothers who are also incest survivors. Above all, future research will assist in meeting the unique needs of incest survivor mothers themselves.

Researcher and clinician Denise Gelinas, published a seminal paper on "The Persisting Negative Effects of Incest" (1983). The negative effects of incest clearly extend to one's parenting and might be best summarized in the words of

one mother:

> I'm more protective, I'm always on the watch for it, I tend to be very emotional, which my kids see, sometimes I get depressed, not as much now as I used to but there would be periods of time when I would just cry and be depressed for days...When I would come out of the depression, it used to make me very angry that he was in fact his behaviour was still affecting my children's because although I'm the one that's depressed and I take responsibility for that, this still affected my kids and that really made me angry because I hadn't seen him for years and didn't have him as a part of my life but the effects were still affecting my children.

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Appendix A
Long Term Effects of Childhood Sexual Abuse

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**Emotional Effects**

Depression
Low Self Esteem
Guilt
Anxiety
Obsessive/Compulsive
Anger

**Interpersonal Effects**

Isolation/Alienation
General Social Relationships
Relationships with Men
Relationships with Women
Relationships with Parents
Effects on Parenting
Fear of Intimacy
Revictimisation

**Behavioral Effects**

Self Destructive Behaviors
Self Mutilation
Suicide
Eating Disorders
Alcohol Abuse
Drug Abuse

**Cognitive/Perceptual**

Denial
Cognitive Distortions
Dissociation
Amnesia
Multiple Personality
Nightmares
Hallucinations

**Sexual Effects**

Impaired Motivation
Phobias/aversions
Impaired Arousal
Impaired Orgasm
Sexual Dissatisfaction
Vaginismus
Dyspareunia
Inability to separate sex from affection
Oversexualization
Sexual Orientation
Promiscuity
Prostitution

**Physical Effects**

Psychosomatic Pains
Sleep Disturbances

# Appendix B
# Mother's Interview Guide

Introduction

The purpose of this study is to try and understand womens' experiences as parents given their incest history.

Consent and Confidentiality

(Review and sign the consent form)
The interview is strictly confidential, however, there are circumstances under which confidentiality will be breeched. These include: a) where there is a child welfare concern (i.e.,if it is revealed that a child may be in immediate danger of being abused), and b) if the interviewer is concerned about the participants safety to herself or as a threat to others.

Sensitivity of the Topic Area and Freedom to Withdraw

I am sensitive to your history of incest and that if the subject matter becomes distressing to you, at anytime you can stop the interview to take a break, to end the interview, or to reschedule it for another time. There are no right or wrong answers to the questions that will be asked on either the questionnaire or in the interview. Do you have any questions before we begin the interview?

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## The Interview

Before we begin, I'd like you to tell me a little about your family. Tell me who is in it and the ages of your children.
(names of children, ages, grade)

Section A

I'd like to start by talking about your general feelings about being a parent.Many mothers bring up a variety of feelings.
How would you describe yourself as a parent?

Prompts:

1) Think back...before you had any children, what were your feelings about becoming a parent?

2) Many women have all sorts of feelings about being a parent. So now that you have children, how do you feel

about being a parent?

3) What is/has been the most positive or enjoyable part of being a parent? (Ask for example)

4) What is/has been the most challenging or difficult part of being a parent? (Ask for example)
- ·How did you handle the situation?
- ·How did you handle your feelings?

5) Parents experience many different feelings: proud and excited, guilty or unsure about they're parenting, or irritated and angry to the extent that they feel ready to blow up. Have you ever had any of these feelings?
- ·What kind of situations make you feel this way?
- ·How did you handle those feelings?

6) Being a parent is certainly a big job! It can be tiring and stressful taking care of children. It's usually a parent's job to take care of her children. Do you ever feel that you want your children to take care of you or do you ever feel really needy as a parent?
- ·What kind of situations make you feel this way?
- ·How do you handle your needy feelings?

I've asked you a lot of general questions about what it's like to be a parent. Before we go on to talk more specifically about your relationship with your daughter, do you have anything to add?

Section B

Most of the questions I will be asking you now will be specifically about your relationship with (daughter)

1) How would you describe your relationship with your daughter (daughter's name)?
- ·Would you say that you have a close relationship or one that isn't that close? (Do you talk a lot?)
- ·How would others close to you describe your relationship with your daughter?

2) Parents often notice similarities between themselves and their children. How do you think (daughter) is like you? How do you think (daughter) is unlike you?

Section C

1) How would you describe yourself as a parent? (flexible, too rigid, too loose?)

2) Would you describe yourself as a protective parent?

3) What kind of things do you feel comfortable letting your daughter do all by herself, that is, without any supervision? (Go out with friends, cooking dinner, finishing homework, cleaning her room, chores)

4) What kind of things do you feel less comfortable or not at all comfortable about letting her do without supervision?

5) Many mothers worry about their preadolescent daughters. <u>When you worry about (daughter) what do you find yourself worrying most about</u>?

- ·Do you ever worry about the time in which she comes home? Does she have curfews?
- ·Do you worry about the friends she has?
- ·Do you worry about what she does and where she goes with her friends?
- ·Safety?

6) When you think about your daughter, do you generally feel that she's safe?

**Yes** Do you have any fears concerning her safety and need for protection? (What are they? How do you deal with these fears?)

**No** What are your greatest fears concerning her safety and need for protection? (How do you deal with these fears?)

Before we move on to the next section is there anything else you'd like to add to what we've talked about? (Anything else that you feel is important to mention)

<u>Section D</u>

I'd just like to ask you a few questions about yourself given your past abuse history .

1) Do you feel that your sexual abuse has affected you as a parent?

- ·What have you learned from your experience of being sexually abused?
- ·How do you feel it has affected you positively and not as positively?

2) Very briefly, can you tell me about how long your abuse lasted?

3) What advice (if any) would you want to give other mothers who are survivors?

Section E

Now I'm going to ask you some questions about the physical development of your daughter.

1) Do you think that your daughter's physical development is earlier, later, or about the same as most other girls her age?
2) Have you noticed any skin changes, especially pimples?

3) Is she at the point where she needs to wear a bra?

4) Has your daughter started menstruating yet?
Yes When did she begin? (What grade was she in?)

5) Do you currently, or have you ever talked to your daughter about sexuality? Who started the discussion?
- What was that like for you? for your daughter?
- How do you feel about it?
- Does she get any information about sex from anywhere or from anyone else?(School etc.)
- How do you feel about the adequacy of this?

Ending the Interview

Is there anything that you want to tell me that you haven't talked about? How are you feeling now? (Provide resources)

## Appendix C
## Adult-Adolescent Parenting Inventory & Demographic Information

---

Name: _____
Age: _____

How many children do you have living with you? _____

What are your childrens' ages and sex?
_____

Do you have any children living away from you? yes no
If yes, what are their ages? _____

Have you ever had any experience with Child and Family Services?
yes no

What is your marital status? (circle one or more)

a) never married
b) single
c) married
d) living common-law
e) separated
f) divorced
g) remarried
h) widowed

What is your ethnic background? _____

Race: (circle one) White Black Native Hispanic
Oriental Other: _____

What is your total household income? (circle one)

a) under $15,000
b) $15,000-20,000
c) $20,000-25,000
d) $25,000-30,000
e) $30,000-40,000
f) $40,000-50,000
g) $50,000-70,000
h) over $70,000

## Instructions

There are 32 statements on the following two pages about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling **one** of the responses.

Please respond truthfully and as quickly as you can. **There is no right or wrong answer,** only your opinion. If you don't understand any of the statements ask for help. When you finish, feel free to write any comments you have on the back page.

---

**Strongly Agree** ___
**Agree** ___
**Uncertain** ___
**Disagree** ___
**Strongly Disagree** ___

---

1. Young children should be expected to comfort their mother when she is feeling blue.

2. Parents should teach their children right from wrong by sometimes using physical punishment

3. Children should be the main source of comfort and care for their parents.

4. Young children should be expected to hug their mother when she is sad.

5. Parents will spoil their children by picking them up and comforting them when they cry.

6. Children should be expected to verbally express themselves before the age of one year.

7. A good child will comfort both his/her parents after the parents have argued.

8. Children learn good behavior through the use of physical punishment.

9. Children develop good strong characters through very strict discipline.

10. Parents should expect their children who are under three years of age to begin taking care of themselves.

11. Young children should be aware of ways to comfort their parents after a hard day's work.

12. Parents should slap their child when he/she has done something wrong.

13. Children should always be spanked when they misbehave.

14. Young children should be responsible for much of the happiness of their parents.

15. Parents have a responsibility to spank their children when they misbehave.

16.Parents should expect their children to feed themselves by twelve months.

17. Parents should expect their children to grow physically at about the same rate.

18. Young children who feel secure often grow up expecting too much.

19. Children should always "pay the price" for misbehaving.

20. Children under three years should be expected to feed, bathe , and clothe themselves.

21. Parents who are sensitive to their children's feelings and moods often spoil their children.

22. Children deserve more discipline than they get.

23. Children whose needs are left unattended will often grow up to be more independent.

24.Parents who encourage communication with their children only end up listening to complaints.

25. Children are more likely to learn appropriate behavior when they are spanked for misbehaving.

26.Children will quit crying faster if they are ignored.

27. Children five months of age ought to be capable of sensing what their parents expect.

28. Children who are given too much love by their parents often grow up to be stubborn and spoiled.

29.Children should be forced to respect parental

authority.

30. Young children should try to make their parents life more pleasurable.

31. Young children who are hugged and kissed usually grow up to be "sissies".

32. Young children should be expected to comfort their father when he is upset.

Appendix D
Agency Contact Letter

Address

Date

Dear (Clinical Director):

I am currently a graduate student in the Department of Family Studies and am in the process of conducting research for my Master's thesis under the direction of Dr. Carol Piotrowski. The purpose of the proposed research is to examine the parenting experience of female incest survivors. I am writing to you to ask for your agency's assistance in contacting potential participants for this study.

As you are aware, the prevalence of sexual abuse of women in our society is alarming and the emotional effects extend well into adulthood. The extent of incest survivor's long range suffering has been well studied, yet, paradoxically, the long-term effects of incest on the survivor as a mother has not.

To be clear, it will not be the details of the mother's sexual abuse per se that will be discussed in this study, rather, I will be focusing on their unique experience as a parent. The mothers will be asked to talk about what it is like for them to be a parent, with specific focus on their relationship with their daughter.These interviews will be audiotaped and last about 1-2 hours. They will take place at a private location of the mother's choice.

The protection and comfort of women who consent to participate in this study is primary. For this reason, I am seeking only sexual abuse survivors who are currently in, or have had counselling around their sexual abuse. Please refer to the attached pages for a more indepth description of the study and safeguards in place for minimizing risk to these women.

In giving this request consideration I have also enclosed a copy of approval from the University of Manitoba Faculty of Human Ecology Human Ethics Review Committee as well as the researchers' qualifications who will be conducting the interviews with the mothers.

I will call you within one week to set up a time in which we can further discuss this request. At that time I can provide you with copies of the telephone screening,

consent form, parenting questionnaire and interview schedule. I would be pleased to provide a brief presentation on the results of this study to your agency upon completion, along with a copy of the final report. If you have any questions, please contact me at or my thesis advisor at .Thank you for you time.

Sincerely,

Christine Kreklewetz BA(Psych).

## Appendix E
## Telephone Screening Contact Script

Hello, my name is Christine and I'm calling about the parenting study. I'd like to first thank you for expressing interest in in this study, you will a very valuable part of my Master's thesis if you chose to take part. This research is being supervised by a professor at the University of Manitoba. We are looking for some very specific women to be in this study, so before I tell you more about the study, I need to ask you some questions as the study requires participants with a very specific background.

---

**Screening Questions**

1) The first question is a rather personal one about your abuse history, however, it needs to be asked. Are you a sexual abuse survivor? Was your perpetrator a father or father figure? Did the sexual abuse happen more than once?
2) The next questions are easier. Do you have at least one daughter 8-14 years of age?
3) Finally, are you currently in counselling where you talk about your past sexual abuse? Or have you ever been in counselling where you have talked about your past sexual abuse?

**(If the mother is not currently in counselling):**
I need to caution you that that some of the questions asked in the interview will be quite personal and <u>may</u> bring up other material that may cause you distress. Therefore, it might not be in your best interest to participate in the study without currently being in counselling.

---

Your response suggests that your background falls (does not fall) within the set guidelines for the study. Would you like me to tell you a bit more about the study? (If yes), The purpose of this study is to find out what it's like to be a mother of a daughter between the ages of 8-14.

The study will involve us meeting for about 2 hours. During this time I will ask you to fill out a consent form and a questionnaire. Then we will talk about your experience as a mother. We will basically just talk, however there will be a few set questions I will ask you. The questions will revolve around what it's like for you as a mother and your relationship with your daughter. Some of the questions I will be asking you will be personal, however, you have the choice of not answering. You will also be able to stop the interview or withdraw from the study at any time.

I also have to mention that it will be necessary to have the interview portion audiotaped so that what you say will be accurately recorded. After the interview is typed on paper, however, the tapes will be destroyed (ripped up) and the typed interview will be kept locked up without your real name on it. This is to ensure your confidentiality and that no one will be able to identify you from the tapes or transcripts. Finally,part of your involvement in this study will be to let your counsellor know that you will be participating.

Does this sound like something you'd be interested in participating in?

- Would you like some time to think about it?
- I can also give you the phone number to my thesis advisor if you want to call her and ask any questions.
- (If yes), Good. Is there a good time when we can arrange to meet?

## Appendix F
## Personal Interview Consent Form

1) I have freely consented to take part in this study conducted by Christine Kreklewetz, Graduate Student at the University of Manitoba.

2) The purpose of this study is to discuss my feelings about being a mother, not the details of my incest history per se.

3) I have been involved in or am currently involved in individual counselling around my past history of incest.

4) While the criteria includes mothers who are not currently in counselling, I have been informed that it might not be in my best interest to participate in the study without presently being in counselling.

5) I understand that several resources will be provided to me for support if I request them at any point during or after the interview.

6) I understand that I will be asked to complete a brief parenting questionnaire and then will be interviewed for up to two hours in a place of my choosing.

7) I give my permission to tape this interview and I understand that this tape will be used solely to record and analyse my responses to questions in the interview and will be later destroyed.

8) I understand that should I request a copy of my transcribed interview, or a brief summary of the results of the study, I will be sent a copy at the completion of the study.

9) I understand that I am free to stop my participation in the study at any time without penalty and I can choose not to answer any particular question during the interview.

10) I understand that the results of the study will be treated in strict confidence and that my name and other identifying information will not be attached to either the audiotape or my parenting questionnaire.

11) I understand that I will not receive payment or be reimbursed for travel costs for this interview or for completing the parenting questionnaire.

Signature_____ Date_____

## Appendix G
## Mothers' Descriptions of Self as a Parent

**MOTHER 1**
I think I'm a pretty conscientious parent.. I think I also have certain ambivalent feelings at times because of my history of abuse...it's like my life went in a certain direction it may not have gone so I've had some ambivalent feelings...it's a pretty hard job I guess that's the thing as well... and it's a long job and if you want to try and do a good job it's still a lot of work...

**MOTHER 2**
Too overprotective [laugh] I don't know. I don't trust guys around my kids...they think I'm very overprotective and probably I am. Actually other people keep saying that you've got to be a pretty good mom your kids aren't in trouble and everything else...well the oldest one was but I think with her I was afraid to discipline her because of all the anger...I was hiding it...but I was so angry at my own parents and I was worried about taking it out on them so I didn't discipline them very well. It's hard when you become a parent. You're scared, you don't want to repeat what your parents are doing.

**MOTHER 3**
I try very hard to respect their boundaries and values...I'm able to give a lot of love and caring that I have to give to somebody that is very close to me and I receive it in return from my children and my husband. And that's very important to me. Basically I would go back to my own family unit and I didn't receive what I am getting now in a family unit, and I like that, it feels comfortable.

**MOTHER 4**
I really like being a parent, I feel it's a huge responsibility. It's kind of scary sometimes, even still and I think I take it really seriously. I didn't feel like I was parented too well and so I think I take it really seriously with my kids.

**MOTHER 5**
I think I'm a good parent overall but it was more a learned process than a natural process for me to be a parent...I didn't feel like I had very positive role models as far as my parents went so I found myself looking outside of those role models to become a parent myself because I chose not to parent in the same ways my parents did.

**MOTHER 6**
I put a lot of energy into parenting...I'm a housewife and I made a very conscious choice to do that because I realized it was very important for me and looking back there's an issue of trust, me going and saying okay look after my kids. It would be really hard to trust somebody to do that because there's this issue of trust...

**MOTHER 7**
...I grew up in a foster home and it becomes more or less little adults you go through from the age of nine until sixteen when I left and I got pregnant shortly thereafter so there was no ...it was just kind of the natural thing to do...into that role...it was just like it was instinct that motherhood came along...I was a devoted mother for quite some time until the relationship kind of fell apart...(the father and I) ...from there it just went downhill...from seven until eleven, in those four years, I went through a really bad time a neglectful time actually toward the children...I didn't care about anything...I was really self-centred...I didn't consider my life worth anything including motherhood and the children suffered.

**MOTHER 8**
I think I'm attentive...I think I'm probably very highly skilled around dealing with feelings and I guess I don't know...I guess I would define myself more as a therapist than a parent to my kids right now...Initially, I guess I was 17 at the time and I was excited. Felt like I had a purpose. Scared...as soon as she was born I could not function, I stopped functioning really...I was able to look after her...I was very scared of her, you know? I felt like she had a lot of power and I had none. And, in her innocence even. And of course, my role and I felt powerless and helpless, so, I think that's kind of what...could I protect her, could I...?

**MOTHER 9**
Well, I'm the best that I can be, doing the best job that I can...my daughter is experiencing a bit of difficulty and she isn't living with us currently she's in care of Child and Family Services so that makes you re-evaluate as a parent where you are as a parent. Are you a good parent? are you a bad parent? is it anything that you've done that's caused them to be that way?..I would say I'm not a bad parent at all.

**MOTHER 10**
In the beginning of being a parent...I didn't know what to do in any situation and I feel that was because I knew in my heart that I had been parented in a wrong way and I didn't want to pass that down to my children so I found it very very difficult. It seems to be getting easier but I know as my daughter gets to be a teenager I'm going to find it more

difficult. Because in the beginning it was hard for me to think of what was right because I didn't know so I used to do exactly the opposite of what my father would do...

**MOTHER 11**
I think I'm a very effective parent now, very very patient, it takes an awful lot to get me rattled, I don't get angry very often...I've done an awful lot of work on the parenting...I started working for CFS and that sort of suggested my own inadequacies so since then I've worked a lot on it. ...Especially when J was young I was very neglectful, emotionally neglectful... I still tend to withdraw...and I have to watch that even yet but it was really severe, especially when J was younger,... I was even physically neglectful with her too, that was a very difficult period that was just before I left my husband who was their father and there was months where I don't think her needs were anywhere nearly adequately met.

**MOTHER 12**
I really enjoy being a parent...I'm now more focussing on the transition into parenting two independent daughters even though the youngest is only 14 so she's with dad too, so I will not be parenting fulltime anymore and I'm glad...I've really enjoyed it but I'm also glad that now I can start a life of my own and do more things and have less responsibility at home. I never wanted to be a parent. I was always afraid to be a parent because of how I grew up and knew that I didn't learn any skills at home but I became a voracious studier. That's how I cope with everything. I read everything, I study everything, I plan everything, because I've always had this awareness...that I wanted to be a parent who talked things through with my kids and never became a violent parent like my father. And I feel like I've been very very successful...I'm very open with my children and I think it all comes from making sure that my kids experienced a childhood that was totally different.

**MOTHER 13**
If you'd asked me 7 years ago, I probably wouldn't answer it the same way now...probably because of all the work I did on myself after the divorce. I love being a parent now...there's some tough times but I find the parenting easy because there's not that other person saying, "be quiet", "shut up", "don't listen to her"...I'm a pretty fair parent, I listen to my kids, I believe in my children, they have a right, they have a choice, they have a say, in what happens in the house...I guess I'm trying to be a different kind of parent than I was raised...

**MOTHER 14**
I would say now I'm a good parent but it's taken a long time to become a good parent, unfortunately my first two kids had suffered a lot because of the upbringing I did have...I'm very aware of what my mistakes were so (my last two kids) are going to have a much easier time than my first two...I didn't abuse my kids physically but I certainly did verbally. I didn't have the patience with them and I sort of feel now I didn't let them be kids, they were always everything was clean, everything had to be put away. They were like little robots instead of being kids, only because that's all I knew, that's how it was at home...I knew I had a lot of anger, was very judgmental towards life in general and it has shown in my upbringing in both my kids.

**MOTHER 15**
I'm very interested in my children and their lives. I like to be a part of it and I'm very interested in doing the best I can as a parent.

**MOTHER 16**
I can be a good parent...I took it really hard when I broke up with their dad and started drinking heavy and being irresponsible with my kids and I just wanted to have a break so I told my worker I wanted to place my kids in care for awhile but I'm sorry I didn't follow through with my original plans, like place them in care with Child and Family, but my family came to me and said "no, don't do that, we'll look after them for you" and I said okay because it didn't matter to me as long as somebody looked after them...So I just split them up and then now that I have M in care they're giving me a hard time in getting her back, they want me to go through all these programs before they give her back...

Table 1
Demographic Characteristics

| Mothers' Ages | | Daughters' Ages | |
|---|---|---|---|
| Average age 37 | | Average age 12 | |
| Range | 32-46 | Range | 8 to 18 |

| Years in Counselling | |
|---|---|
| 2 years or less | 7 |
| >2 to 5 years | 5 |
| >5 years | 3 |
| Average years in counselling | 3.5 |
| Range | 5 to 10 |

| Marital Status | |
|---|---|
| Never Married | 1 |
| Married | 5 |
| Separated/Divorced-Remarried | 2 |
| Separated/Divorced-Single | 8 |

| Socioeconomic Status | |
|---|---|
| <$15,000 | 5 |
| $15,000-20,000 | 0 |
| $21,000-25,000 | 2 |
| $26,000-30,000 | 1 |
| $31,000-40,000 | 2 |
| $41,000-50,000 | 2 |
| $51,000-70,000 | 1 |
| >&70,000 | 2 |

Table 1 cont'
Demographic Characteristics

Ethnicity

White 13

Native 3

Experience with CFS

yes 9(56%) no 7(44%)

Average Number of Children

2.9

Mothers with Sexually Abused Daughters

8 (50%)

**Table 2**
**Inappropriate Expectations of Children**

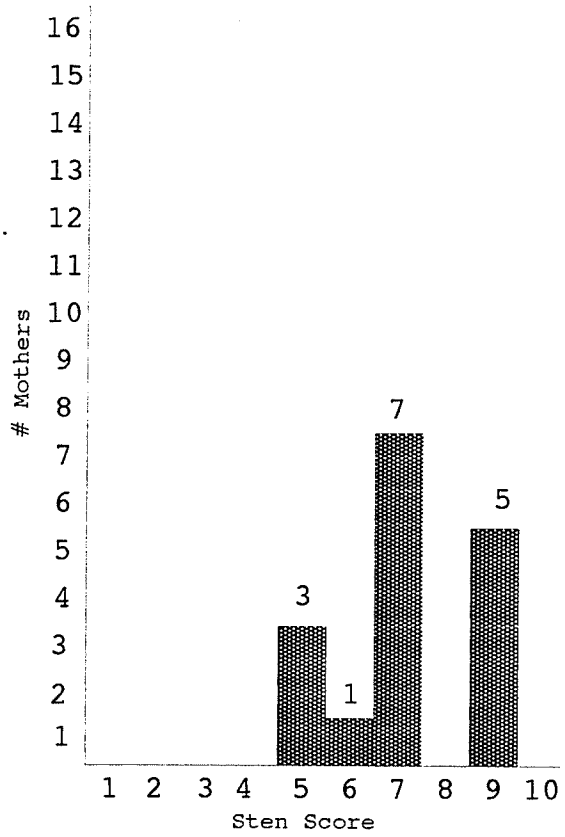
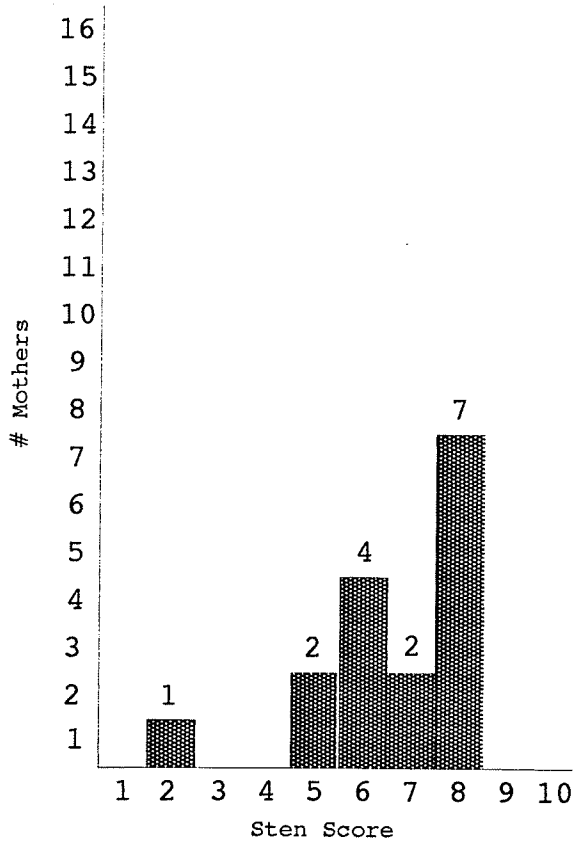



**Table 3**
**Inability to be Empaphically Aware of Children's Needs**




Note: Sten scores between 2 and 3 reflect the norm scores for non-abusive female adults

**Table 4**
**Belief in the value of Corporal Punishment**

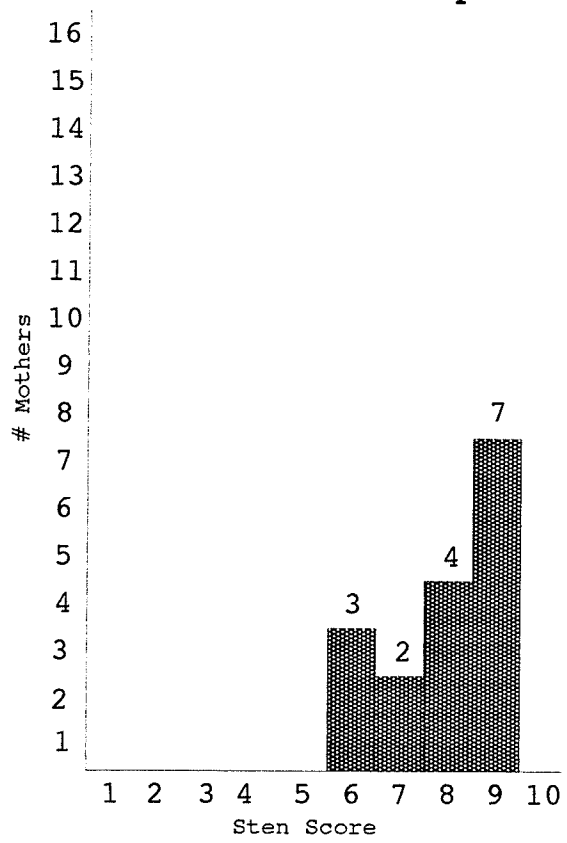
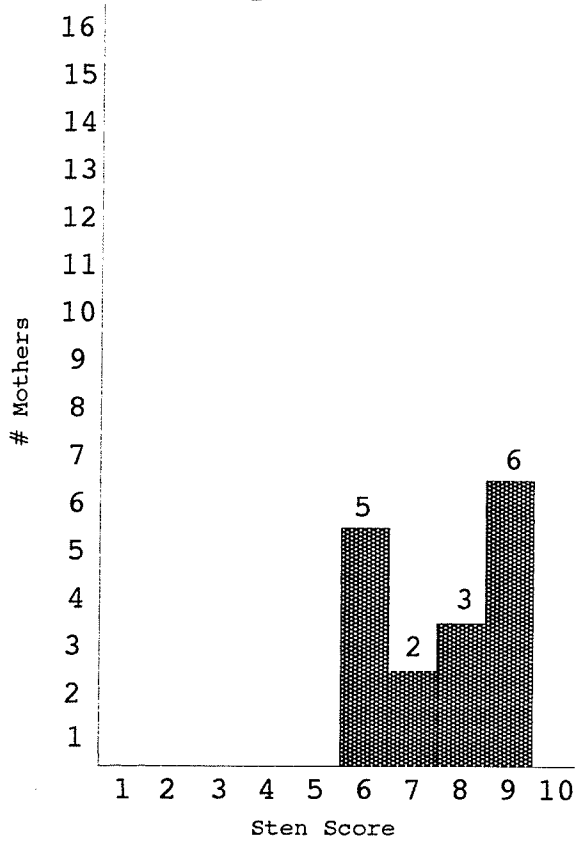
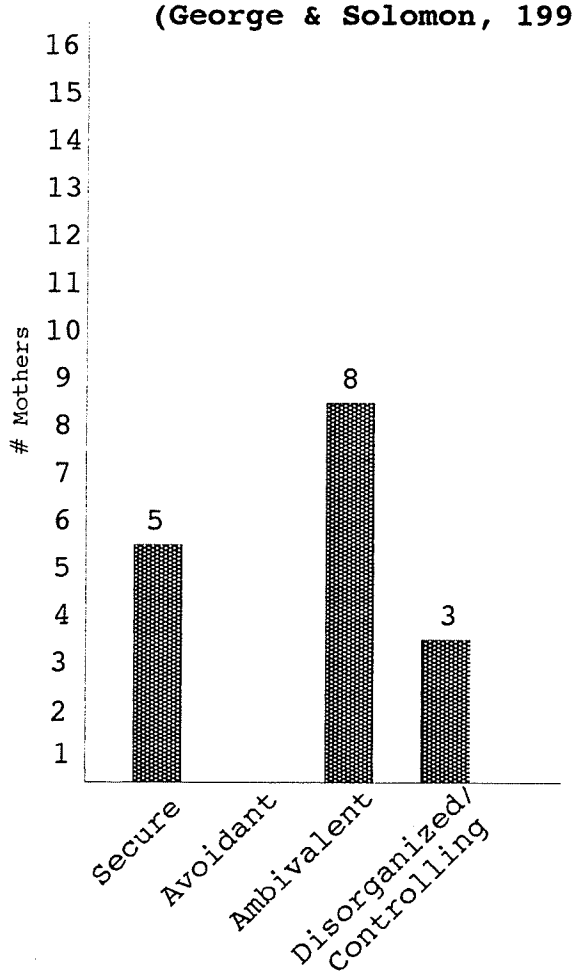



**Table 5**
**Family Role Reversal**




Note: Sten scores between 4 and 5 reflect the norm scores for non-abusive female adults

**Table 6**
**Attachment Classification Scales**
**(George & Solomon, 1993)**



# Appendix H

## Ethics Approval

UNIVERSITY OF MANITOBA

FACULTY OF HUMAN ECOLOGY

APPROVAL FOR RESEARCH PROPOSAL INVOLVING HUMAN SUBJECTS

This is to certify that Ms. Christine Kreklewetz, of the Faculty of Human Ecology, submitted a proposal for a research project entitled:

The Challenges of Parenting: Female Incest Survivors and their Preadolescent Daughters

The Faculty of Human Ecology Ethics Review Committee is satisfied that the appropriate ethical criteria for research involving human subjects have been met.

Members of the Committee:

| Name | Position | Department |
|---|---|---|
| J. Bond | Professor | Family Studies |
| M. Campbell | Associate Professor | Foods and Nutrition |
| W. Pelton | Associate Professor | Clothing and Textiles |

Date: September 28, 1994

Rosemary Mill[illegible]
Committee Chair