

INTRAFAMILIAL CHILD SEXUAL ABUSE,
CRISIS INTERVENTION, AND SOCIAL NETWORKS -
WORKING WITH NON-OFFENDING PARENTS
AT THE TIME OF DISCLOSURE

Tracy Fedoruk, B.A., B.S.W.

A Practicum Presented to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirement for the
Degree Master of Social Work

University of Manitoba
Winnipeg, Manitoba

1992



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-77853-9

**INTRAFAMILIAL CHILD SEXUAL ABUSE,
CRISIS INTERVENTION, AND SOCIAL NETWORKS -
WORKING WITH NON-OFFENDING PARENTS
AT THE TIME OF DISCLOSURE**

BY

TRACY FEDORUK

**A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in
partial fulfillment of the requirements of the degree of**

MASTER OF SOCIAL WORK

1992 (c)

**Permission has been granted to the LIBRARY OF THE UNIVERSITY OF MANITOBA to lend
or sell copies of this practicum, to the NATIONAL LIBRARY OF CANADA to microfilm this
practicum and to lend or sell copies of the film, and UNIVERSITY MICROFILMS to
publish an abstract of this practicum.**

**The author reserves other publication rights, and neither the practicum nor extensive
extracts from it may be printed or otherwise reproduced without the author's written
permission.**

ACKNOWLEDGEMENTS

I would like to thank Dr. Barry Trute for serving as my practicum advisor. His commitment, enthusiasm, and guidance throughout the course of this practicum only served to enhance this learning experience.

I would also like to thank Mr. George MacDonald, South Team Clinical Supervisor, Child and Family Services, Central Manitoba, and Dr. Elizabeth Adkins for sitting on my practicum committee. Mr. George MacDonald's patience, support and willingness to share a wealth of knowledge and skill are greatly appreciated. Dr. Elizabeth Adkins' enthusiasm and knowledge are also appreciated.

I am indebted to the families who participated in this practicum. I would like to thank them for their honesty and willingness in allowing me to share in their experiences.

I also wish to thank my employer and colleagues of Mental Health Services, Central Region, Manitoba for their understanding, support, concern and interest throughout my endeavour to complete this practicum as well as my entire Masters Degree.

Finally, I wish to thank my family and friends for their love, patience, support and faith in me throughout this experience. In particular, a very special and deep thank you to my fiancé for all of his understanding, encouragement, support, love and friendship.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
CHAPTER 1	
INTRODUCTION AND PURPOSE	1
CHAPTER 2	
INTRAFAMILIAL CHILD SEXUAL ABUSE, CRISIS INTERVENTION AND SOCIAL NETWORK THEORY - AN OVERVIEW	3
CHAPTER 3	
PRACTICUM SETTING	50
CHAPTER 4	
INVOLVEMENT WITH THE PARENT SUPPORT SERVICE	57
CHAPTER 5	
SOCIAL SUPPORT NETWORKS OF NON-OFFENDING PARENTS AN OVERVIEW	68
CHAPTER 6	
CASE STUDY #1: INVOLVEMENT IN THE PARENT SUPPORT SERVICE AND AN EXAMINATION OF THE SOCIAL NETWORK . . .	77
CHAPTER 7	
CASE STUDY #2: INVOLVEMENT IN THE PARENT SUPPORT SERVICE AND AN EXAMINATION OF THE SOCIAL NETWORK . . .	89
CHAPTER 8	
THE LEARNING EXPERIENCE RESULTING FROM PARTICIPATING IN THE SERVICE "TREATING SEXUAL ABUSE IN RURAL AREAS"	101
CHAPTER 9	
CONCLUSIONS	114
REFERENCES	
APPENDIX	

CHAPTER 1

INTRODUCTION AND PURPOSE

My involvement in the Master of Social Work program was on a part-time basis for approximately two years. At the same time, I was also employed full-time by the Province of Manitoba as a Community Mental Health Worker in Carman, Manitoba.

I chose to partake in a practicum in order to fulfil the requirements of the Master of Social Work Degree as set out by the University of Manitoba. My practicum involved my participation as a Master of Social Work student in the Health and Welfare Canada project, "Treating Sexual Abuse in Rural Areas". More specifically, my involvement was as a Parent Support Worker for the non-offending parents of intrafamilial child sexual abuse participating in the project. My role as the Parent Support Worker will be expanded upon further in an up-coming chapter.

The purpose of my practicum was two-fold. First, it was aimed at assisting me in developing skills in the area of crisis intervention. Second, it was to assist me in developing a better understanding of Mental Health involvement within the area of child sexual abuse and to use this knowledge in working collaboratively with other care-givers also working in the area of child sexual abuse. As child sexual abuse is a very complex problem, I believe that

effective intervention and treatment requires a comprehensive plan involving a collaborative team approach.

The main purpose of this report is to discuss my experience during my practicum. The report, itself, is divided into two basic parts. The first part consists of a review of some of the existing literature in the areas of intrafamilial child sexual abuse, crisis theory and social network theory. An attempt is made to link these three areas together and to demonstrate the interwoven nature of what can appear to be three somewhat separate and distinct topic areas. The second part of this report will address the experiential component of the practicum. In this section, I will discuss the practicum site, expand on the purpose of the Parent Support Service, and clarify the role of the Parent Support Worker, provide a broad overview and evaluation of the nature of the social networks available in the lives of the non-offending parent(s) participating in the service, as well as describe two cases in greater detail from a social network perspective. Finally, I will address some of the themes in my learning experience and provide some conclusions and recommendations for future service in this topic area.

CHAPTER 2

INTRAFAMILIAL CHILD SEXUAL ABUSE,
CRISIS INTERVENTION AND SOCIAL NETWORK THEORY
AN OVERVIEW

Intrafamilial child sexual abuse has been identified as a complex social problem. Its complex nature has resulted in varying definitions, divergent viewpoints on its etiology, as well as the most appropriate and effective treatment strategies when dealing with the incestuous family. The existence of incest is not confined to disorganized, chaotic, disadvantaged families, rather, it exists throughout all social and economic levels (Finkelhor, 1980). As a result of its prevalence, it has become an important area for examination in social work practice, an area which cannot be ignored, minimized or simplified.

Anderson and Mayes (1982) refer to intrafamilial child sexual abuse as any form of sexual abuse (fondling, intercourse, sodomy, oral stimulation, etc.) perpetrated against children by members of their family. "Members of their family may include non-blood relatives such as step-parents or any person acting in a position of authority or parental role to the child" (p. 32). Moreover, a key element in intrafamilial child sexual abuse is the violation of a child by a person considered to be in a position of trust.

Sgroi et al. (1982) integrate these concepts in a clear and effective manner in their definition of child sexual abuse.

Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency, and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance (p. 9).

It would seem that incestuous families understand the language of power even though it may be abusive in nature (Larson and Maddock, 1986).

Sgroi et al. (1982) define incest from a psychological perspective as they state:

Incestuous child sexual abuse encompasses any form of sexual activity between a child and a parent or step-parent or extended family member or surrogate parent figure. Incest is variously defined by statute as specific sexual acts performed between persons who are prohibited to marry . . . The crucial psychological dynamic is the familial relationship between the incest participants . . . The presence or absence of a blood relationship between incest participants is of far less significance than the kinship roles they occupy (p. 10).

Although intrafamilial child sexual abuse exists in many combinations of blood and non-blood relatives, the emphasis of this chapter will be on father-daughter incest and sibling incest.

As mentioned, the complex nature of intrafamilial child sexual abuse has resulted in divergent viewpoints in the

existing literature as to its etiology. Larson and Maddock (1986) advocate from a family systems perspective that incest is a reflection of a family system that is relatively closed, undifferentiated and rigid in both structure and function" (p. 28). These family characteristics are a result of significant boundary disturbances within four areas: family/society, intergenerational, interpersonal, and intrapsychic. The authors propose that understanding a system's boundaries is crucial, as it is boundaries which ultimately determine "what a given system is, how it is organized, what processes will occur inside it, how it will interact with its environment - and even in predicting how the system is likely to behave in the future" (p. 28).

According to Larson and Maddock (1986), the blurring of generational boundaries is enhanced by "emotional problems and enmeshment" which is a function of the emotional isolation characteristic of the individual family members of incestuous families. This enmeshment is demonstrated through the lack of individual autonomy and power to self-differentiate, which ultimately results in boundary diffusion amongst its members.

Kerr (1981) draws upon Bowen's concept of "undifferentiated family ego mass" in order to describe the nature of enmeshment within these family systems. For the incestuous family, differentness is a threat to family structure, in that it is experienced as distance, while individuality is experienced as disloyalty and alienation.

Subsequently, control becomes a critical component in order to sustain the enmeshment. Both explicit and implicit rules exist which maintain that all needs, especially those of an emotional nature are to be met within the context of the immediate family system. As a result, it is not individual members which are autonomous, but rather, the closed family unit which becomes highly autonomous. This strong existence of autonomy "limits opportunity for growth and renewal, producing a certain scarcity of resources while fostering an inappropriate over-dependence among family members . . . " (Larson and Maddock, 1986, p. 28). Thus, as barriers are built between the family and their social environment, the stage becomes set for the protection of the sexual secret within the structure of the family system.

Larson and Maddock (1986) have developed a functional typology of incest families whereby the structure of the family creates an atmosphere conducive sexual abuse. In this typology, the sexual abuse serves to meet one of four basic functions within the exchange of interpersonal processes: affectional process, erotic process, aggression process, or the process for the expression of rage. The function of these interpersonal exchange processes will not be dealt with in detail in this chapter, rather, they have been mentioned briefly in order that one can clearly understand that incestuous behaviour does not serve the same function in every incestuous family. The incest is only meaningful within the

specific context in which it occurs (Larson and Maddock, 1986).

Will (1983) also addresses the principle of incest serving a function for the entire family unit; adding that it is powerful homeostatic mechanisms which add to the persistent and enduring maintenance of the incestuous behaviour. He operationalizes the power of these homeostatic mechanisms as he addresses the way incestuous families commonly close down soon after the disclosure and deny the presence of problems within their family.

Solin (1986) addresses the displacement of affect in families following incest disclosure. According to Solin (1986), the disclosure, coupled with rapid and decisive undertakings by community agencies, generally propels the family into crisis. The displacement of affect is a highly reactive defense mechanism which serves to "buffer the family members from the intensity of emotion that follows an incest disclosure" (p. 572). In moderation this defense mechanism serves an adaptive function as it "facilitates psychological management of the incest disclosure crisis" (p. 574). Basically, this defense assists in the attempt to maintain homeostatic balance as well as slow down the process of assimilating what has happened. "Unprepared and unskilled to navigate the impending tumult, incestuous families often develop a defense mechanism: negative affect is deflected away from the father on to the social service system" (p.

572). On the other hand, entrenchment of the defense has maladaptive consequences. It can impede understanding and acknowledgement of the extent and nature of the abusive behaviour, thus thwarting the treatment process.

Transactional family patterns must not be over-looked when examining the issue of incest as these patterns are often replicated from one generation to the next. Cooper and Cornier (1982) suggest that the intergenerational transmission of incest occurs through two streams, either through the father, through the mother, or through both. Transmission of incest through the father may occur with those fathers who experienced incest in their own family of origin, either directly or as witnesses and subsequently initiate sexual activities with their own children. Transmission of incest through the mothers may occur in two ways according to Cooper and Cornier (1983). The first way occurs when mothers, who themselves are victims of incest, initiate sex with their own children. The second way in which incest is intergenerationally transmitted through the mother relates to those mothers who were themselves victimized in their family of origin and are thus, unable to provide protection for their children against the same experience. These explanations may appear somewhat simplistic and linear in nature for such a complex phenomena as intrafamilial child sexual abuse.

Subsequently, Will (1983) emphasizes the importance of examining a variety of levels in order to generate a more

accurate understanding of incest. These levels include: the sociological level, the family transactional level, and the individual psychological level. He suggests examining these factors according to two main types of transactional patterns within incestuous families. These include the "chaotic family" and the "endogamous incestuous family".

In the "chaotic family", incest is only one of the many elements of family chaos which results in blurred intergenerational boundaries and role confusion. The second family transactional pattern discussed by Will (1983) is the "endogamous family". A common feature of the endogamous family is the enormous fear of family breakdown. In the transactional patterns of the "endogamous family", incest is seen as developing with the purpose of reducing tension, and facilitating behaviours of conflict-avoidance. Ultimately, these behaviours reduce the threat to the present survival of the family's method of functioning. This becomes of utmost importance for the "endogamous family" as family disintegration is experienced as the ultimate threat. Minuchin's (1974) perspective about the drive for homeostatic balance can, therefore, be applied in an attempt to understand the stability of the incest. Stability is maintained as these families construct closed boundaries between themselves and their social environment; a coping mechanism which alleviates the anxiety about abandonment and family disintegration. The creation of closed boundaries, results in the relative

isolation of the endogamous family, a phenomenon which often precedes the symptom of incest (Will, 1983).

The family dynamics which activate the incest are reinforced in three ways. These three factors are an extension of one another, thus resembling a circular process which serves to maintain the stability. Factors creating this circular effect include: the continual strengthening of the intergenerational alliance between perpetrator and victim and subsequently, the inappropriate intergenerational family boundary. These inappropriate boundaries are then reinforced by the intense pressure to keep the secret. This pressure only serves to reinforce and maintain the rigid boundaries between the incestuous family and their social environment. Finally, in order to understand the circular nature of this complex problem, Will (1983) insists that a multidimensional model is required. This model must address various factors, only one of which is the family transactional pattern, whose interplay results in the symptomatic expression of incest. Only to be mentioned here, these other factors include: traditional sex roles which is consistent with a feminist perspective (McIntyre, 1981), the presence of reconstituted families, parental history of sexual abuse, the emphasis on genital sexuality, and the existing theories of the incestuous family other than the family transactional theories.

These factors identified by Will (1983) are consistent with the vulnerability model set out by Trepper and Barrett

(1986). The underlying assumption of the model is that there is no cause of incest, rather, all families possess a degree of vulnerability based on individual, family and environmental factors. The expression of incest may result if a "precipitating event" occurs and the coping skills within the family are inadequate to effectively deal with this event.

According to Trepper and Barrett (1986), there are at least four factors which may contribute to the family's vulnerability. The first factor is the family of origin of the mother and father. These include parenting and marital styles. That is, if a mother or father were victims or witnesses of incest in their family of origin, there is a greater likelihood that incest will occur in their family of procreation. The second vulnerability factor relates to the personality characteristics of the family members. As Trepper and Barrett (1986) view all family members as involved in the incest at some level, they advocate evaluating such characteristics as dependency, passivity, self-esteem, sociopathology and aggressiveness. They do clarify that in no way is the child responsible for the abuse, however, evaluation of their individual characteristics may assist in identifying areas which can be strengthened, thus reducing the possibility of re-victimization.

The third factor addresses the functioning of the family system. In this model, consideration is given to "family style", which refers to the "pervasive and enduring patterns

of interaction a family displays" (Trepper and Barrett, 1986, p. 16). These seem to be consistent with Larson and Maddock's (1984) functional typology discussed earlier. "Family structure" as outlined by Minuchin (1974) is also considered in this model. "Family structure" refers to the organization of a family with regard to roles held by its members, the hierarchies, rules and power, whether formally agreed upon or not. Dimensions of "cohesion" and "adaptability" are used to describe family behaviour patterns in reaction to situations. This refers to "the degree of clarity and directness of various forms of communication, including verbal and non-verbal" (p. 16). Sexually abusive families commonly display patterns of conflict-avoidance, secretiveness, hostility, and double-binding communication (Trepper and Barrett, 1986).

The fourth vulnerability factor in Trepper and Barrett's model, relates to the socio-environmental dimension. This dimension includes: chronic stress, social isolation, opportunity factors, the community's tolerance toward incest, and the sweeping cultural acceptance of male supremacy.

"Precipitating events" commonly identified by these authors include: substance abuse, mother's absence from home, or a major acute stress. These are never the cause of incest, rather, can be coined as potentiating factors to incestuous behaviour (Trepper and Barrett, 1986). According to these authors, healthy coping strategies include: "problem-solving abilities, the availability of extended family, the ability to

recognize and utilize social networks, and the degree of religious beliefs" (Trepper and Barrett, 1986, p. 22). According to the authors, these coping strategies separate out incestuous families from those families who are considered highly vulnerable but who do not participate in incestuous acts.

Finkelhor (1984) outlines very specifically, what he terms as the four pre-conditions of sexual abuse. This model integrates important psychological and sociological variables. Finkelhor (1984) is adamant that all four pre-conditions must be met in order for the incest to occur. These four pre-conditions, which occur in a logical sequence, include: (1) the potential offender's motivation to sexually abuse a child; (2) the potential offender's ability to defeat internal inhibitions against acting on that motivation; (3) the potential offender's ability to overcome external inhibitor to committing incestuous acts; and, (4) the potential offender's ability to overcome the child's resistance or avoidance of the sexual abuse. Although these factors will not be expanded upon in this chapter, this particular model does conceptualize incest as a process which takes into account many of the prevalent factors identified within the vulnerability model, the family systems perspective and the feminist perspective.

Heiman (1988) has also adapted Finkelhor's four pre-conditions of sexual abuse, specifically to the area of sibling incest. Although father-daughter incest is the more

frequently reported type of incest, it has been suggested that brother-sister incest is the most common form (Loredo, 1988). According to Smith and Israel (1987), "the subject of sibling incest is sorely lacking in study, theory, and specific documentation. This may be due, in part, to a past tendency of professionals to group all intrafamily incest dynamics together, rather than delineating the more distinct characteristics of the different sexual couplings" (p. 101). Furthermore, Meiselman (1978, cited in Heiman, 1988) indicates that "the taboo against sibling incest has always been the weakest, since the act is often viewed as 'child's play' and does not cross generational lines" (p. 136). This "child's play" is frequently exploration and curiosity between children. According to Finkelhor (1980, cited in Heiman, 1988, p. 136), "age proximity and developmentally appropriate activities which are limited and transitory in nature" are crucial factors which differentiate natural sexual play from incest. In other words, sexual contact is viewed as incestuous when there is either a large age difference between the children and/or the activities go beyond natural inquisition to include oral-genital contact or intercourse. Although this is a useful framework for assessing normative sexual contact among children, any encounter which is experienced as exploitive, fearful, unusual, or perplexing should not be ignored regardless of the age of the children or the actions involved (Heiman, 1988). This latter point has

been addressed by Loredó (1988), who states that a number of issues must be assessed in order to differentiate normal sexual exploration and curiosity from interactions which are more detrimental. Although these issues will not be expanded upon in great detail at this time, it is important to mention them. First, Loredó (1988), also identifies the need to establish what is "typical or normal" sexual exploration between siblings. The possibility of short- and long-term effects must be explored. Subsequently, it must be determined whether the incest included some form of victimization, or two or more willing participants, manifesting some form of psychopathology. Secondly, Loredó (1988) suggests examining the nature and duration of the incest. This involves determining the type of sexual activity which has occurred, whether it was congruous with the developmental level of the children involved or whether it was age-inappropriate and thus, demonstrating more advanced sexual knowledge and involvement. A third issue which must be explored is how the children became involved with one another. It is important to determine whether the contact occurred through mutual agreement and negotiation or whether one sibling acquired sexual access to the other through some form of deception, intimidation or force. The intent or motivations of the children involved in the incestuous activities is the forth area requiring thorough evaluation. Common motivations behind

sibling incest include: exploration, retribution, power-control and sadism.

As previously mentioned, the age of the siblings is the fifth area which must be addressed. It is important to enquire whether the children are peers or whether one sibling is appreciably older than the other. Younger children are more likely to engage in exploratory activity rather than any type of aggressive behaviour. Older siblings are more likely to understand sexual connotations and a large age difference between siblings is more likely to impart abuse, power/control, and exploitation of younger, more confiding siblings.

The predisposition of the siblings is a sixth factor which should be examined. Children will be affected differently depending on such personality characteristics as confidence, self-assuredness, shyness, depression, passivity and aloofness. Any previous abuse experienced by the offender must also be explored as many of these offenders are themselves victims of sexual abuse.

Examination of family dynamics should never be overlooked in an attempt to understand and treat sibling incest. It is essential to discover whether something exists within the family which mobilizes sibling incest, including whether roles within the family are inappropriately assigned. In all cases of sibling incest, the risk of other types of incestuous activities occurring within the family must be investigated.

Finally, reactions and feelings of parents following the disclosure of sibling incest requires some attention. Parental behaviour following disclosure can either be advantageous to the children, or can facilitate the reoccurrence of the abuse including increased threats from the offender to prohibit further disclosures.

These last two issues are consistent with Heiman's (1988) perspective that "any explanation of sibling incest must examine the family environment, which has the power to relax or enforce the incest taboo, thereby fostering or restraining sexual impulses (p. 137) . . . The familial environment thus becomes a critical factor in explaining sibling incest and the breakdown of the incest barrier" (p. 138).

Bank and Kahn (1982, p. 178, cited in Heiman, 1988) describe two general types of sibling incest, "power-oriented, phallic aggressive incest and nurturing, erotic, loving incest" (p. 138). The power-oriented incest is characterized by exploitation and coercion. It usually involves one sibling, often an older brother, initiating the incestuous acts. The nurture-oriented incest, by contrast, exists with mutual sibling consent. This form of incest is typified by the siblings clinging to one another in an effort to guard against their empty or troubled family milieu. Whether nurturing or aggressive in nature, the sexualized relationship between siblings is motivated by different needs and a result of different sibling characteristics. The sources of this

motivation may be the need to realize some emotional needs, the end-product of sexual arousal, or the fulfillment of sexual needs which have been obstructed by alternative avenues.

According to Heiman (1988) motivation, in and of itself, is not adequate enough to explain the incest. Consistent with Finkelhor's four pre-conditions for sibling incest, Heiman (1988) suggests that internal inhibitions must be overcome in order for the motivation to abuse to be fulfilled. Heiman (1988) states that "in sibling incest, the development of impulse control and the establishment of norms for sexual behaviour are strongly influenced by the structure and dynamics of the nuclear family" (p. 140).

Smith and Israel (1987) studied the dynamics of 25 families in which sibling incest manifested itself. In their study, they found three dynamics idiosyncratic to the sibling incest family, namely, 1) distant, inaccessible parents; 2) parental stimulation of sexual climate in the house; and, 3) family secrets and extramarital affairs.

Distant, inaccessible parent(s) in which an apparent sense of parental guidance or role-modelling is nebulous or non-existent is a dynamic often identified in families of sibling incest. "Sibling incest is an effect, not the cause, of family fragmentation" (Smith and Israel, 1987, p. 105). According to Bank and Kahn (1982, cited in Smith and Israel, 1987), "incest is more likely to occur if there is parental

neglect or abandonment, as brothers and sisters turn to each other for comfort, nurturance and identity, or as a means of expressing rage and hurt" (p. 105).

Individual intentions within the siblings incest family must be explored, however, these motives should be examined from a perspective which includes the family constellation as an entire unit (Smith and Israel, 1987). Meiselman (1978, cited in Smith and Israel, 1987) states that there are likely several personality types and family collectives which predispose siblings to incest. Justice (1979, cited in Smith and Israel, 1987), however, asserts that "sibling incest does not represent so much a certain type of personality on the part of the brother or sister as it does a certain set of conditions in the family and characteristics of the parents" (p. 105). One such parental characteristic in the Smith and Israel study (1987) is that of a rigid and puritanical mother. In this situation, it would appear that a sexualized climate in the home is non-existent, however, the study found that through "excessive repression, children's interests in the forbidden may increase" (Smith and Israel, 1987, p. 105).

Excessive repression can spur rebellion and promiscuity amongst siblings and thus create an environment for the children to sexualize their relationship. A more prominent condition in sibling incest families, however, is that of sexually suggestive parental activities which can be overwhelming and confusing to young, impressionable children

viewing the activities. Whether a result of extremely covert sexuality or a result of overt sexuality within the familial environment, viewing sibling behaviour as imitative, as stimulated, and as reactive to actions performed by adults provides a more complete account and explanation for the sexualized behaviour often occurring between siblings.

The third dynamic characteristic of sibling incest, cited in the study compiled by Smith and Israel (1987), include the family secrets both within the family and outside of the marriage. The authors found some overlap with the more typical father-daughter incest and sibling incest, the most noteworthy being the intergenerational element of prior incest. In their study, 72% of the sibling incest families had mothers or fathers who had been sexually abused as children.

According to Smith and Israel (1987), 76% of the cases in their study of sibling incest revealed the presence of extramarital affairs. This is in vital contrast to the more widely studied dynamics apparent in father-daughter incest where family members "most often exist within a closed-door, intrafamily structure . . . and those fathers are often perceived as lacking the confidence to venture outside the home to meet sexual or emotional needs" (p. 106). The parents of children who are engaged in sibling incest, on the other hand, appear to be somewhat different and the presence of the extramarital affair dynamic is quickly becoming "one of the

key indicators of the possible presence of sibling incest in the family" (Smith and Israel, 1987, p. 107). Under such conditions involving extramarital liaisons, children fear family disintegration. In the midst of a parental affair, "the siblings colluded to be intimate and sexual with one another in an attempt to keep the system together, or, better yet, to insure against being left completely and utterly alone should it collapse" (Smith and Israel, 1987, p. 107). Ironically, this collusion, whether exploitive or nurturant in character, often forces the children to participate in an environment of family secrets. "The cycle is vicious and repetitive; their secretive consignment often takes place alongside an interwoven myriad of other family secrets" (Smith and Israel, 1987, p. 107).

Smith and Israel (1987) caution against lumping all categories of incest together, including blanket hypotheses about assessment and treatment.

When examining the concept of incest as a symptom of family dysfunction, it is necessary to focus on characteristics of individual family members, including their dynamic interactions with one another which serve to predispose a family to incestuous involvement. It, therefore, becomes imperative for researchers and clinicians to further examine and understand more about the social situation of the child, siblings, mother, and father of the incestuous family.

This task is, no doubt, an enormous, complex undertaking, which is not the primary purpose of this particular chapter. Even though numerous factors intertwine to produce an environment in which intrafamilial child sexual abuse occurs, the focus of the remaining chapter will centre almost exclusively around an exploration of the dynamics specific to the non-offending parent, whom in many cases tends to be the mother of father-daughter incest. This will include the non-offending parent's personal characteristics, her reaction to the crisis of disclosure, and finally, to the social networks commonly characteristic of these women.

In recent years, increasing attention has been paid to the role played by the non-participating or non-offending member of intrafamilial child sexual abuse. This member is frequently but certainly not always, the mother in father-daughter incest. In the literature, the mother is often designated as the "most culpable individual either through default or through direct involvement" (McIntyre, 1981, p. 462). Some of the earlier clinical literature describes the non-offending parent as being the primary cause or facilitator of incest, based on four ideas:

- (1) she is the cornerstone of a pathological family;
- (2) she is psychologically disturbed herself;
- (3) she does not fulfill her role as a wife and mother because she is a poor sexual partner; she reversed roles with her daughter and deliberately leaves or escapes home through work; and
- (4) she is collusive in providing opportunities for the incest to occur, pushing both husband and daughter into it, and then turning a blind eye (Cammaert, 1988, p. 311).

Some of the recent clinical literature from the feminist perspective argues that incest, and the roles of mothers in the incestuous family, can only be understood through an examination of patriarchy. This approach suggests that it is the patriarchal culture which sets the stage for the occurrence of incestuous acts.

An incestuous assault from the feminist perspective, is defined as:

any manual, oral, or genital sexual contact or any other explicitly sexual behaviour that an adult family member or older sibling imposes on a child by exploiting the child's vulnerability or powerlessness (McIntyre, 1981, p. 465).

The feminist approach suggests that therapeutic intervention with the mother should include a recognition that incestuous assaults serve to enforce male dominance within our society. This approach views incest as another form of violence against women and children in a patriarchal society, and as a result, the oppression of women must be considered when examining intrafamilial child sexual abuse as a social problem. Thus, in contrast to more traditional approaches, the feminist perspective advocates that "male supremacy is the cornerstone of the pathological family system" (McIntyre, 1981, p. 466).

Cammaert (1988) suggests that the status of women and the status of the marital relationship are two factors which may possibly explain the behaviour of non-offending mothers. The status of women in incestuous families have been reported in

the literature as possessing extremely traditional views of marriage. They perceive their husbands as head of the household and view themselves as the one responsible for the success of the marriage. They also tend to believe that keeping the marriage together is best for their children. Escape is not an option, given the strong pull to keep the family united at all costs. As a result, they often chose to be involved in either a passive-dependent or passive-aggressive relationship (Groth, 1982, cited in Cammaert, 1988). These women are considered unusually oppressed, even under patriarchal standards.

The second factor explaining the non-offending mother's behaviour as mentioned by Cammaert (1988) is the status of the marital relationship. Incongruent role expectations develop as a result of a strong traditional value placed on marriage and family, as well as, the lack of personal skills required to achieve such a relationship. Men are thought to be powerful and dominant, however, their weakness becomes quite visible. The women, on the other hand, are supposed to be passive and dependent, however, the strength required in their roles of ensuring family unity is enormous. From a broader perspective, therefore, the role of marriage in the larger society should be considered when examining and interpreting the behaviour of non-offending mothers. Reposa and Zuelzer (1983, cited in Cammaert, 1988) suggest that adults within these marital relationships often possess overwhelming needs

for worth, nurturance and contact, and as a result, are often unable to successfully negotiate a strong, well-defined marital coalition.

Consistent with systemic thinking, Cammaert (1988) proposes that there is an overwhelming "inequality in the power balance" (p. 317) within the marital dyad of the incestuous family. Finkelhor (1981, cited in Russell, 1984) puts forth the view that "abuse tends to gravitate to those relationships having the greatest power differential, so the child sexual abuse represents unequal sexual power and unequal generational power." The marital dyad also displays unequal sexual power and unequal generational power, as the presence of male supremacy often has the woman being viewed and treated as the child.

Within the immediate family unit, Finkelhor (1978) also suggests examining the following dimensions: a family's attitude toward sexuality; the actual sexualization of relationships within the family; and, the degree of respect a family has for sexual boundaries and personal autonomy.

Cammaert (1988) also frames the non-offending mother's behaviour in terms of being a strength, as she draws upon the survival skills within her repertoire of available coping mechanisms. Basically, the author points out that non-offending mothers hold the family together, thus ensuring the continuation of family equilibrium and eliminating the threat of family disintegration. The threat of family disintegration

would be perceived as catastrophic and crisis-producing for these families.

Once the incestuous secret is revealed to the outside world, these families are often thrown into a state of crisis of one degree or another. One possible state of crisis may be triggered through recognition that one belongs to a family where children are not protected. As a result of this lack of protection and safety, existing interpersonal relationships within the family unit are challenged and shaken. Family members may then experience the disclosure as an internal threat to the present family stability following the realization that children are open to "attack trauma" from within their family; the very setting they trust to fulfill their safety needs.

Family members may also experience a sense of crisis with the progression of the investigative process. Imposed involvement by child welfare and law enforcement personnel present an external threat to the present family stability and structure. The "institutional trauma" experienced by family members with the intense intrusion of outsiders only further serves to shake the family stability and their existing sense of their right to family self-determination. Rigid family boundaries have been permeated, and control, which is key to the existence of these families is either reduced or removed. Typically, this control and much of the decision-making power is taken over by a number of authorities, including the police

and child protection agencies. Feeling powerless is a normal response to an event over which they have little or no control. The disclosure can become even more traumatic for the family members if their expectations following disclosure differ from what actually occurs. Their sense of powerlessness is accentuated as they experience a series of events being set into motion over which they have no control (Cashmore and Bussey, 1987).

This is consistent with Maddock's (1988) point that stopping the abuse may be one of only many changes likely to occur following the disclosure. Other unexpected changes to the incestuous family structure and organization may include: parental divorce, foster care for the child, or the father being forced to leave the home or possibly facing a period of incarceration.

Sexual victimization and the subsequent disclosure is no doubt a stressful event which alters the homeostatic balance of the family and its members, interrupting the family's present coping mechanisms, which are frequently dysfunctional in nature (Howze and Kotch, 1984).

The function served by the intrafamilial child sexual abuse and the reactions and events following the crisis of disclosure can be understood using the conceptual framework of crisis theory.

According to Caplan (1954, cited in Brockopp, 1973), there are four elements to the crisis period. The first

element involves the person's response to the critical situation and the ineffectiveness of their present coping behaviour to resolve the discomfort and return to a state of equilibrium. The result then becomes anxiety, increased activity and disorganization. The second stage is characterized by the lack of success in resolving the problem through familiar coping mechanisms. As the problem still exists, the person becomes increasingly more tense and disorganized. In the third stage, the person reaches a point of tension whereby he/she is forced to tap into additional resources, both internal and external. By doing this, the person may experience the problem as reducing in intensity as new problem-solving skills are used; the problem may then be viewed in a new way which results in the person solving it or giving up and withdrawing. The fourth stage is reached when the problem still exists as a result of not being solved by available coping techniques or because the problem has been avoided by the person. During this stage, major personality disorganization occurs whereby a person may completely give up, withdraw, attempt suicide or become psychotic.

According to Caplan (1954, cited in Brockopp, 1973), it is hypothesized that an individual is normally in a state of psychological equilibrium, meaning there is a balance between inner tension and outer stresses. In this state, there is a sense of one's life being under control and somewhat predictable.

When faced with a problem, people may become upset, but are usually able to access previously learned problem-solving behaviours in order to cope and reestablish a state of homeostatic balance. When these previously learned coping behaviours are not successful at restructuring a person's life, a state of crisis may result as the event is experienced as emotionally hazardous.

Brockopp (1973) defines a crisis as being, an intolerable situation which must be resolved, for it has the potential to cause the psychological deterioration of the person. It is important to remember that a crisis does not mean an individual is confronted with a totally new situation, rather, a crisis is more likely to be a situation in which a previously tolerable set of circumstances is suddenly, by the addition of one other factor, rendered wholly intolerable. One new event sets a whole new set of events into motion. The crisis, however, is not the situation, itself, but the person's response to the situation (p. 90).

Initially, the person feels a sense of ambivalence, unsure of where they stand relative to the problem and uncertain of what to do in order to return to a homeostatic state. Therefore, depending on how the event is perceived, the crisis state can be viewed as an opportunity or as a danger. The uncertainty and discomfort created by the disequilibrium results in an atmosphere in which the person is vulnerable and highly susceptible to suggestions and direction which are deemed by the person to be helpful in the area of reintegration and problem resolution. The ultimate goal for a person in crisis is a return to a state of equilibrium (Brockopp, 1973).

According to Brockopp (1973), the criticalness of the crisis state depends on a number of factors,

(1) the lifestyle and character structure of the individual; (2) the quality and nature of previous situations with which the individual was confronted; (3) the amount of support that is given to the individual during the crisis; and, (4) the person's ability to respond to the crisis situation without disintegration (p. 91).

Given all of this, a person, following the crisis, may return to a level below their pre-crisis level of functioning, equal to their level of functioning prior to the crisis, or they may reach a level which surpasses their pre-crisis level of functioning.

Incest is often conceptualized as a defense against loss and as a process of tension reduction (Myer, 1985). The disclosure of intrafamilial child sexual abuse is an event which is experienced as emotionally hazardous to the basic structure and social context of the family. According to Maddock (1988), the disclosure of incest and its aftermath, "typically maintain one of the basic boundary violations in the incestuous family: intergenerational boundary diffusion" (p. 212).

According to Larson and Maddock (1986), denial, which is a protective coping mechanism, is common in abusing families of all types. A family may be thrust into a state of crisis when the incestuous secret is revealed to someone outside the family system and/or is presented to be dealt with openly within the family system itself. It is common for the crisis,

itself, to result in further denial as the family members join strongly and "close ranks", thus becoming "emotional fortresses" in order to resist change. The cost of this denial, however, is family flexibility (Machotka et al., 1967).

The disclosure then, becomes the hazardous event which the family perceives as a threat. One of the reactions to this precipitating event is to re-group, attempt to revive the previous mode of family functioning and return to familial behaviour patterns. Once the initial crisis begins to subside, family members often tend to minimize and rationalize the entire situation surrounding the event (Anderson and Mayes, 1982).

According to Machotka et al. (1967), the non-offending mother's role in this process is often one consisting of denial. This denial is often provoked by guilt as well as by the unfamiliar and uncomfortable change within the family functioning and interactional patterns which would be necessitated by the disclosure. Therefore, the sexual abuse and subsequent disclosure is a stressful event which changes the homeostatic balance of the family and its individual members, including the non-offending mother, as it interferes with familiar coping mechanisms which were previously deemed to be effective (Sesan et al., 1986).

The non-offending mother is often faced with loyalty issues which also adds to her crisis experience. She is

frequently put in a position of deciding whether to side with her daughter or whether to side with her husband. She is not able to do both, which is in direct conflict with her traditional task of keeping the male/female relationship and the family unit as a whole together. As a result, her low self-esteem, passivity and dependence make it very difficult for her to effectively support and protect her children, especially since this would require her to act against her spouse, and ultimately, to act in opposition to the familiar family structure, style and communication patterns which presently exist (Cammaert, 1988). This is particularly true for women who are emotionally, economically and physically dependent on their husbands.

The crisis of disclosure is a traumatic and uncomfortable period for the non-offending mother as her effectiveness as a mother and wife is being challenged. At the same time, demands are being made of her to make choices and to behave in ways which are inconsistent with, and fall short of, the coping skills presently within her repertoire (McIntyre, 1981; Finkelhor, 1984).

Providing crisis intervention at the time of disclosure is appropriate as there exists much anxiety and disorganization. It is also at this time that individuals are vulnerable and more open and amenable to accepting direction and alternatives to problem-solving (Brockopp, 1973; Sesan et al., 1986).

The needs and treatment issues for the non-offending mother at this time are many. It is important, therefore, to have a professional whose role is very separate from those investigating and gathering data in the early stages of the crisis (Sesan et al., 1986). Anderson and Mayes (1982) suggest that the lack of clarification of roles amongst professionals involved only serves to confuse the family. The professional, whose role is very separate from investigation, should respond to the emotional needs of the non-offending mother. Initially, this can take the form of just being with the mother and listening to her story in an unpressured manner. She should be encouraged to ventilate her feelings about the present situation and her ambivalent feelings toward her husband and child should be normalized. After all, she is often being asked to support one of the people she loves, while at the same time, withdrawing support from another loved family member. It is normal for these mothers to vacillate back and forth and according to Anderson and Mayes (1982), they need to be encouraged and supported very early on, to realize that only by supporting their daughter can they hope to regain an opportunity at restructuring a healthier form of family life.

It is important for the professional involved at this stage of the crisis to be supportive and nonjudgemental. It is normal for many of these mothers to blame themselves for not picking up on the clues given off by their daughters, or,

they may even blame themselves for not doing more to ensure that the family functioned in a manner which eliminated the possibility of incest occurring. These intense feelings of guilt must be alleviated and put in their proper perspective. Anderson and Mayes (1982) state that it is important to inform the mother that the child is not necessarily irreparably scarred for life and that her support and perhaps some professional counselling, can result in a healthy outcome for the child.

The mother must be helped to understand that the adult male is solely responsible for the sexual abuse. It is important to explore the mother's experience within her own family of origin. If she, herself, was sexually or emotionally abused, this may have important implications which can be connected to her present feelings and reactions toward her daughter, spouse, marriage and family. It is quite likely that this mother is facing many new responsibilities as a result of the disclosure. Depending on the particular situation, a non-offending mother may be faced with financially supporting and parenting her children, as well as running a household alone, applying for public assistance and securing legal advice (Anderson and Mayes, 1982).

Given the disruption in the homeostatic balance of the family system, a treatment intervention involving, "immediate, active and direct therapeutic involvement, facilitation of expression of affect, emotional support, cognitive

understanding of the event, education, problem-solving and prevention planning for the future" is strongly recommended (Aquilera, Messick and Farrell, 1970; Burgess and Baldwin, 1981; cited in Sesan et al., 1986, p. 139).

Cammaert (1988) advocates building on the non-offending mother's survival skills as well as improving and adding to the effective coping skills available to her. Some of these skills include: "the ability to provide more effective protection for her daughter, more behaviours conducive to increased self-worth and independence for herself, and skills to heal the mother-daughter split that may have occurred" (p. 318). The author suggests that individual and/or group therapy can assist the non-offending mother in understanding the dynamics associated with child sexual abuse. These treatment modalities can also be the context in which mothers begin to understand the importance of assigning responsibility to the offender as well as understanding their daughter's role in the abuse as that of an innocent victim and not as a "seductive rival". Dealing with these issues within a therapeutic context is an opportunity for the mother to begin developing strength enough to protect herself and her children as well as repairing the emotional relationship between herself and her daughter.

Apart from the involvement of professionals whose role it is to work with incestuous families both during the crisis of disclosure and in a long-term treatment capacity, there are

longitudinal studies which have identified the importance of social support networks as a predictor of emotional adjustment following a crisis (Kessler et al., 1985).

Using a structural definition, Salzinger et al. (1983) state that the social network is "a set of connections among persons (network members) who are defined to an initial person (respondent) and who are connected either directly or indirectly to that respondent" (p. 69). The network develops as a result of common activities and ideas including shared values and interests, which link individuals together.

The social networks of natural support systems contain both family members and peers. "Intact normally functioning networks are generally considered to serve a norm-enforcing function" (Cubitt, 1973; cited in Salzinger et al., 1983, p. 69). The role of family support seems to differ from that of neighbours and friends during and following a crisis. Neighbours and friends tend to be used more for emergency situations and short-term needs, while family are more often turned to for long-term support (Saulnier, 1982).

According to Gottlieb (1981), social supports serve a stress-buffering role. It is hypothesized that they provide resources needed to successfully deal with stressful situations and the emotional upheaval often attached to them. "Differences in the size, density, composition, and stability of people's 'personal communities' have implications for the

quality, diversity, and reliability of the support available to them" (p. 28).

The network, itself, contains clusters of individuals which provide the "respondent" with differing amounts of social access to network members serving a variety of functions. Typically, the connections which exist among network members within clusters are often denser in nature than those between clusters. The weaker connections which link clusters play a key role in the development and maintenance of the network, and, as a result, in the type of support they offer, and the influence which they exert (Salzinger et al., 1983).

Garbarino and Sherman (1980, cited in Salzinger et al., 1983) state that social isolation and insularity are often characteristic of maltreating parents. Salzinger et al. (1983) hypothesize that,

deficient social connections fail to provide parents with appropriate feedback for their interactive behaviour with their children, with models for alternative instrumental behaviours, or with positive reinforcement sufficient for changing their behaviour (p. 68).

Salzinger et al. (1983) propose a model in which the social network serves a mediating role between an individual's contact with the community and the context of the larger society. The social network provides a means for which information, attitudes and values can be transmitted. Furthermore, the social network is a vehicle for providing an individual with feedback, reinforcement and models of

behaviour. In this model, the authors are cognizant of the fact that although social networks can provide physical and emotional support, as well as act as a defense against the effects of stress, these very networks can also be a source of stress.

Kessler et al. (1985) state that the research may suggest that the "lack of social support may play an important part in the development and course of psychotherapy" (p. 547). According to the authors, past research tends to focus on the recipient of support rather than the provider and the transaction which occurs between the two. Coyne et al. (1984; cited in Kessler et al., 1985, p. 548) state that "the complex causal web that links support and psychopathology can only be unravelled if we focus attention equally on providers and even more importantly on support transactions".

Seagull (1987) points out that social network theory assumes that the network will promote and support prosocial behaviours, however, depending on its specific values, attitudes, coping styles and experiences, a given network may just support anti-social behaviour. The author also balances the benefits which are possible through the involvement with one's social network, with the costs often associated with this involvement. That is, support cannot be received without risking the cost of rejection, betrayal, and dependence. Therefore, instead of making a blanket-statement that social networks are always supportive in nature, the potential costs

should be weighted against the potential benefits of these involvements.

According to Salzinger et al. (1983), the structure of the network strongly influences the degree to which information is distributed and the ease with which it is passed from one part of the network to another. The ease with which information is transmitted within a social network is a direct function of the "interconnectedness" among the people or sub-groupings within a specific network. Insularity, therefore, is defined as a lack of connectedness among various people or subgroupings in a network.

Since child sexual abuse and child maltreatment and neglect are not explicitly sanctioned by the community and larger society, Salzinger et al. (1983) suggest that its persistence is a result of the positive feedback for the behaviour from immediate network members, which is stronger than the negative feedback which may be derived from the larger, more extended network. It is also less likely that alternative types of behaviour both for coping and interacting are being transmitted from the extended network to the respondent(s). Feedback from the more extended network is important as it is through this transmission that individuals obtain new information. Since the extended network is less likely to hold all of the same values as the immediate network, it is less likely to "share the long-term constraints of the same social context" (p. 70).

The study done by Salzinger et al. (1983) examined the relationship between child maltreatment and the extent to which mothers are socially isolated or insulated from others. It was found that these mothers had smaller networks, particularly with respect to peer connections, and spend less time with members of their network. These women were also found to be more insulated as their sub-networks were less connected. This has some important implications as it is less likely for new information and models of behaviour to travel from one sub-network to another. Rather, a mother's relationship with a member of one sub-network is not likely to be influenced by her relationships with members of another sub-network.

Since contact is fairly limited to immediate family, incongruous input from members of a more distal peer network is less likely. Their patterns of interaction within the family unit are more likely to be resistant to change, since social contact is limited to the immediate family network who tend to share the same values, attitudes and ideas. Their insularity seems to function to separate their social behaviour at home from their contacts with others in their network, particularly peers and extended family members. As a result, these mothers are lacking the feedback about their behavioural and emotional interactions with their families which many other mothers may receive. The authors hypothesize

that the isolation and insularity is partly reflective of a deficiency in their social skills.

Finkelhor (1978) identifies the isolated incestuous subculture as being one of six factors significant in the etiology of incest, the others being: the personal characteristics of the offender, the roles of the mothers, a milieu of abandonment, poor family sexual boundaries, and opportunity factors. With respect to the isolated incestuous subculture, Finkelhor (1978) states that there are three areas of possible causality which must be disentangled. The first view suggests that "incestuous subcultures may take a less restrictive view of incestuous behaviour" (p. 46). The second view suggests that perhaps incest results from poverty and other family pathology, while the third view is that the "isolation in which these families live may insulate them from the scrutiny of public view which may act to enforce incest taboos in less isolated communities" (p. 47). This is consistent with Larson and Maddock (1986), who state that sexuality within these families is typically characterized by "overly rigid social boundaries which prevent appropriate information exchange with, and consensual validation by, the family's social environment regarding sex-related beliefs, attitudes and values" (p. 32).

Polansky et al. (1985), in studying neglectful mothers, found that they are in greater danger of being shunned by their neighbours and community due to the disapproval of their

parenting styles. These women tended to be cut off from helping networks which survive on mutuality. Factors related to their lack of participation included character traits such as self-derogation, shyness, fear of intimacy, and abrasiveness. The neglectful mothers were seen as in need of help more often, however, were less often identified as people to turn to for help. Since participation in a helping network is based on reciprocating favours, the neglectful mothers were identified as being at a disadvantage.

Garbarino (1989), cited in Polansky et al. (1985), suggests that a family which is unstable will still continue to provide reasonably good care for its children if it lives in a supportive setting. If, on the other hand, the setting is non-supportive, a family will "crumble" under stress, and, as a result, the level of child care will deteriorate. According to Polansky et al. (1985), the neglectful women appeared to have an impoverished environment, following which they cite Garbarino (1980, p. 26) as saying "social impoverishment denudes life of supportive relationships and 'protective' behaviours". It would seem that the major difference between neglectful mothers and non-neglectful mothers in this study is the emotional support experienced by the non-neglectful mothers and their relative lack of loneliness. The key then becomes the nurturer also being nurtured.

Polansky et al. (1985) contrasted neglectful and control families in the area of loneliness and isolation. The authors hypothesized that,

(1) neglectful mothers experienced and will express more feelings of loneliness; (2) parents in neglectful families are more isolated from helping networks; (3) parents in such families are more socially isolated in general; (4) children in neglectful families are also more socially isolated; (5) neglectful families live in less supportive environments; and, (6) the exclusion of neglectful parents from helping networks is due, in part, to their being assessed as unlikely to reciprocate help (p. 39).

The authors found that the neglectful mothers did experience more loneliness than their control counterparts, and that they found themselves with a limited number of places to turn to for assistance and information. It was hypothesized that the isolation experienced by these women was possibly a result of being rebuffed, or perhaps that "it might reflect longstanding character problems by which they push people away despite feeling lonely" (p. 45). The authors suggest that by not participating in reciprocity, these women are either not included in a network, or, if they are included, they are soon dropped. It was also found that the children of neglect were more isolated than the other control children. Thus, in their study, Polansky et al. (1985) found that neglectful mothers were less embedded in helping networks of an informal nature than other poor rural women in the control category. Both their ecology and their longstanding

character problems facilitated experiences of isolation and feelings of loneliness.

Another study done by Polansky (1985) suggests that neglectful women involved themselves with their children as a buffer against loneliness. In part, as a result of the loneliness, these women also tended to remain in unfulfilling and abusive relationships with men. In this study, the author studied the ecologies of neglectful families and tested the hypothesis that neglectful families were objectively more isolated and subjectively more lonely compared to others with similar life circumstances. The hypothesis that these mothers were more lonely was supported by the findings. Sources of loneliness were grouped as being either characterological or situational in nature. The author suggests three influences on the loneliness experienced by neglectful mothers: "enduring traits or character, life mishaps, and the setting in which the mother lives, her ecology" (p. 8). Polansky (1985) concludes that a supportive environment assists in the prevention of loneliness. The findings revealed that maternal loneliness was negatively associated with their estimate of the degree of friendliness and helpfulness of their neighbours, including the perceived availability of emotional and instrumental support. Given this, Polansky (1985) found that it was the quality of the contact that the women had with their networks and not the size of the network or frequency of contact which was significant in understanding their

loneliness. It was also found that the quality of the relationship between the women and their partners affected levels of loneliness, in that, those women who were more satisfied with their partners expressed being less lonely. It was also found that women in the control group were more likely to make a conscious effort to confront and master feelings of loneliness, whereas, neglectful mothers tended to withdraw socially and were less likely to turn to a friend in order to cope with the loneliness.

Ballew (1985) emphasizes the importance of examining the role played by natural helpers in the lives of potentially abusive families. This examination includes whether a social network resource exists and how they can best be accessed and utilized. Ballew (1985) distinguishes between formal and informal helpers. Formal helpers include agencies and professionals, while informal helpers include relatives, friends, self-help groups and volunteers. The author describes formal helpers as being inhibited by agency policies and regulations, whereas, informal helpers are more spontaneous and flexible in meeting individual needs. The author goes further to define informal helpers as being composed of natural helpers and volunteers. Natural helpers are those persons who had a relationship with the family independent of the identified problem areas, while volunteers are those persons who were strangers until their assistance was required following the identification of a problem.

According to Ballew (1985), an assessment of a person's social network should be conducted since at some level, and to some degree, there will be some type of involvement in one's ecological context. The author embraces the notion that,

. . . for better or worse, natural helpers are on the scene long before service workers and will be around long after the workers exit. If there is a recognition by workers of the natural helper's involvement, the potential to make him or her an even more valuable resource is created (p. 40). This approach is consistent with much of Polansky's (1979; 1985) findings which reinforce the importance of obtaining a holistic view of an individual within their ecological context when examining the nature of child abuse.

Unger and Powell (1980) address this same concept in their "open systems" perspective which views the family as embedded in a social environment. Each member of the family has a personal network, which taken collectively, constitutes the family social network. The authors also comment on a person/family's natural tendency to initially access informal resources even if formal organizations exist which serve the identified problem. Advice is usually sought beginning with family, friends and neighbours, until it becomes necessary and possible for one of these groups to refer the family to a formal helper.

According to Unger and Powell (1980), social networks provide three types of resources: instrumental aid; emotional or social support; and referral and information. They state that families access different members of their social network depending on what is needed. They advocate the position that

each group (i.e., kin, friends, neighbours) provides a unique type of assistance/support which "supplements" the assistance/support given by another group within the more global network. As a result, one group does not "make up" for the lack of support provided by one of the other groups. The authors also refer to networks as evolving, with not all members being active. Much of one's network may be dormant, only being activated and mobilized to provide aid during a stressful situation. Once the stress subsides, these network members may be in abeyance.

The authors reinforce the importance of asking, "under what conditions are social networks a means of support?"

(p. 571), as opposed to asking "whether social networks provide support" (p. 571).

This requires taking into account the

interactive process of the family member (i.e., the cultural values, views of costs) in need of aid in relation to social networks (i.e., availability and frequency of contact, reciprocal relations) and the situation involved (i.e., type of crisis, aid needed) (p. 571).

Salzinger et al. (1983) suggest that professional involvement alone is probably not enough to create behaviour change and, more importantly, to maintain this change. What is needed in conjunction with the professional intervention is an enhancement of the natural extended social networks which these mothers and their families as a whole seem to lack. This enhancement also has implications for the children in these families. These children are more likely to receive

other adult input as to socially acceptable behaviour, and, thus, a possible distorted perception may be challenged and altered. This is just one area where the enrichment of a social network can assist in interrupting the risk of victims developing behaviour patterns similar to those found in their parents, and thus, risking history being repeated in the next generation.

According to Polansky et al. (1985), enrichment of social network with these families requires the penetration of the psychological wall separating these families from potentially supportive network members. The authors recommend professional involvement in order to achieve this goal, especially since these families will, in all likelihood, remain isolated and lonely if they are left to their own devices. In order to alleviate this loneliness, Polansky (1985) suggests "artificially-injecting support networks in the form of mothers groups, parent aides and volunteer visiting programs" (p. 14). Polansky et al. (1985) suggest that these forms of involvement will also assist these mothers in developing trust and in learning to participate in reciprocating relationships with others.

These types of support are helpful at the onset, however, in order to deal with the loneliness on a more permanent level, Polansky (1985) states that these mothers must work at overcoming "fears of closeness, of having nothing to offer, of living in a dog-eat-dog world, as well as, gaining social

skills by which she can better reach out to others" (p. 14).

Finally, since there seems to be an overwhelming agreement that intrafamilial child sexual abuse is a complex social problem, it would only seem appropriate and sensible to examine these families within their social context - including the nature and function of their social networks. Intervention should, therefore, occur on a number of levels, including: the individual level, the family system level, and the social network level.

CHAPTER 3

PRACTICUM SETTING

While obtaining my Master of Social Work degree, I was working as a Community Mental Health Worker in Carman, Manitoba. As a professional care-giver to persons in rural communities of South Central Manitoba, I was invited to participate in the three year Health and Welfare Canada project, "Treating Sexual Abuse in Rural Areas" (Adkins, E., Trute, B., MacDonald, G., McCannell K., Herbert, C., Hill, E., and Scuse, D., 1991). The purpose of this project was to design, implement and evaluate a coordinated treatment approach of cases of alleged intrafamilial child sexual abuse which were referred to Child and Family Services of South Central Manitoba and Eastern Manitoba. For purposes of the project, South Central Region of Manitoba was the test area while Eastern Region of Manitoba was the comparison area.

My role in the project was incorporated into a practicum where I functioned in the capacity of the Parent Support Worker for South Central Region of Manitoba. A fellow M.S.W. student participated in a practicum as the Parent Support Worker for Eastern Region Manitoba. A Social Worker with a B.S.W. functioned as a back-up Parent Support Worker in cases where there was either a language barrier or during times when there was a sudden influx of referrals in either the comparison or test area.

The Parent Support Worker role was created in conjunction with the service in order to provide brief counselling to the non-offending parent(s) at the time of disclosure where there had been an allegation of intrafamilial child sexual abuse. For purposes of the project, intrafamilial child sexual abuse refers to child sexual abuse where the perpetrator is a blood relative or a person in a position of trust, including step-parents, step-siblings, relatives, neighbours and babysitters.

It has been identified that in cases where there is a disclosure of intrafamilial child sexual abuse, non-offending parent(s) are frequently lost in the shuffle and propelled into some form of crisis. During this time, there is often minimal support and direction from professionals whose primary role it is to attend to such issues as investigation and child safety.

The fundamental purpose of the Parent Support Worker, therefore, was to provide short-term crisis counselling exclusively for the non-offending parent(s) of intrafamilial child sexual abuse. In cases of father-daughter incest, the non-offending parent was the mother, whereas, in other forms of intrafamilial child sexual abuse, both parents or individuals functioning in a parenting role received service from the Parent Support Worker.

In the role of the Parent Support Worker, I saw a total of thirteen cases throughout a fourteen month period. Of these thirteen cases, four of the allegations were of step-

sibling nature, four involved a father, one involved an uncle, one involved a grandmother's common-law partner, and three involved persons in a position of trusted friend. The majority of the non-offending parents were seen at the Mental Health office in Carman, Manitoba. Two were seen at the Child and Family Services office in Winkler, Manitoba, and one was seen in the family home.

The number of sessions varied between three and nine, with each session lasting anywhere from one to two and one half hours. The time between sessions averaged one to one and one half weeks.

My role as the Parent Support Worker was to provide crisis intervention to the non-offending parent(s), including assisting them in resolving family difficulties that were a consequence of the allegation of child sexual abuse. This included providing support at the time of disclosure, assisting in developing more functional methods of problem-solving, addressing issues of safety and dealing with overwhelming feelings of confusion and uncertainty, disbelief, fear, anger, guilt, sadness, betrayal, and loss of control.

A variety of treatment outcome measures were selected as appropriate and desirable for administration to the non-offending parents consenting to participate in the study. These measures were valuable in assessing the individual and social functioning of the non-offending parents of intrafamilial child sexual abuse at various times during the

disclosure and treatment phases. Two of these clinical measures, the Impact of Event Scale (I.E.S.) (Horowitz, Wilner and Alvarez, 1979) and the brief version of the Beck Depression Inventory (Beck and Beck, 1972) were administered at the onset of service with the Parent Support Worker (T1). These same measures were re-administered following a six to eight week involvement with the Parent Support Service (T2) and again at approximately eight months following involvement in the treatment process (T3).

The Impact of Event Scale was useful in examining the degree of post traumatic stress disorder affiliated with the disclosure of intrafamilial child sexual abuse. This scale was particularly beneficial as its two subscales, Avoidance and Intrusion, allowed for the distinguishing of responses to the disclosure. That is, it was possible to examine how much thoughts about the disclosure intruded on the non-offending parent's cognitive functioning as well as how frequently they consciously avoided dealing with the disclosure and the implications arising as a result.

The brief version of the Beck Depression Inventory was selected to measure levels of depressive symptomology being exhibited by non-offending parents. This allowed for the examination of their level of psychological distress at the time of disclosure (T1), following crisis service from the Parent Support Worker (T2) and approximately eight months after treatment had begun (T3).

Along with the Impact of Event Scale and Beck Depression Inventory, six other measures were administered at the onset (T1) and at two other intervals (T2 and T3) if the clinician deemed that it would not impede the client's progress in treatment nor serve as a barrier to attending to the needs of the client from a treatment perspective. That is to say, it was clearly understood that the client's treatment needs took priority over research being conducted.

The other six measures which assisted in assessing and understanding the psychological and social functioning of these families included: 1) the U.C.L.A. Revised Loneliness Scale; 2) the Brief Family Assessment Measure (III); 3) the Achenbach Scale; 4) the Colorado Child Temperament Inventory; 5) a Social Network assessment measure; and, 6) a Social Desirability Scale.

For the purposes of this practicum, the Social Network measure was used to collect information on social network size and dimensionality (types of social support). Dimensionality was divided up into "chores/tasks", "social activities", "worries", "decisions", "emergencies", and "advice/information". Non-offending parents participating in the service were asked to identify by first name only family members, friends and professional caregivers who were available at the onset of their involvement with the Parent Support Service and whom family members could turn to for assistance. Descriptive information was collected on the

network members who were identified, including their relationship to the non-offending parent, their gender, how often the non-offending parent had contact with them and how long the non-offending parent had known the person. The parent was then asked to state whether they would turn to the individuals they identified on the measure for: 1) help with chores, 2) involvement in social activities, 3) discussion about worries, 4) help with making major decisions, 5) aid during times of emergency, and 6) for advice and information. Following this, non-offending parent was asked to specify which individuals they felt emotionally close to. Finally, the non-offending parent was asked to identify from the persons listed on the measure, those individuals who knew about the recent disclosure of sexual abuse within their family. As previously mentioned, the needs and well-being of the non-offending parent superseded the goal of obtaining any empirical measures.

Barry Trute, as my faculty advisor, provided clinical supervision for the cases I was involved with. Supervision took place bi-weekly either at the University of Manitoba or at the Community Mental Health office in Carman, Manitoba. Attending the supervision sessions were Barry Trute, Faculty Advisor, the M.S.W. student participating as the Parent Support Worker in the comparison area, and myself, as the Parent Support Worker in the test area.

Participating in my practicum committee were George MacDonald, South Team Supervisor, Child and Family Services Central Manitoba; Liz Adkins, Co-Principal Investigator for the project; and Barry Trute, Faculty Advisor and Co-Principal Investigator for the project.

Throughout the practicum experience, I had hoped to meet at least four personal learning needs. These learning needs included: increasing my skills in the area of crisis intervention; gaining a better understanding of a family's response to an allegation of child sexual abuse; acquiring a better understanding of a family's social network resources and how these may help or hinder in the crisis resolution at the time of disclosure; and, developing a better understanding of how Mental Health Services can participate in collaborative and effective intervention and treatment of child intrafamilial sexual abuse.

CHAPTER 4

INVOLVEMENT WITH THE PARENT SUPPORT SERVICE

The Parent Support Service was developed following the acknowledgement that immediate crisis services available to non-offending parents at the time of disclosure are minimal or non-existent. It is well recognized that the investigative process resulting from a disclosure is a lengthy frightening procedure, which often leaves family members not only vulnerable but in a state of limbo pending the outcome of investigation. It is not uncommon to find mental health treatment for family members being withheld or delayed pending the investigative outcome of the police and child welfare authorities. Family members, who very early on feel uninformed or unsupported as a result of "institutional trauma" following the crisis of disclosure, may close ranks by restricting conversation with "outsiders" who are attempting to offer treatment. Realizing it is during a crisis state that individuals are vulnerable and highly susceptible to suggestions and direction, it has become clear that a gap in service exists in terms of immediate crisis counselling and support for non-offending parents. Immediate service at the time of disclosure may be an intervention which would counteract the "closing of ranks" and defensive stance many parents feel is necessary in order to best meet the family's needs during a time of family instability and uncertainty.

Within the demonstration project, "Child Sexual Abuse in Rural Community Settings", the Parent Support Worker position was established in an attempt to fill this void and create a bridge between the investigation and treatment of intrafamilial child sexual abuse.

Referrals to the Parent Support Service came directly from the Investigative Workers of Child and Family Services of South Central Manitoba (test area) and Eastern Manitoba (comparison area) in consultation with their Clinical Supervisor. The referrals were made as soon as deemed appropriate following the actual disclosure of an alleged case of sexual abuse, and subsequent to obtaining informed, written consent to release a name and telephone number. After receiving the referral, the non-offending parent(s) were immediately contacted by telephone and a first appointment was arranged. The time frame between this initial phone contact and the actual first meeting ranged from one to five days.

The initial goal of the Parent Support Worker was to develop a milieu based on trust with non-offending parent(s) referred to the service. This was accomplished by rendering a position that was non-judgemental, open, safe, and genuine. Clear efforts were made to demonstrate a capacity and availability for listening, validating, and providing advice and information.

It quickly became clear that following the disclosure of sexual abuse, the non-offending parent(s) were thrust into a

"world of unknowns". That is to say, they were unsure of what would happen next, what they could or should do for themselves and their family in order to "survive the crisis", who they should talk to when and about what, and what it would take for this crisis to be resolved.

Many of the non-offending parents were cautious at the outset, not knowing what to expect of the Parent Support Workers. They later stated that they anticipated being blamed or interviewed further about the allegations. When it was explained to them that the Parent Support Worker was there just for them and would not be reporting to anyone unless there were further disclosures of abuse, many parents were amazed, some became tearful. A statement made by several non-offending parents was "there has never been anyone there just for me."

Developing a level of trust with the non-offending parent(s) set the stage in which to assist them in mitigating the degree of situational stress being experienced by not only themselves, but by the victim, as well as any non-offending siblings living in the home. By doing this, a process of exploring and amending the safety plan for the victim and any non-offending siblings was facilitated thus abating further victimization. This process was even more crucial in cases where the alleged offender remained in the home following the disclosure; whether the offender was a sibling or an adult/guardian in a position of trust.

A more global goal of the Parent Support Worker involved promoting a level of individual and family adaptation that would be functional given the recent disclosure of child sexual abuse. This also required taking into account the implications the disclosure had for individual family members, as well as for the entire family unit living in the context of a community that frequently ostracizes families who are propelled into this type of crisis.

Basic to the examination and facilitation of more functional individual and family adaptation was the identification, exploration, and enhancement of both psychological and social coping resources available to the non-offending parent(s) at the time of disclosure.

The disclosure of alleged sexual abuse clearly rocked the delicate family stability. It became necessary to examine the non-offending parent(s) subjective interpretation of the situation in order to understand the degree of impact or crisis and subsequently, to impart the appropriate focus of support and intervention by both formal and informal helping networks. This required examining each case on an individual basis beginning with the identification of what kind of crisis was being experienced. An indepth exploration and understanding of what the non-offending parent(s) perceived as being the most threatening elements of the situation provided information about the parent's thought process and coping mechanisms given the disclosure, as well as identified

potential areas creating the stress which served to maintain the crisis state. It was not enough to assume that the disclosure of sexual abuse was the crisis event for these parents and their families. For some non-offending parents, the crisis state was associated with the intensive and intrusive involvement by the police and the child welfare agency. For other parents, the crisis state was linked to their fear of the family break-up following the disclosure, either as a result of children being apprehended or perpetrators being incarcerated. Many non-offending parents were in a state of crisis following the disclosure as they anticipated the reactions of family members and friends and the implications this would have for their existing social support networks. Thus, one of the key elements very early on in the work with the non-offending parents involved developing an authentic appreciation for the parent's subjective interpretation of the situation, including perceived threats on an individual and family level. Knowledge of the parent's subjective interpretation of the experience provided information as to the immediate individual and family needs from a crisis intervention perspective.

Non-offending parents were not necessarily prepared to develop a trusting relationship with the Parent Support Worker, at least not until they had a clear understanding as to the role of the Parent Support Worker and the purpose of the Parent Support Service. As previously mentioned, a key

element which needed to be communicated to the parent(s) was the notion that the Parent Support Worker was there as a support and resource for the non-offending parents only, and that this did not involve having a role in the investigative process. That is to say, the role of the Parent Support Worker was based on a position of therapeutic neutrality. This role was supported and respected by professionals in positions of investigation, child protection and law enforcement. It was stated clearly to the parents at the onset, that all information shared with the Parent Support Worker would be kept confidential unless they granted permission to share information. The exception to this confidentiality pertained to any information regarding a further disclosure. Some parents struggled with the notion of such confidentiality and clarity of boundaries, however, with some discussion, reassurance, and time, these parents were very responsive to the opportunity and effectively utilized the support and resources available through the Parent Support Service.

As mentioned previously, it was important to gain an awareness of the parent's understanding and interpretation of the situation. It was important early on to discover the parent's reaction to the disclosure and whether they believe their child. If they were finding it difficult to believe their child, it was important to explore the variables which were blocking their ability to do so. For some of these

parents, their own victimization as children impeded their ability to believe or be available for their children. If unable to believe their child, it was even more important to examine the impact this crisis had on the existing parent/child relationship and the amount of support and safety the parent could provide the child and other siblings in the home.

A clear message had to be given to parents despite whether they believed their child or not. The message was that the Parent Support Worker was not in a position of determining whether the abuse had occurred and despite the "truth" a serious statement was being made suggesting some significant problems within the family.

Time was spent exploring what impact the disclosure had on the child and what resources and support the child needed from the parents following the disclosure in order to feel safe and effectively deal with the recent individual and family upheaval. Specific options were explored with the non-offending parents regarding responses to their child's reaction, questions and concerns regarding the disclosure in order that the parents could be positive resources to their children. Parents saw this as validating since their role as parents were not completely dismissed following the intrusion of the law enforcement and child welfare authorities.

The Parent Support Worker, therefore, was available as a resource strictly for the non-offending parents to assist in:

- 1) understanding the crisis of disclosure;
- 2) planning for the child's safety from further victimization;
- 3) exploring the impact of the disclosure on individual family members and their interactions with one another;
- 4) understanding the roles and process of investigation and early treatment;
- 5) learning to work more effectively with the professionals involved with their family since disclosure;
- 6) developing more functional methods of problem-solving to begin creating an acceptable level of individual and family stability; and,
- 7) to address overwhelming feelings including disbelief, confusion, fear, guilt, sadness, anger, betrayal, and loss of control.

It was necessary to examine the primary sources of these overwhelming feelings. As previously mentioned, it was not sufficient to assume that the act of disclosure itself was the threat. Sorting through the emotion to understand the root of the threat, allowed for an understanding of how much of the crisis was connected to the "attack trauma" and how much was attached to the "institutional trauma" (Trute, B., Adkins, E., MacDonald, G., Vaughn-Jones, G., and Fedoruk, T., In Press). This knowledge and understanding played a significant role in the focus of intervention.

Appropriate intervention could only follow a thorough assessment of the non-offending parent's existing psychological and social coping resources. An awareness of their available coping resources provided knowledge regarding strengths and shortcomings on individual, family, and social spheres. This knowledge was then used during the brief crisis counselling to begin facilitating more functional responses to the crisis, to secure a safety plan for the children in the home, to deal with questions and reactions not only of their own, but by the family, friends, and persons in the community.

A primary goal of the Parent Support Worker was to garner an awareness of the informal networks unique to each non-offending parent and to understand the role they presently hold in either aiding in the crisis resolution or fueling its continuation. A more global goal was to develop a flavour for the types of social support networks characteristic of non-offending parents of intrafamilial child abuse and moreover, the views held by these parents regarding who they approach for what type of assistance. A distinction also needed to be made with respect to "perceived social support" and "actual social support". "Perceived social support" refers to the subjective view held by an individual about the quality of actual support they believe is being provided to them by members of their social network. "Actual social support" is a measure of persons who provide tangible resources to an individual. These resources can include such things as actual

assistance with chores and tasks, the provision of advice and information, aid during times of emergency, assistance with decision making and personal worries, as well as involvement in social activities.

The Parent Support Worker also functioned in a role as a liaison person between the Child Welfare Investigative Workers and the multi-agency Case Managers responsible for overseeing individual and family treatment plans. The Investigative Workers conducted their investigation of the allegation while also referring the non-offending parent to the Parent Support Service. A Case Manager was assigned shortly thereafter drawing on local community treatment resources to ensure that a treatment plan was put in place for the family and its members. Actual longer term treatment was not fully initiated until the non-offending parent had terminated with the Parent Support Worker.

At a point of preparing for termination, the Parent Support Worker notified the Treatment Coordinator whose role it was to participate as a leader in promoting the coordination of services to family members. The Treatment Coordinator would then secure the services of a Case Manager. At that point in time, information about the case would then be shared with the Case Manager at a scheduled meeting with the Treatment Coordinator, the Investigative Worker and in some cases, the Parent Support Worker. From this, the Case Manager would contact the family and a treatment plan would be

implemented. The Parent Support Worker would have terminated service with the non-offending parent but would be available to provide information to the Case Manager as deemed necessary.

This chapter has outlined the purpose of the Parent Support Service and the role of the Parent Support Worker. Efforts were made to identify specific goals during sessions with the non-offending parents as well as common themes and issues arising with these parents at the time of disclosure.

The following chapter is an overview of specific dimensions of social support networks and a sense of their availability to the non-offending parents participating in the service. Following this panoramic discussion, a more indepth examination of two cases from a social support perspective will be considered. Some discussion will also ensue about perceived versus actual social support as noted from the non-offending parents' vantage point.

CHAPTER 5

SOCIAL SUPPORT NETWORKS OF NON-OFFENDING PARENTS

AN OVERVIEW

The examination of child sexual abuse from a holistic perspective should include an assessment of the non-offending parent's social network particularly since informal helpers (relatives, friends) are involved with the family long before formal helpers (agencies and professionals) and will be around long after they leave. Social networks provide three types of resources: instrumental aid, emotional or social support; and referral and information (Unger and Powell, 1980).

The exploration of social support networks is an integral part of examining responses to child sexual abuse. It is particularly important given that "healthy coping strategies include: problem-solving abilities, the availability to recognize and utilize social networks and the degree of religious beliefs" (Trepper and Barrett, 1986, p. 22). It is these coping strategies that appear to separate out incestuous families from those families who are considered highly vulnerable but who do not participate in incestuous acts.

Social Network measures were completed in full at the onset of service delivery by 33 consenting families from both the test and comparison area.

Through examining the responses to the Social Network measure, families in which a child had been sexually abused

appear, overall, to have smaller social networks. Non-offending parents in the comparison area on average, identified having contact with five family members while non-offending parents in the test area identified an average of six family members. For purposes of this project, "family member" refers to any person within ones nuclear or extended family system. On average, non-offending parents in both the test and comparison areas identified having regular contact with four friends. The friends were individuals whom the non-offending parents felt they could turn to for various types of assistance.

At the time of disclosure, non-offending parents from both geographical areas identified having contact with two professionals on average.

Non-offending parents did not appear to make any clear delineation about which family members they go to for which type of help. That is, many of the non-offending parents identified spouses, children, siblings, and parents as people they would turn to for assistance in chores/tasks, for making decisions, for discussing worries, for obtaining advice/information, in emergency situations, and for social activities. In many cases, there did not appear to be a clear hierarchial delineation between what adults and children, nuclear and extended family members were accessed for. This may in part be reflective of the enmeshment known to exist within incestuous families (Larson and Maddock, 1986; Kerr,

1981; Will, 1983). This enmeshment is a function of the emotional isolation characteristic of individual family members of incestuous families. The implicit and explicit rules about needs being met within the context of the immediate family system ultimately results in the closed family unit becoming highly autonomous. This strong existence of autonomy "limits opportunity for growth and renewal, producing a certain scarcity of resources while fostering an inappropriate over-dependence among family members . . . " (Larson and Maddock, 1986, p. 28).

When non-offending parents identified friends whom they felt they could turn to for assistance, it also appeared that the friendship networks of these parents were limited in size and availability for social support. "Social activities" were identified as the dimension most sought from friends, while the "discussion of issues" was the dimension least sought from friends. Many of the non-offending parents had indiscriminantly told people about the disclosure and did not find their reactions to be helpful while others had not told any supportive friends of the stress being experienced by the family following the disclosure of their child being sexually abused. These are two possible responses to the crisis following the disclosure. Some parents closed down without reaching out to any member of their network for support, while others share information about the disclosure without prior thought being given to the reactions of others and the

implications for themselves and the child victim. This was often an area of discussion during the sessions with the Parent Support Worker as parents found themselves avoiding contact with friends because they were uncertain how to tell friends of the disclosure and even more apprehensive about their possible reactions following the news. The extra energy required to avoid contact with friends as well as fabricate stories to circumvent the truth from friends only served to increase the stress and add to the secrecy. Several parents who had told the story indiscriminantly, were concerned about the immediate and longer term implications of their actions. The non-offending parents were relieved to tell their story and relay their feelings about the disclosure to someone who would be nonjudgemental and supportive. Many parents wanted to tell a close friend however, were unsure about how to do that or what to expect in return.

During the sessions with the Parent Support Worker, a plan was developed to include what friend(s) should be told, how to tell them, what reaction to expect and how to deal with this. Some parents were given the option of inviting their friend to a session so that support could be provided to both, however, none of the parents decided to partake in this option. Most of the parents completed this task on their own following some role-playing with the Parent Support Worker. These parents were surprised by the amount of support they received from the friend they chose to tell in a planned

manner. This support served to ease some of the stress they had been experiencing as well as instill hope and begin to improve their sense of self-worth given the positive experience which had occurred.

Non-offending parents on average, identified having contact with two professionals at the time of the disclosure of child sexual abuse. These professionals frequently were family doctors, ministers, lawyers, as well as professionals involved with family members as a result of the disclosure. Most parents identified their doctor and minister as being individuals who could provide advice and information, support around major decisions, and opportunities to talk about worries and concerns.

A closer examination of the size and dimensionality of individual social network measures over time (T1, T2, T3), did not indicate any substantive change. This could be due in part, to the relatively short duration of the study, since significant shifts in one's social support network tend to occur over a long period of time. A lack of shift may also speak to the closed system typified in incestuous families, where rigid social boundaries make it difficult for new resources to penetrate. It is also quite possible that these parents are more prone to being shunned by their neighbours and community due to the disapproval of their parenting styles. Polansky et al. (1985), in studying "neglectful mothers", found that these mothers tended to be cut off from

helping networks which survive on mutuality. Factors related to their lack of participation included character traits such as self-derogation, shyness, fear of intimacy, and abrasiveness. Since participation in a helping network is based on reciprocating favours, the neglectful mothers were identified as being at a disadvantage. The rigid and social boundaries characterized by incestuous families make it difficult for family members to link up with new supports and participate in the process of reciprocity which serves to facilitate the development of long term social support resources.

Although there was no change of substantive significance in the support networks identified by the non-offending parents at T1, T2, or T3, an examination of the responses to items on the social network measure on more of an individual basis revealed small changes over time. Although it is not possible to state that these small changes are in any way, a result of outside intervention, an illustration of some of these changes may be of interest.

Between the time of disclosure and terminating involvement with the Parent Support Work (T1 - T2), some small shifts occurred in who was identified as a support for what type of help. For example, at T2 (subsequent to the Parent Support Services) numerous non-offending parents identified using more family members as resources when "making decisions", "talking about worries" and "gaining advice".

Most parents continued to include family members as persons accessed for social activities. Overall, there appeared to be a greater use of discrimination with regard to who was selected as a resource for advice and information and decision-making.

At T2, friends appeared to be sought more frequently for emergencies which is more consistent with Saulnier's (1982) findings that neighbours and friends tend to be used more for emergency situations and short term needs, while family members are more often turned to for long-term support. Several parents identified an increase in the number of friends they could turn to at T2. This included an increase in the number of friends they could turn to for advice and information, decision-making and discussing worries. One variable which remained consistent through T1, T2, and T3, was the identification of primarily same gender friends. That is, non-offending mothers identified female friends while non-offending fathers identified male friends.

At T2, non-offending parents continued to identify their physicians and ministers as sources of support. At T2, however, most non-offending parents include the Parent Support Worker and the Child and Family Services Abuse Investigator as people they felt they could turn to for information and advice, as well as for discussion of worries and decisions needing to be made.

Between the time of disclosure and the completion of the one year term of the service (T3), several non-offending parents identified an increase in their use of family members for help in areas such as "emergencies", "worries", "decisions", "advice and information". Some parents increased the number of family members identified, thus moving outside the nuclear family and more into their extended family.

From the time of disclosure to the completion of the one year service, several non-offending parents identifying having a few more friends they would turn to for help in areas of emergencies, talking about worries, and gathering information. It became clear through discussion that there was limited interconnectedness among the people or sub-groupings within the social networks of these parents. Few were well acquainted, rather most only had the non-offending parent as their common thread. This is consistent with the findings of Salzinger et al. (1983), who examined the relationship between child maltreatment and the extent to which mothers are socially isolated or insulated from others. In the Salzinger et al. (1983) study, it was found that those mothers had smaller networks as well, particularly with respect to peer connections and that they spent less time with members of their network. Women were found to be more insulated as their sub-networks were less connected. This has some important implications as it is less likely for new information and models of behaviour to travel from one sub-network to another.

A mother's relationship with a member of one sub-network is not likely to be influenced by her relationship with members of another sub-network.

At the termination of the one year service (T3), numerous non-offending parents tended to identify on average, one more addition to the category of professionals whom they felt they could turn to for assistance with worries, decision, and obtaining advice and information. These professionals became involved as a result of the disclosure and it is unclear how long they would remain involved as part of the non-offending parent's social network once this issue was resolved.

In summary, it is clear that the non-offending parents consenting to participate in the service were found to have small, sparse social networks. The size and dimensionality of the social networks identified by the non-offending parents participating in the service did not change substantively over the course of the study.

CHAPTER 6

CASE STUDY #1

INVOLVEMENT IN THE PARENT SUPPORT SERVICE AND
AN EXAMINATION OF THE SOCIAL NETWORK

Cathy, age 7 years, was adopted at a young age by Lori, a single parent in a community where she is a professional. Lori has a 15 year old son, Steven, and a 21 year old daughter, Amanda, from a previous relationship. Amanda has been attending a University in Eastern Canada for the past three years and does not live at home. Cathy disclosed that Steven had been sexually abusing her over a period of time. Cathy has a history of previously being sexually abused prior to coming to live with Lori and Steven. Lori, herself, has a history of being sexually abused by members of her own family of origin, none of whom presently live in the same geographical area as Lori and her children.

Lori was referred to the Parent Support Worker by the Investigative Worker of Child and Family Services very early on following the disclosure and concurrent to the ongoing investigation. The facilitation of this early referral resulted in the Parent Support Worker having contact with Lori at a time when she was in a state of crisis. This meant that Lori entered sessions with the Parent Support Worker at a time when she was amenable to the acquisition of new information, ideas and resources. This was important as Lori had already

experienced the ineffectiveness of her existing coping behaviours in an attempt to resolve the discomfort being experienced following the disclosure. An inability to resolve this discomfort resulted in increased anxiety on Lori's part. This anxiety forced her into increased activity in search of skills to manage the critical situation of disclosure and feelings associated with it. Lori stated that "given her own childhood victimization, she tried to raise her son in a way such that this would never happen again". The shock that this could have occurred in her family given what she had experienced in her own childhood only served to result in further disorganization as Lori's familiar coping skills were relatively unsuccessful in resolving the problem.

Lori's coping skills at the time included becoming more authoritarian, controlling and rigid with family members in an effort to regain stability within the family. Lori was also inclined to cope by withdrawing from any supports she may have in an attempt to deal with problems "behind closed doors" and avoid jeopardizing her role as a professional in the community. In this particular instance, it should be noted that Lori was fully engaging and cooperative with the police and child welfare authorities and that her withdrawing to deal with the problem "behind closed doors" included only those members of her informal network.

One of Lori's many strengths lay in her ability to believe Cathy's disclosure and seek outside help for all

family members. Cathy stated that she was not believed when she disclosed being sexually abused as a child and given that a disclosure was now being made in her own family, she was going to act differently than her own parents did when she disclosed. Lori stated that "I never thought this would ever happen in my family, but given my experience as a child in my own family, I know it's not impossible - that's why I believe Cathy". As the disorganization increased, tension reached a point whereby Lori was forced to tap into additional resources to address the problem. She was most vulnerable and amenable to outside information and assistance during this time.

It was at this time of vulnerability, that the Investigative Worker from Child and Family Services explained the role of the Parent Support Worker to Lori as a neutral counsellor who is available to the non-offending parent for a six to eight week period following the disclosure in order to deal with their feelings, concerns, and questions. Lori signed the consent to participate in the service and allow the Investigative Worker to release her telephone number to the Parent Support Worker. Lori was contacted by the Parent Support Worker a day later and an appointment was set up for two days thereafter.

Lori was involved with the Parent Support Worker for a total of nine sessions. During this time-frame, numerous issues created stress for Lori and for her children were addressed.

The first task was to build a trusting relationship with Lori so that she could feel safe to discuss her feelings and reactions to the disclosure as well as examine and plan for sufficient support, both for herself, and her children. This trust was established at the onset by creating an environment that was open, validating, non-judgemental, and available for listening and problem-solving. Lori was aware that supports were readily being put in place for her two children, however, she was not anticipating that outside support would be an option for her so soon after the disclosure. For Lori, the impact of the disclosure was the "crisis" in her situation. As previously mentioned, Lori had been struggling to resolve the issues surrounding her own childhood victimization and had thought that she could prevent this from re-occurring with children of her own. Lori was very angry at her son for perpetrating against his adoptive sister and she was feeling a great deal of guilt for not protecting Cathy from being perpetrated against a second time. Lori stated that she adopted Cathy with the goal of protecting her and that her son, Steven knew this and subsequently "betrayed" his mother. Lori had a great deal of guilt as she was not able to "succeed" in her ultimate goal of protecting Cathy from further perpetration. A great deal of time was spent dealing with this sense of betrayal and guilt particularly since she was concerned about how these feelings would impact on her relationship with both Steven and Cathy.

The perpetration occurred within the nuclear family system. A clear safety plan needed to be put in place, including the appropriate supervision of interactions between Steven and Cathy. Lori did not feel she had outside resources to assist in this supervision and as a result, she spent all of her time supervising her children. This created a great deal of disruption in her normal daily routine and subsequently resulted in continuous reminders of the abuse, the guilt, and the betrayal. Lori did not want to "forget" or deny the disclosure, however, she did not want their lives to be solely consumed by the disclosure of the abuse. Lori was also beginning to feel overwhelmed and isolated as she spent much of her time supervising her children.

Lori was very concerned about the reactions of colleagues as well as the small community in which she lived, especially given her role and status in this community. Lori believed that this gave her all the more reason to close down and avoid involvement from any informal supports. She recognized that this dilemma was creating a bind for her and her children such that she was feeling increasingly more isolated and exhausted. Time was spent exploring the long-range outcome should this pattern of isolation continue. Lori decided that withdrawing temporarily from significant social supports was natural, however, she realized that like everyone, she needed members of a close support system to cope with the crisis she and her children were facing.

Prior to this discussion, Lori completed the Social Network Measure. Her responses indicate a relatively sparse social support network, particularly in the "family" sector. She did not identify her parents as people she could turn to for assistance because she was still attempting to work through her own history of victimization and not being believed. A great deal of time was spent focusing on what impact the recent disclosure was having on her own issues of victimization. Much effort was given to assisting Lori in sorting out her feelings and dealing with earlier memories and feelings which were being precipitated by her daughter's disclosure.

Lori identified several siblings and one set of extended family members as people she would turn to for support. However, she did clarify that these individuals all lived elsewhere and therefore, she could only have contact with them on an average of once per month. She felt that the geographic distance was a factor impeding access to family support. Another factor creating stress on the family support sector, was the on-going conflict and divided loyalties as a result of Lori's own disclosure of abuse. Once again, some work was required in order to assist Lori in gaining some perspective on this conflict so as to assist her in addressing her daughter's disclosure in a more functional manner. It needed to be recognized that Lori would require longer term counselling with this issue, as this was not the purpose of

the Parent Support Service, nor was it a practical task given the short term nature of the involvement with the Parent Support Worker. Lori was, therefore, encouraged to continue this work once she was introduced to individual and group treatment modalities. These treatment modalities were part of the coordinated treatment plan for the family which would be initiated once Lori was ready to terminate with the Parent Support Worker.

On the Support Network Measure, Lori identified three male friends and six female friends whom she felt she could turn to for various types of help. She had identified all of these individuals as people with whom she would engage in social activities. She identified feeling emotionally close to all of them and felt that she could turn to all of them to discuss worries. As mentioned, however, she did not feel comfortable talking to them about her worries in relation to the disclosure. Lori also identified many friends whom she would turn to for advice and information. Although Lori identified numerous friends, many of these friends did not live in the same geographical area as Lori and as a result, contact was limited to several times a year at best. Lori identified two females she had contact with daily and two males she had contact with on a bi-weekly basis.

Lori admitted to having a limited number of friends she could turn to for assistance with chores and tasks as well as in times of emergency. In many ways, Lori felt that the

present family crisis was an emergency, and as a result of limited resources in this area, she was feeling quite isolated. Lori was hesitant about telling any of her friends about the disclosure as she feared their reaction and subsequent treatment of both she and her children. Lori was particularly concerned about the implications this would have for her son, Steven.

Following some exploration and discussion about the isolation and exhaustion Lori was experiencing, she made the decision to share her story with one close friend whom she felt would be sensitive to the family's present situation. Discussion ensued about how she would tell this friend; as well, possible reactions by this friend were anticipated and planned for. Lori came to the decision that should this friend respond in a sympathetic manner, Lori would look at accessing this friend as a resource in order to ease some of the stress and isolation.

In a later interview, Lori was pleased to report that she had shared the family's circumstances with a friend, who in turn, responded in a caring, supportive and concerned manner. This friend inquired about how she could be of assistance and Lori utilized this opportunity to request help with various tasks and chores that were feeling insurmountable. Lori also requested respite from supervising Steven's and Cathy's interactions as well as assistance with transporting the children to appointments. Much to Lori's surprise, this

friend responded most favourably to these requests and made herself available to Lori and the children. Lori and her friend also considered how best to relate to Steven and Cathy, given their sense of shame and embarrassment about the abuse. Lori described feeling very relieved to have told her story to someone other than a professional who would be attentive and supportive. By telling even one close friend, Lori described feeling less isolated, less vulnerable and more hopeful. She felt that she had taken steps to develop a closer, more long-lasting friendship, something she stated, she had always wished for. Through this discussion, it became clear that a strong social network based on quality rather than necessarily on size is indispensable, especially since informal networks are in place long before, and long after formal networks (professional, agencies) arrive on the scene.

At the onset of involvement, Lori had identified two male and two female professionals whom she would seek out for social activities, advice and information. She identified one professional she would turn to in order to discuss her worries and another (R.C.M.P officer) whom she would seek out in emergency situations. All of the professionals Lori identified were people involved in her life prior to the disclosure of her daughter being sexually abused. They were individuals with whom Lori felt connected to enough to turn to following the disclosure. Although Lori stated that her

contact with these professionals was sporadic, she stated that she did find them to be helpful and supportive resources.

Lori completed the Social Network Measure at the end of her involvement with the Parent Support Service (T2). When she completed the measure the second time, she identified more family members, friends, and professionals who were aware of the disclosure of abuse. Lori stated that she felt good about the experience of telling a friend and decided that she would tell selected family members and friends. She found that although, some family members and friends responded in a non-supportive and unhelpful fashion, for the most part, the response was considerate and caring.

At the time of termination with the Parent Support Worker, Lori identified several more family members whom she felt she could turn to for discussing worries, decisions, gathering advice and information and at times of emergency. She also identified many more friends she could access during emergencies. Lori stated she felt more reassured and secure knowing she had these individuals to approach in times of emergency. At T2, Lori identified fewer friends for social activities. She clarified this by saying that there was too much to attend to with the disclosure that she was less likely to be socializing at that point in time. She felt that overall, she still had adequate resources to engage in social activities.

At the completion of the Parent Support Service (T2), Lori identified turning to professionals more frequently in relation to worries, major decisions, and advice and information. Much of the resourcing of professionals at that time, pertained to issues arising from the disclosure.

Lori attended nine sessions with the Parent Support Worker, at which time she was prepared to continue on with longer term counselling for herself as well as with her children. Family therapy was a treatment modality that would be examined in the future following dyadic work between Lori and Cathy and Lori and Steven.

The Social Network Measure was administered to Lori one year after treatment had begun (T3). At that time, Lori identified very few family members she would seek out for assistance. She did not identify any family members who would help with chores and tasks, very few she would look to for advice and information, and a very limited number she would discuss worries with. By far, Lori identified professionals as the people she would look to when in need of advice and information and when preoccupied with worries.

Given that Lori's relationship with members of her family of origin was strained and conflicted as a result of her disclosure of her own childhood victimization, and did not find overall that her family was particularly supportive or available to she and her children. This ongoing strained relationship only serves to highlight the importance of

working with all family members early on in the disclosure phase of child sexual abuse. Breaking through the denial and secrecy is the beginning point to assisting family members in the healing process which occurs through treatment.

One year into treatment, Lori pinpointed more friends for engaging in social activities than she did at T2. This may speak to Lori returning back to a healthier state of functioning following the crisis of disclosure. It is important to note that for the most part, Lori maintained her social network throughout the time frame of the service. This consistency speaks to the strength of her friendship network even during difficult times. It is important to recognize that although professionals became involved with Lori and her family at a time of crisis, it was her peer network that was well in place prior to professional involvement. Once the issue is considered "resolved" and family members are safe, the professionals will withdraw service and this family will be left to function in the community. In conclusion, it therefore, only makes sense that Lori's social network be examined and appropriately accessed during the crisis phase and subsequent treatment phases following the disclosure of sexual abuse.

CHAPTER 7

CASE STUDY #2

INVOLVEMENT IN THE PARENT SUPPORT SERVICE AND
AN EXAMINATION OF THE SOCIAL NETWORK

Lisa is a six year old girl living with her biological mother, Susan. Susan had been married for five years to her second husband, Robert, and together, they had one son, Matthew, age two years. Susan's first husband, David, was physically, emotionally and sexually abusive toward Susan throughout their marital relationship. Following their divorce, David married Wendy, who had two children from a previous marriage, Justin, age fourteen, and Linda, age eight years.

Lisa had been progressively withdrawing at home, spending most of her time alone, being very quiet and presenting a very sad disposition. Susan was very concerned about Lisa and with continued persistence, Susan was able to find out what was creating such disturbance for Lisa. Lisa disclosed that while visiting her biological father and his second wife, Wendy, on weekends, Wendy's natural son, Justin, had been sexually abusing her when he was left to babysit Lisa. Although it was difficult for Susan, she responded to the disclosure in a very supportive manner, reassuring Lisa that it was not her fault and that her mother would protect her from Justin re-offending against her.

In a state of panic, Susan contacted the family physician who assisted in reporting the disclosure of sexual abuse to the local Child and Family Services agency.

Susan was referred to the Parent Support Worker by the Investigative Worker of Child and Family Services soon after the disclosure. Susan was contacted by the Parent Support Worker the day after the referral was received and an appointment was set for a day later.

The referral to the Parent Support Service came at a time when Susan was in a state of crisis. For her, the "crisis" was not only the disclosure but more her inability to protect Lisa from abuse. Susan had continued to harbour a great deal of anger toward her ex-husband, David, for his abusive behaviour toward her and Lisa's disclosure only served to escalate this anger. The perpetrator was not a blood relative and therefore, Susan did not experience the conflict of loyalties between the perpetrator and the victim. It was easy for Susan to believe and support Lisa as she had no emotional tie to Justin.

During the crisis phase, Susan struggled to deal with the problem using her existing coping behaviours. These behaviours included withdrawing and waiting for the problem to pass, demonstrating her anger toward her ex-husband by arguing with him on the telephone and through her lawyer, and turning to her mother with the hope that she could resolve the problem. Susan quickly experienced that these strategies were

ineffective in adequately alleviating the discomfort being experienced following the disclosure. Susan became increasingly more anxious and it was this anxiety that propelled her into a flurry of activity in search of a solution.

Susan had been sexually abused in her own childhood and during her first marriage. Lisa's disclosure not only made Susan feel unable to protect her daughter, but it also stirred up feelings associated with her own history of abuse. These overwhelming feelings of guilt, anger, and vulnerability only served to create further disorganization as Susan was unable to resolve the situation by drawing upon her familiar coping strategies.

Susan's most familiar coping mechanism was to rely solely on her mother for support, direction, and information. Accessing her mother as a resource was often done at the complete exclusion of other available family members and friends. Much to Susan's disillusionment, her mother was unable to relieve the stress and resolve the conflict surrounding Lisa's disclosure.

As individual and family discomfort and disorganization increased, Susan was forced to access additional resources in order to attend to the problem. Susan's strength in being able to reach out for help when necessary was the step which activated the introduction of resources to attend to the crisis of disclosure. It was during this crisis state that

Susan demonstrated her amenability to change through the aid of external information and assistance.

The Investigative Worker explained the purpose of the Parent Support Service to Susan soon after the disclosure was reported to the Child Welfare agency and she agreed that it was a service that she could benefit from.

Susan attended the first session with the Parent Support Worker by herself. During that session, she described feeling angry, lost, vulnerable, guilty and afraid of what would happen next. Susan also raised concern that her husband, Robert, was struggling to deal with his feelings around the disclosure. She felt that their marital relationship was under significant distress as they spent very little time communicating and supporting one another during this difficult time. Susan was encouraged to invite her husband to the sessions so as to address their individual feelings and concerns as well as their collective concerns as parents. Robert's employment did not make it possible for him to attend all sessions, however, he did participate in three of the eight sessions.

Trust was built over the course of eight sessions as Susan and Robert experienced a neutral counsellor who was genuine, non-judgemental and supportive. Robert did admit to having difficulty communicating with Susan about the family's present situation and several strategies were implemented to make this process easier for both of them. They were provided

with reading material in order to better understand their feelings and reactions and ideas were given to reduce the distractions which were impeding conversation between them. Both Susan and Robert were concerned about what would happen next in the investigative process. They were feeling that the disclosure opened up a process they were not anticipating. They identified not feeling in control of their family, rather they felt at the mercy of the police and child welfare authorities. As a neutral counsellor, the Parent Support Worker was able to explain the process from this point forward as well as support these parents in approaching the Investigative Worker with their questions and concerns. The parents felt more comfortable approaching Child and Family Services once they had some information.

Susan decided to continue in the sessions with the Parent Support Worker despite her husband's absence. The sessions focused on assisting Susan in developing a safety plan for Lisa and ensuring its implementation. This safety plan included Lisa no longer going on weekend visits to her biological father's. In follow up sessions, Susan stated that Lisa demonstrated relief with knowing that this safety plan was in place and therefore, she would not have to be in contact with the perpetrator. Lisa did have telephone contact with her father as this was all she felt comfortable with, given that her biological father did not believe her.

Efforts were made to assist Susan in resolving the guilt she was experiencing for not being able to protect her daughter from the abuse that she herself experienced in her own childhood. Extensive memories of Susan's own childhood and marital victimization resurfaced following her daughter's disclosure. Knowing that she could implement a concrete safety plan for her daughter now, did in a small way, assist in restoring Susan's competence as a parent. It also empowered her to appropriately take charge of a situation in which her ex-husband was attempting to discredit their daughter and protect the perpetrator.

Attempts were made to enable Susan to explore her feelings and gain an understanding of the work still required to reach some resolution of her own victimization. Efforts were made to assist Susan in achieving clarity of the issues and feelings that belonged to her with those issues specific to her daughter's victimization. Susan needed to understand how her feelings toward her ex-husband impact upon her daughter's present functioning. Susan acquired an appreciation for the loyalty conflict her daughter was experiencing as Lisa felt as though she needed to chose between her parents. Susan realized that although Lisa was often disappointed by her natural father, she still loved him and was loyal to him. Although Susan would have preferred Lisa to have no contact with her biological father, she was

able to move beyond her anger in order to do what was most beneficial for Lisa.

Time was spent during a session examining what Susan perceived to be helpful behaviours by others given the family stress. Susan discovered that to her, being helpful meant that others were supportive, available as good listeners, and offered to help with the children and household activities during times of stress. Susan realized that other people taking over for her by completing tasks, making decisions for her and telling her what to do, was not what she considered to be helpful in the long term. This came as a great surprise to Susan as this was the type of relationship she had established with her mother.

Susan completed the Social Network Measure during the second session with the Parent Support Worker (T1). Overall, her social network size was average, however, the identification of actual persons within this network whom she could turn to for various types of help was sparse. That is, although the size of her network was substantial, the quality of these relationships was limited. This difference was also surprising to Susan. With some reflection, Susan did acknowledge neglecting possible resources as she continuously turned to her mother as the first and primarily the only support person. She identified turning to her mother for involvement in all areas, chores and tasks, social activities, worries, decisions, emergencies, and when in need of advice

and information. Susan identified three siblings and a brother-in-law as persons she would turn to for assistance, however, they were only identified as persons she would socialize with or discuss worries with. She did not identify feeling emotionally close to them and she believed that this was in part, associated with her disengaging from them when she was married to her first husband who was abusive and who limited the contact she had with her family. She did feel that this was an area of her social network which could be improved.

Susan did identify her husband, Robert, as a person she would turn to for assistance with chores and tasks, for involvement in social activities and for discussing worries and making decisions. Although she felt she "could" turn to him for assistance in these areas, she did not believe that she was naturally inclined to do so. She did not believe that their relationship was open enough to do this, however, she assumed that if she *really* needed help, she could turn to Robert. She did not feel as though she could turn to her husband during an emergency or if she needed advice and information.

Exploring her relationship with Robert, Susan believed that she should be happy with the relationship she had with her husband because he was not physically, emotionally or sexually abusive toward her as was her first husband. Susan alluded to physical abuse within Robert's own childhood,

although she would not confirm this. She admitted to feeling isolated from him and clearly stated that given the childhood she and Robert experienced, they were not taught to talk about their feelings openly nor solve problems in an open manner.

A conversation about how the isolation can affect individuals led Susan to contemplate speaking with Robert about possibly seeking marital counselling to assist them in better communicating and supporting one another.

Susan identified an aunt and a grandmother as part of her social network, however, she did not indicate feeling as though she could utilize them, nor did she feel emotionally close to them. She made the decision that these were not relationships she wanted to work on at this time.

Susan identified six female friends and one male friend in her social network. Of these friends, however, Susan believed only one of them was someone she could turn to for help in all areas (chores and tasks, social activities, worries, decisions, emergencies, and for advice and information). This was the friend she identified as feeling the most emotionally close to. She pinpointed the other six friends as people she used as resources primarily for social activities. Of all her friends, Susan had told two of her female friends about Lisa's disclosure and she stated that they responded in a supportive manner.

At T1, Susan named two professionals as part of her social network, her lawyer and the family physician. She

believed that they were two people she could access for advice and information, when she had worries or decisions to make. These two professionals had been consistent resources throughout Susan's teenage and adult life.

Realizing that being helpful to her included people being available to assist with tasks and chores as well as being accessible to provide advice, information and a supportive ear, Susan decided that her present relationship with her mother was not as helpful as it could be. She was strongly cautioned against confronting her mother with this new-found realization especially given the crisis of her daughter's disclosure. Susan acknowledged that this was not the time to jeopardize the support she was receiving from her mother. Examining possible options resulted in Susan deciding not to confront her mother but rather to make a more concerted effort to utilize other family members who knew of the disclosure and who appeared to respond sympathetically. Role playing and predicting were two methods used to aid Susan in developing a plan to approach family members for assistance. In a later session, Susan stated that the family members she approached welcomed her request for help. They stated that their primary reason for remaining detached was their uncertainty about how to be helpful.

Susan completed the Social Network Measure again, one year after treatment had begun (T3). At that time interval, Susan identified her mother and father, three sister, and a

brother as people she would feel comfortable seeking help from for chores and tasks, emergencies, gathering advice and information, making decisions, discussing worries, and participating in social activities. It would appear that Susan created more balance in her network without jeopardizing her important relationship with her mother. At T3, Susan identified her aunt as a person she would reach out to in times of emergency as well as at times when she required help with chores and tasks. At T1, Susan listed this aunt as part of her social network, however, she did not identify her as someone she would reach out to for aid in specific areas.

Susan's response to identifying her friendship network went from seven members at T1 to five members at T3. The quality of these relationships remained sparse as she identified only one of the five as someone she would turn to for various types of help.

At T3, Susan identified the family physician as the only professional she felt she could access for help. Susan no longer accessed her lawyer as his involvement was no longer required to deal with Susan's ex-husband.

It would seem that Susan's resources are primarily sought from the family sector of her social network. She improved the quality of this part of her network, however, it does not appear to be balanced with the other sectors of her social network, namely, friendship and professional sectors. By essentially resourcing one cluster of her network, Susan runs

the risk of not allowing new information to penetrate from outside the family system. It is the flow of this new information, attitudes, and values that serves to model and reinforce behaviours.

Susan's network is very insulated as there is a lack of connectedness among the various subgroupings. That is to say, members of her family network are not familiar with members of her friendship network and vice versa. This has important implications as it is less likely for new information and models of behaviour to travel from one sub-network to another. Rather, Susan's relationship with a member of one sub-network is unlikely to be influenced by her relationship with members of another sub-network. Since Susan's extended network is less likely to hold all of these same values as her immediate network, the extended network is less likely to "share the same long-term constraints of the same social context" (Salzinger et al., p. 70). A balance between the size and quality of the immediate and extended network, or the family and friendship network, is paramount to the healthy transmittal of information, ideas, attitudes and values.

Long term intervention from a social network perspective with Susan should include an attempt to equalize the size and quality of supportive resources from the various sub-groupings of her social network. Intervention may also include facilitating further interconnectedness between sub-groupings so as to maximize the support potential of Susan's network.

CHAPTER 8

THE LEARNING EXPERIENCE RESULTING FROM
PARTICIPATING IN THE SERVICE
"TREATING SEXUAL ABUSE IN RURAL AREAS"

Participating in the service "Treatment Sexual Abuse in Rural Areas" allowed for an opportunity to engage in a process of implementing and evaluating a coordinated approach to the treatment of intrafamilial child sexual abuse. More specifically, the Parent Support Service was an opportunity to provide a unique service to the non-offending parent(s) at the time of disclosure of child sexual abuse.

Offering a short-term crisis service to non-offending parents at the time of a disclosure of intrafamilial child sexual abuse was an opportunity to experiment with a service not frequently afforded to non-offending parents. Being able to offer this service to these parents was not only rewarding but very challenging. Although there were many common themes when working with the non-offending parents, each referral had its own unique characteristics, resulting in a need to examine each referral on a very individual basis.

Through the practicum experience, it was hoped that at least four personal learning needs would be met. These learning needs included: 1) increased skill development in the area of crisis intervention; 2) a better understanding of a family's response to an allegation of intrafamilial child

sexual abuse; 3) a greater appreciation for the family's social network resources and how these resources may help or hinder in the crisis resolution following the disclosure; and, 4) a better understanding of how Mental Health Services can participate in collaborative and effective intervention and treatment of intrafamilial child sexual abuse. Overall, the practicum experience allowed for the successful achievement of all four learning goals.

In retrospect, those cases which were referred to the Parent Support Worker sooner versus later following the disclosure appeared to benefit most and be most satisfied with the service being offered by the Parent Support Service. It was also important for the Parent Support Worker to make telephone contact and initiate a first session very soon after receiving the referral from the Investigative Worker at Child and Family Services. This is significant as it would seem that those parents who were referred during a state of crisis, received support and intervention at a time when they were most open to accepting new information, ideas and direction. This finding is consistent with the crisis theory previously outlined in Chapter 1.

It was necessary to develop an understanding of what the crisis was in each situation. It was inappropriate to assume that the crisis was the disclosure itself, since for many parents, the crisis was associated with the anticipated reactions from members of their social network and the

community at large, while for others, the crisis was the fear of disintegration of the family unit. An accurate assessment of what was perceived as the most threatening elements of the situation was imperative, as this assessment would determine the focus of intervention. It was not only necessary to understand what was perceived as the most threatening element in the situation, but it was also vital to gain an appreciation for why it was this element that was most threatening to this parent and family.

Crisis intervention included intervening quickly at a time when the crisis could be utilized as an opportunity for developing more healthy and functional coping responses. It was important to join quickly with the parents, creating an environment that was safe and responsive. A key element in providing crisis intervention to these parents, was the development of a clear and specific safety plan, not only for the victim, but also for the siblings and the non-offending parent. Another key element in the crisis intervention was the provision of accurate information including: normal responses to a crisis; feelings commonly associated with the disclosure of intrafamilial child sexual abuse; clarity of various agency and professional roles and responsibilities; an understanding of what will happen next; an awareness of what professionals to access for what type of information; and, information about how to respond to their own feelings as well as the feelings and questions raised by the victim, the

victim's siblings, and members of their social network.

This practicum allowed for a clear appreciation of the crises experienced by the families participating in the service. The practicum generated an opportunity to utilize and improve upon crisis intervention skills.

It was important to impress upon the non-offending parent the notion that this service was created so that a professional would be available just for the parent during the difficult time frame following the disclosure. The Investigative Worker and the Parent Support Worker needed to convey the sentiment that the Parent Support Worker was a neutral counsellor who was not involved in the investigative process. Once parents understood and accepted this premise, they seemed to realize that they were not going to be interrogated nor judged. Subsequently, this allowed them to feel safe to identify and disclose feelings and concerns precipitated by the disclosure. This neutrality on the part of the Parent Support Worker, appeared to be a key element in the success of the service being offered to the non-offending parents. It was important to be cognizant of the possibility that the Parent Support Worker could be triangulated between the parents and the child welfare authorities. This could have occurred as the parents attempted to use any and all resources at their disposal in order to regain control of a situation that had altered the homeostatic balance of the

family and its members, thus interrupting the family's present coping mechanisms.

The position of neutrality held by the Parent Support Worker appeared to be appreciated by the parents as indicated by their response on the Client Satisfaction Questionnaire (Appendix). This questionnaire was administered for confidential completion and mail return to the research office immediately following termination of the Parent Support Service. Responses on the Client Satisfaction Questionnaire indicated a high level of satisfaction with the service provided by the Parent Support Worker. All of the respondents indicated that the service had helped them deal more effectively with the problem while approximately three quarters of the respondents believed that they had received the type of services they wanted. Approximately 80% of the respondents indicated that they were satisfied with the amount of service that had been provided.

The non-offending parents were also contacted and interviewed by an independent, neutral interviewer approximately 18 months after they had received Parent Support Services in order to provide long term follow up and gain an appreciation for their feelings and attitudes about the services they had received. Approximately three quarters of the respondents were located for the 18 month follow up. Every non-offending parent indicated that in hindsight, they believed they had a positive relationship with the Parent

Support Worker and that the service they had received at the time of the disclosure was very satisfying. One parent commented that "she [Parent Support Worker] was somebody to talk to, really great, helped me to motivate myself". Many parents stated that "for the first time, someone was there just for me".

These comments indicate that a strong level of trust was developed in a very short period of time. The development of this basic trust was another key element to the apparent success of the Parent Support Service. The disclosure is a time when strong defense mechanisms are enlisted in order to deal with the crisis. Being able to penetrate these powerful defense mechanisms and develop a rapport with the non-offending parents was challenging. Success in achieving this goal, was of paramount importance to providing effective Parent Support Services. It was most interesting, however, to observe and compare those parents who were referred for Parent Support Services immediately following the disclosure with those parents who experienced a delay between the time of disclosure and time of referral. Those parents who were referred immediately after the disclosure, were far more malleable to change through both crisis and supportive interventions. In situations where parents were not referred for Parent Support Services immediately, whether as a result of complications in the investigation process or because the abuse had occurred in the past and the perpetrator no longer

had access to the child and the child was not overtly demonstrating difficulties, these parents were less likely to acknowledge problems and were in general, less open to discussing the whole issue of abuse.

Involvement in this practicum allowed for an opportunity to also address the second learning objective which was to learn more about a family's reaction and response to an allegation of child sexual abuse. The non-offending parents appeared to struggle with several common reactions and feelings including: disbelief, betrayal, guilt, anger, and a fear of what would happen next in the family's "public nightmare". These reactions were normal reactions in an attempt to cope with a very stressful and unpredictable situation. Being supportive, normalizing their feelings, educating them about what to expect, what would happen next, how to respond to their children and members of their social network, as well as helping them develop a plan of safety for family members were, therefore, necessary components to assisting these parents in reaching for a higher level of individual and family adaptation.

In retrospect, the function of the Parent Support Service should have been expanded to include sessions with the non-offending parent(s) and the child victim. As it was, the Parent Support Worker met only with the parent and assisted the parent in developing a plan to provide support and information to the child victim. It would have been more

therapeutically effective to engage in sessions with the parent and the child, whereby the parent could provide information and support to the child with the facilitation of the Parent Support Worker. This approach would have allowed for the Parent Support Worker to role model appropriate responses and behaviours while also observing the interaction between the parent and child. It would have been an opportunity to directly reinforce the parent as they supported their child during a very stressful period of time.

This approach would have been particularly productive in those situations where the non-offending parent did not believe the child's disclosure. This was a common response in those cases where the victim and the perpetrator belonged to the same "nuclear" family system. This included step-family constellations, families with adopted children, and those families living in common-law situations. In many of these cases, the non-offending parent was faced with loyalty issues. This loyalty conflict created a great deal of psychological distress as they were being forced to choose between two loved ones. This distress often increased in situations where the perpetrator was the bread-winner in the family. Believing the child in these cases became more difficult as the non-offending parent was financially dependent upon the perpetrator for survival. It was obvious that denial was a protective coping mechanism for many families, with the cost of denial being family flexibility.

It was common for some of the families to respond to the allegation by becoming emotional fortresses, making it difficult for outsiders to permeate the family system and address individual and family dysfunction. Remaining as emotional fortresses only served to maintain the "undifferentiated family ego mass" (Bowen, cited in Kerr, 1981) which often characterizes the enmeshment within these family systems. Families responded in this way when the state of their existing family unit was in jeopardy. This response was a coping mechanism used to try to regain control, and reduce the level of anxiety and disorganization being felt by the family and its members.

The third learning need identified at the onset of the practicum involved acquiring a better understanding of a family's social network resources and how these resources may help or hinder in the process of crisis resolution.

It became clear that the families participating in the service had very sparse social networks. There did not appear to be a clear delineation about who one would turn to (family, friends, professionals) for which type of help (chores and tasks, social activities, worries, decisions, emergencies, advice, and information). This observation only served to reinforce what is already known about incestuous families, namely, that there exists a high degree of enmeshment within them. This level of enmeshment is likely a function of the emotional isolation characteristic of individual family

members of incestuous families. This degree of enmeshment makes it difficult for individual family members to be autonomous as individual autonomy is viewed as threatening to the well-being of the family system. It is the family system that is autonomous, not the individual members. The enmeshment within these families makes it difficult for new information, attitudes, and behaviours to penetrate the system. As a result, the values of larger society are less likely to impact on the family and less likely to influence the behaviours within the context of the family. Rather than dealing directly with the allegation of abuse, these highly autonomous families often exerted internal pressure to "close ranks" to the outside world, thus denying any problems. When a problem exists within the family system as is the case with incest, enmeshment within the family, coupled with isolation from a larger community support network, often results in a lack of appropriate resources to help in the process of crisis resolution. Many of the families participating in the service did not find that their existing social network resources were sufficient in resolving the crisis precipitated by the disclosure. Many parents felt polarized as some family members encouraged denial of the allegation, while police and child welfare authorities forged on with the investigation and the premise that the allegation may be true.

Non-offending parents who further isolated themselves from their networks following disclosure, found themselves

under greater stress as they not only had to deal with the ramifications associated with the allegation, but also with the inclination to keep it secret from members of their network. Once again, this behaviour did not serve to aid in the resolution of the crisis, rather, it tended to amplify feelings of anxiety, disorganization and chaos. In these cases, it was necessary to facilitate a process whereby the parent could approach a member of their network for purposes of support and assistance. This action tended to alleviate a great deal of stress, and subsequently resulted in aiding in the resolution of the crisis.

It was interesting to observe the limited amount of interconnectedness between the sub-groups of the social networks. That is, network members were less likely to know each other or have an influence on one another. The members' connection primarily lay with the non-offending parent and their family as opposed to with one another. This lack of connectedness among people within the network, implies that less information is likely to be transmitted and the information that is transmitted is less likely to be done so with ease. Many of the relationships within the network were superficial in nature. This was another factor impeding the transmission of significant ideas, values, and information.

The forth and final learning objective involved developing a better understanding of how Mental Health Services could participate in collaborative and effective

intervention and treatment of intrafamilial child sexual abuse.

Involvement in this practicum clearly demonstrated that there is a role for Mental Health Services in the intervention and treatment of child sexual abuse. A clear distinction between investigative personnel and treatment personnel proved to be imperative for effective intervention and treatment. Clarity of these roles and boundaries among the professionals made it easier for families to know who to go to in order to request information or address complaints.

Child sexual abuse impacts upon the mental health of individual family members as well as the family unit as a whole and it therefore, only makes sense for a Mental Health Service agency to be involved in the treatment of incestuous families. The role for Mental Health involves working with individual family members, dyads, sub-units, and when deemed appropriate, the entire family constellation in order to establish a level of healthier psychological and social functioning. This healthier functioning includes clear generational boundaries, individual autonomy and safety, appropriate use of parental power, and the adequate availability of appropriate social network resources, only to mention a few.

Clearly, Mental Health Services could play a key role in providing short term service to non-offending parents at the time of disclosure. The differing mandates of Mental Health

Services and Child and Family Services automatically creates an opportunity for a position of neutrality with families. This neutrality proved to be a key element in the successful outcome of the Parent Support Service.

This practicum was a valuable learning experience for working with incestuous families, and more specifically, working with non-offending parents at the time of disclosure of sexual abuse. This practicum experience highlighted the complex nature of the assessment, intervention, and treatment of intrafamilial child sexual abuse. Sexual abuse is a social problem that requires a collaborative effort on the part of all professionals so that intervention and treatment can occur in a coordinated fashion.

CHAPTER 9

CONCLUSIONS

The investigation and treatment of intrafamilial child sexual abuse is a complex process requiring an intricate and dynamic approach. The project, "Treating Sexual Abuse in Rural Areas" was an attempt by service providers from a rural locale to work collaboratively to offer a coordinated treatment approach to the investigation and treatment of this widespread social problem. Overall, the findings of the service indicated that a coordinated approach involving a collaborative effort by various service agencies and professionals can be advantageous to all members of the family system during the investigation and early treatment phases of child sexual abuse.

A short-term specialized service tailored to the non-offending parents at the time of the allegation was offered in order to assist the parent in addressing individual and family issues associated with the disclosure of the intrafamilial child sexual abuse. This short-term crisis service played a key role at the time of disclosure both for the non-offending parent and their family, as well as for the Investigative Workers of the local child welfare agency. The Parent Support Worker was available to move in quickly with the non-offending parent soon after the allegation was made to the appropriate authorities.

Non-offending parents are often lost in the shuffle once a disclosure has been made. Services and professional resources are readily implemented for the child victim and the perpetrator at the time of disclosure, while the non-offending parent is often left hanging, with very little support, information and direction. The Parent Support Service was a resource non-offending parents could voluntarily participate in to help them begin to work through issues associated with the crisis phase. In many cases, this service was the first time anyone had been available just for these parents.

The local child welfare authorities also found the Parent Support Service to be beneficial. At the receipt of an allegation of child abuse, those professionals involved in child protection must respond rapidly, gaining an understanding of the allegation while also ensuring a child's safety. This is a very active time for these particular service providers as it is their responsibility to determine whether or not abuse has occurred. Although these professionals attempt to provide support to individual family members, the nature of their mandate makes it difficult for them to focus exclusively on providing support to any given family member. Child protection agencies can be systemic in their approach to working with families but the bottom line is that these agencies serve as advocates for children in need of protection. This is another realm where the Parent Support Service was advantageous. The Investigative Workers felt that

they could make the referral to the Parent Support Worker, knowing that the non-offending parent would receive supportive and crisis interventions. The benefits of this service stretched beyond assistance to just the non-offending parent. Work with the non-offending parent also involved planning for the provision of safety and support to the child by the parent. Although the non-offending parent was the direct recipient of the Parent Support Service, a systemic perspective was employed, thus taking all family members into account during the assessment and intervention phases of this short-term crisis service.

Intervention by the Parent Support Worker with the non-offending parent at the time of disclosure prevented many families from closing ranks and becoming "emotional fortresses" to those outsiders who were perceived as threatening to the existing structure and stability of the family unit. This speaks to the need to intervene quickly during the crisis phase when individuals are more susceptible to allowing outside involvement.

Accepting help from professional resources allowed parents to become more sensitive to their child's feelings and needs given the allegation. This increased sensitivity enabled the parents to work with the Parent Support Worker to more openly examine how they, as parents, could be more supportive to their child, including ensuring their safety in the home.

Expecting non-offending parents to be supportive and available to their children was not a realistic expectation without concurrently examining the non-offending parent's own available resources for social support. An examination of the social networks of these parents indicated that they tended to have sparse support networks and be quite isolated as individuals. The family network appeared to be enmeshed and highly isolated within the context of the larger community.

During the course of treatment, many non-offending parents were empowered to seek out at least one member of their support network who would be a resource to the parent during this difficult time. Parents who did this found that overall, they were less distressed. They had someone other than a professional whom they could turn to for support so that in turn, they could support their child. This was an important intervention as it aided parents in partially "refuelling" themselves so that they could be available to their children during their experience of distress and uncertainty.

The opportunity to experience the obvious success of the Parent Support Service was clearly a strength in this practicum. Feedback from the recipients of the service as well as professionals being impacted upon by the availability of service indicated a strong appreciation for the crisis counselling and support done with the non-offending parents.

A second strength of the practicum was the opportunity to observe how the theories of child sexual abuse, crisis intervention and social networks were clearly demonstrated in actual case situations. This experience pulled together several separate but inter-related themes in clinical theory.

More specifically, the practicum allowed for a better understanding of the mandates, of other human service agencies, including their strengths and limitations. As well, involvement in this service provided valuable knowledge and experience about working collaboratively with other professionals to implement a coordinated treatment approach to intrafamilial child sexual abuse.

In retrospect, one area which proved to demonstrate some weakness was during the transition time of termination with the Parent Support Service and the implementation of the longer term treatment being coordinated by the Case Manager. This time of transition could have been accomplished more smoothly, perhaps with some further thoughtful and deliberate planning on the part of the service providers. For example, the Parent Support Worker should be involved in all "transfer meetings" with the Treatment Coordinator, the Investigative Worker, and the newly assigned Case Manager. Rather than this occurring sporadically, it is recommended that this be a common practice in all cases so as to facilitate the smooth transition while attempting to provide a comprehensive coordinated treatment approach.

Without a doubt, the role of the Parent Support Worker is an innovative treatment piece in the stabilization of family members following an allegation of child sexual abuse. It is recommended that this role be used as a short-term crisis service to non-offending parents. The focus of the involvement should be on psychological and social adaptation of members to a very stressful situation. It is also recommended that this role be filled by a neutral counsellor; someone who is not involved in the investigative process. By doing this, the counsellor can remain objective and not in the role of determining the validity and essence of the allegation. This leaves the counsellor in a position of supporting the parent and family while also acknowledging that despite whether or not the abuse occurred, the family is being faced with significant problems. Reduction of individual and family stress can therefore, only occur by dealing directly with the present situation.

Incestuous families are known to have small, scarce social networks and an examination of the networks of those parents participating in the service, proved to be no different. The isolation and lack of social resources available to these families is an issue that requires specific attention. For better or for worse, family members and friends are involved with the family long before and long after professionals arrive on the scene. Healthy social networks are significant to any individual as this is the

forum in which information, beliefs, attitudes, values and behaviours are shared and reinforced. Intervening at this level is imperative, therefore, in an attempt to break the generational transmission of incestuous behaviour. If professionals are not prepared to be involved with these families over the course of their lifetime, then serious thought should be given to intervening not only at the individual and family level, but also at the social network level where the family's values, beliefs and behaviours were first established and continue to be reinforced.

REFERENCES

- Adkins, E., Trute, B., McDonald, G., McCannell, K., Herbert, C., Hill, E., Scusem D., (1991). Child Sexual Abuse in Rural Community Settings: The Implementation and Evaluation of a Coordinated Treatment Model, Demonstration Project Final Report, National Welfare Grants Project #4556-1-19, Ottawa, Canada.
- Anderson, C., Mayes, L. (1982). Treating Family Sexual Abuse: The Humanistic Approach. Journal of Child Care, 1 (2).
- Bagley, C. (1984, June). Mental Health and the In-Family Sexual Abuse of Children and Adolescents. Canada's Mental Health, 17-23.
- Ballew, J.R. (1985, January/February). Role of Natural Helpers in Preventing Child Abuse and Neglect. Social Work. 30 (1), 37-41.
- Beck and Beck. (1972). Post Graduate Medicine. 57, 81-85.
- Brockopp, G.W. (1973). Crisis Intervention: Theory, Process and Practice. Crisis Intervention and Counselling by Telephone. Chapter 6. Illinois: Thomas.
- Brunk, M., Henggeler, S.W., Whelan, J.P. (1987). Comparison of Multisystemic Therapy and Parent Training in Brief Treatment of Child Abuse and Neglect. Journal of Consulting and Clinical Psychology, 55 (2), 171-178.
- Byerly, C.M. (1985). The Mother's Book How To Survive the Incest of Your Child. Iowa: Kendall/Hunt Publishing Company.
- Cammaert, L.P. (1988). Non-offending Mothers: A New Conceptualization. In L.E. Walker (Ed.), Chapter 15. New York: Springer Publishing Company.
Note: In Walker, L., (Ed.). Handbook on Sexual Abuse of Children.
- Cashmore, J., Bussey, K. (1987). Disclosure of Child Sexual Abuse: Issues from a Child-Oriented Perspective. Aust. Journal of Social Issues. 22 (3), 13-26.
- Conte, J.R., Schuerman, R. (1987). Factors Associated With an Increased Impact of Child Sexual Abuse. Child Abuse and Neglect, 11, 201-211.
- Cooper, I., Cormier, B.M. (1982, April). Inter-Generational Transmission of Incest. Canadian Journal of Psychiatry, 27, 231-235.

- deYoung, M. (1981, September/October). Siblings of Oedipus: Brothers and Sisters of Incest Victims. Child Welfare, LX (8), 561-568.
- Elbow, M., Mayfield, J. (1991, February). Mothers of Incest Victims: Villains, Victims, or Protectors? Families in Society: The Journal of Contemporary Human Services, 78-86.
- Finkelhor, D. (1978, October). Psychological, Cultural and Family Factors in Incest and Family Sexual Abuse. Journal of Marriage and Family Counselling, 41-49.
- Finkelhor, D. (1984). Child Sexual Abuse: New Theory and Research. New York: The Free Press.
- Friedman, S. (1988). A Family Systems Approach to Treatment. In L.E. Walker (Ed.), Handbook on Sexual Abuse of Children. Chapter 16. New York: Sprinker Publishing Company.
- Giarretto, H. (1982). Comprehensive Child Sexual Abuse Treatment Program. Child Abuse and Neglect, 6, 263-278.
- Golan, N. (1968, July). When Is A Client In Crisis? Social Casework, 389-394.
- Goodwin, J., McCarthy, T., DiVasto, P. (1981). Prior Incest In Mothers of Abused Children. Child Abuse and Neglect, 5, 87-95.
- Gordon, L. (1985, May/June). Child Abuse, Gender, and the Myth of Family Independence: A Historical Critique. Child Welfare, LXLV (3), 213-224.
- Gottlieb, B.H. (1981). Social Networks and Social Support. London: Sage Publications.
- Gray, J.D., Cutler, C.A., Dean, J.G., Kempe, C.H. (1979). Prediction and Prevention of Child Abuse and Neglect. Journal of Social Issues, 35 (2), 127-139.
- Hall, R.P., Kassees, J.M., Hoffman, C. (1986, May). Treatment For Survivors of Incest. The Journal For Specialists In Group Work, 11 (2), 85-92.
- Haugaard, J.J., Reppucci, D.N. (1988). The Sexual Abuse of Children. London: Jossey-Bass Publishers.
- Haugaard, J.J., Tilly, C. (1988). Characteristics Predicting Children's Responses to Sexual Encounters With Other Children. Child Abuse and Neglect, 12, 209-218.

- Heiman, M.L. (1988). Untangling Incestuous Bonds: The Treatment of Sibling Incest. In M.D. Kahn, K.G. Lewis (Eds.), Siblings in Therapy. Chapter 7. New York: Norton Publishing.
- Howze, D.C., Kotch, J.B. (1984). Disentangling Life Events, Stress and Social Support: Implications for the Primary Prevention of Child Abuse and Neglect. Child Abuse and Neglect, 8, 401-409.
- Kazak, A.E., Wilcox, B.L.. (1984). The Structure and Function of Social Support Networks in Families With Handicapped Children. American Journal of Community Psychology, 1984, 12 (6), 645-661.
- Kessler, R.C., Price, R.H., Wortman, C.B. (1985). Social Factors in Psychopathology: Stress, Social Support, and Coping Processes. Annual Review Psychology, 36, 531-572.
- Kotch, J.B., Parke Thomas, L. (1986). Family and Social Factors Associated with Substantiation of Child Abuse and Neglect Reports. Journal of Family Violence, 1 (2), 167-179.
- Larson, N.L., Maddock, J.W. (1986). Structural and Functional Variables in Incest Family Systems: Implications for Assessment and Treatment. Journal of Psychotherapy and the Family, 2 (2), 27-44.
- Loredo, C.M. (1982). Sibling Incest. In S. Sgroi, Handbook of Clinical Intervention in Child Sexual Abuse. Chapter 6. Massachusetts: Lexington Books.
- Machotka, P., Pittman, F.S., Flomenhaft, K. (1967, March). Incest as a Family Affair. Family Process, 6, 98-116.
- Maddock, J.W. (1988). Child Reporting and Testimony in Incest Cases: Comments on the Construction and Reconstruction of Reality. Behavioural Sciences and the Law, 6 (2), 201-220.
- Maguire, L. (1983). Understanding Social Networks. California: Sage Publications, Inc..
- Mayer, A. (1983). Incest: A Treatment Manual For Therapy With Victims, Spouses and Offenders. Florida: Learning Publications, Inc.
- MacIntyre, K. (1981, November). Role of Mothers in Father-Daughter Incest: A Feminist Analysis. Social Work, 462-466.

- MacFarlane, K., Korbin, J. (1983). Confronting the Incest Secret Long After the Fact: A Family Study of Multiple Victimization with Strategies for Intervention. Child Abuse and Neglect, 7, 225-240.
- McCannell, Saulnier, K., and Rowland, C. (1985, October). Missing Links: An Empirical Investigation of Network Variables in High-Risk Families. Family Relations, 34, 557-560.
- Minuchin, S. (1974). Families and Family Therapy, Cambridge, Mass: Harvard University Press.
- Myer, M.H. (1985, Winter/Spring). A New Look at Mothers of Incest Victims. Journal of Social Work and Human Sexuality, 2 (2/3), 47-58.
- O'Hare, J., Taylor, K. (1983, Summer/Fall). The Reality of Incest. Women and Therapy, A Feminist Quarterly, 2 (2/3), 215-229.
- Pianta, B. (1984). Antecedents of Child Abuse. School Psychology International, 5, 151-160.
- Polansky, N.A. (1985, Spring). Determinants of Loneliness Among Neglectful and Other Low-Income Mothers. Journal of Social Service Research, 8 (3), 1-15.
- Polansky, N.A., Ammons, P.W., Gaudin, J.M. (1985, January). Loneliness and Isolation in Child Neglect. Social Casework, 66 (1), 38-47.
- Polansky, N.A., Chalmers, M., Battenwieser, E., Williams, D.P. (1979, January). Isolation of the Neglectful Family. American Journal of Orthopsychiatry, 49 (1), 149-152.
- Polansky, N.A., Gaudin, J.M., Ammons, P.W., Davis, K.B. (1985). The Psychological Ecology of the Neglectful Mother. Child Abuse and Neglect, 9, 265-275.
- Russell, D. (1984). The Prevalence and Seriousness of Incestuous Abuse: Stepfathers Vs. Biological Fathers. Child Abuse and Neglect, 8, 15-22.
- Salzinger, S. (1983). Mothers' Personal Social Networks and Child Maltreatment. Journal of Abnormal Psychology, 92, No. 1, 68-76.
- Saulnier, K. (1982, March). Networks, Change and Crisis: The Web of Support. Canadian Journal of Community Mental Health, 1 (1), 5-23.

- Saulnier, K., Rowland, C. (1985, October). Missing Links: An Empirical Investigation of Network Variables in High Risk Families. Family Relations, 34, 557-560.
- Seagull, E. (1987). Social Support and Child Maltreatment: A Review of the Evidence. Child Abuse and Neglect, 11, 41-52.
- Sesan, R., Murphy, S., Freeark, K. (1986). The Support Network: Crisis Intervention for Extrafamilial Child Sexual Abuse. Professional Psychology: Research and Practice, 17 (2), 138-146.
- Sgroi, S.M., Canfield Blick, L., Sarnacki Porter, F. (1982). A Conceptual Framework for Child Sexual Abuse. In S. Sgroi, S., Handbook of Clinical Intervention in Child Sexual Abuse. Chapter 1. Massachusetts: Lexington Books.
- Sgroi, S.M., Dona, N.T. (1982). Individual and Group Treatment of Mothers and Incest Victims. In S. Sgroi, Handbook of Clinical Intervention in Child Sexual Abuse. Chapter 7. Massachusetts: Lexington Books.
- Silver, R.L., Boon, C., Stones, M.H. (1983). Searching For Meaning In Misfortune: Making Sense of Incest. Journal of Social Issues, 39 (2), 81-102.
- Smith, H., Israel, E. (1987). Sibling Incest: A Study of the Dynamics of 25 Cases. Child Abuse and Neglect, 11, 101-108.
- Smith, L.L. (1979, February). Crisis Intervention In Practice. Social Casework: The Journal of Contemporary Social Work, 81-88.
- Solin, C.A. (1985, October). Displacement of Affect in Families Following Incest Disclosure. American Journal of Orthopsychiatry, 56 (4), 570-576.
- Sullivan Everstine, S., Everstine, L. (1983). People in Crisis: Strategic Therapeutic Interventions. New York: Brunner/Mazel Publishers.
- Trepper, T.S., Barrett, M. (1986). Vulnerability to Incest: A Framework for Assessment. Journal of Psychotherapy and the Family, 2 (2), 13-25.
- Trute, B., Adkins, E., MacDonald, G., Vaughn-Jones, G., Fedoruk, T. (In Press). "Bridging the Investigation and Treatment of Child Sexual Abuse: A Short Term Crisis Service for Abused Children and Their Non-Offending Parents." In E. Viano (Ed.) Proceedings of the 7th International Institute on Victimology, Onate, Spain.

- Trute, B., Hauch, C. (1988, Spring). Social Network Attributes of Families with Positive Adaptation to the Birth of a Developmentally Disabled Child. Canadian Journal of Community Mental Health, 7 (1), 5-16.
- Unger, D., Powell, D.R. (1980, October). Supporting Families Under Stress: The Role of Social Networks. Family Relations, 566-574.
- Walker, L., Bolkovatz, M.A. (1988). Play Therapy With Children Who Have Experienced Sexual Assault. In Walker, L.E., (Ed.). Handbook on Sexual Abuse of Children. Chapter 13. New York: Springer Publishing Company.
- Waterman, C.K., Foss-Goodman, D. (1984, November). Child Molesting: Variables Relating to Attribution of Fault to Victims, Offenders, and Non-Participating Parents. The Journal of Sex Research, 20 (4), 329-349.
- Will, D. (1983). Approaching the Incestuous and Sexually Abusive Family. Journal of Adolescence, 6, 229-246.

APPENDIX

THE PARENT SUPPORT PROJECT

The Client Satisfaction Questionnaire (CSQ)

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we appreciate your help. The following questions relate to your contact with the Parent Support Worker only and not to your contact with Child and Family Services.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

4	3	2	1
No definitely not	No not really	Yes generally	Yes definitely

3. To what extent has our program met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend our program to him/her?

4	3	2	1
No definitely not	No I don't think so	Yes I think so	Yes definitely

5. How satisfied are you with the amount of help you received?

4	3	2	1
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

(OVER)

6. Have the services you received helped you to deal more effectively with your problems?

4
Yes they have
helped a great
deal

3
Yes they
have helped
somewhat

2
No they
really didn't
help

1
No they seemed
to make things
worse

7. In an overall, general sense, how satisfied are you with the service you received?

4
Very
satisfied

3
Mostly
satisfied

2
Indifferent
or mildly
dissatisfied

1
Quite
dissatisfied

8. If you were to seek help again, would you come back to our program?

4
No definitely
not

3
No I don't
think so

2
Yes I
think so

1
Yes definitely

ADDITIONAL COMMENTS:

PLEASE ATTACH ADDITIONAL SHEETS IF YOU WISH