

MOTHERS AND FATHER-DAUGHTER INCEST:

RESPONDING TO THE CRISIS

OF DISCLOSURE

BY

Gloria Vaughan-Jones

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In Partial Fulfillment of the Requirements

for the Degree of

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ABSTRACT

The disclosure of father-daughter incest can create an immediate crisis for all family members. The mother, a primary attachment figure for the child, often becomes a focal point of the initial investigation as workers strategize how best to protect the victimized child. At a time when the mother is flooded by a myriad of feelings and enters a state of crisis, she needs to respond in a supportive fashion towards her child. Without such support the impact of the abuse on the child is compounded.

The parent support program supports mothers in the stage of crisis which accompanies disclosure. In the short-term, the program aims to reduce the situational stress on the mother and to reduce further victimization of the child. In the long-term, the program aims to bridge the gap in treatment services which commonly exists between the disclosure and the close of the investigation. Under most circumstances, treatment is delayed until the investigation is completed. At that point, many months have lapsed and opportunities for effective intervention lost.

Dedication:

To Brook and Leah:
With love and appreciation.

To the memory of:
Gwen and Ray.

SECTION ONE

PRACTICUM RATIONALE AND OBJECTIVES

1.1: RATIONALE

Much debate has occurred concerning how professionals might best respond to a disclosure of child sexual abuse. Central to this debate is the question, what intervention is needed to ensure that an abused child will be protected from further harm?

In the process of determining a plan of intervention, invariably a child's mother is the subject of an initial assessment by social service providers who determine to what extent she is capable of responding to her child. According to James and Nasjleti (1983), the mother is the cornerstone of effective intervention for her ability to protect her children will determine the duration of the abuse. In her classic, Father-Daughter Incest, Herman (1981, p. 143) claims "the outcome of the crisis of disclosure depends, ultimately, on the status of the mother-daughter relationship". Bowlby's (1969) observation that attachment behaviour grows stronger during times of trouble supports

the belief that, as primary attachment figures, mothers are important to children's ability to cope.

However, a disclosure of father-daughter incest creates a family crisis where the mother very often is flooded by a myriad of feelings towards her child and her male partner. At a time when her social, emotional and economic supports may be threatened and at a time when she is pierced with the knowledge that her partner has sexually abused her child, the mother is expected to respond quickly and in a manner which will assure others that her child will not endure further harm.

The purpose of the Parent Support Project was to provide immediate intervention to the mother during the initial crisis period following her child's disclosure of sexual abuse. It was hoped that such intervention would reduce the negative impact of the disclosure on the mother and facilitate a positive stress reaction thereby enabling the mother to respond favourably to the needs of her abused child and other children in the home.

1.2: LEARNING OBJECTIVES

At the outset of this experience, I indicated that at the completion of this practicum I would be able to:

1. Demonstrate an ability to be able to assess and to institute priorities of intervention with mothers during the disclosure phase of child sexual abuse.
2. Demonstrate the assessment skills required by a crisis worker intervening with mothers following a disclosure of sexual abuse.
3. Demonstrate interviewing skills necessary for the provision of crisis intervention with mothers following the child's disclosure of sexual abuse.
4. Evaluate the degree to which the crisis intervention service did or did not meet the needs of the clientele during the disclosure phase of child sexual abuse.
5. Contribute to the knowledge and practice base regarding the provision of a crisis intervention service to mothers within the social services delivery system by ensuring that the knowledge gleaned as a result of this practicum is disseminated to other professionals for their evaluation.

At that time, I also stated that I believed that in meeting the above objectives I would also meet my broader educational objectives which were:

1. To develop my skills in crisis intervention.
2. To develop my knowledge in the area of a family systems perspective in child sexual abuse.
3. To become informed about the impact of disclosure on family dynamics.
4. To become informed about how the social service system and the judicial system typically respond to a disclosure of child sexual abuse.
5. To become aware of how the various responses of the social service system and the judicial system following a disclosure of child sexual abuse effects the individuals concerned.

This report will reflect the extent to which these objectives were met and the manner in which the intent of the practicum was fulfilled.

SECTION TWO

LITERATURE REVIEW

2.1: INTRODUCTION:

We used to walk, talk, shop and sleep together. I trusted him; I believed. He was my husband and the father to my children. He knew I had been abused as a child and how I hurt. He used to caress me and tell me that everything would be okay. 'Leave it to me. It's okay. Everything is going to be okay. Trust me,' he would say. I never thought he would do this to my children. But he did. How can I believe it? He told me everything would be okay. It's not. I hurt. How can I believe it? I know I have to. But how can I? Why did she hurt me this way. She's ruined everything. I loved him. I believed him. Now, I have nothing. She's taken everything away. I hate her. I know I shouldn't, but I do. Now I have nothing. She must be lying. She's trying to hurt me. But I know she's not. It happened to me. What am I going to do?

- a mother, following disclosure

Incest- its complexities, its subtleties are woven so intricately through the lives of so many that only now are its patterns being recognized. Only now, ninety years after Freud distorted his patients' testimonies and created a formulation which he found acceptable are we recognizing similar patterns of disbelief and distortion in some mothers of incest victims. For Freud, incest was not

congruent with his understanding of Victorian society. Similarly for some mothers, the disclosure that their partner sexually abused their daughter clashes with what they believed to be true of their families. Threatened by the truth, they search for some other explanation. The feelings are too difficult to bear as the following testimonies by mothers suggest:

It was a deep fear that my soul was about to be wrenched from my gut leaving behind an empty shell, alive but dead all at the same time. It was a sensation of feeling like I needed to make-up for something but I didn't know what. It was a feeling of not having been there when I should have been. It was a feeling of having been cheated and yet blamed for cheating all at the same time. It was a feeling of being a stranger within my own family; of having failed both as a wife and as a mother; of not understanding; of not being understood. It was a desperate feeling.

The myriad of feelings expressed by women facing the realization that their partner sexually assaulted their daughter will be addressed in the context of understanding the experience of disclosure from the mother's perspective. Understanding such feelings and themes begs sensitization to

the historical, socio-political context of women and children within patriarchy. Understanding a mother's reaction to incest demands insight into how the psychology of women and children has been shaped by violence.

2.2: WOMEN, CHILDREN AND SEXUAL VIOLENCE: AN HISTORICAL OVERVIEW

It is not an enemy who taunts me-
then I could bear it;
It is not a adversary who deals insolently with me-
then I could hide from him.
But it is you, my equal, my companion,
my familiar friend.
We used to hold sweet converse together;
within God's house we walked in fellowship.
Psalm 55: 12-14

The secret exists no longer. A fair percentage of women and children are physically and sexually abused by family members, often a partner or a father, often within the family home (Finkelhor, 1981; Herman, 1981; MacLeod, 1980; Rush, 1980;). Yet despite such knowledge abuse continues, metastasizing like cancer, penetrating the bodies, mutilating the spirits and contaminating the innocence of those left to survive.

It used to be said that violence could only survive in secrecy. Yet every seventeen minutes a woman is raped by a

man (Sinclair, 1985). One in ten women cohabitating with a man is beaten by that man (MacLeod, 1980). One-fifth to one-half of all girls are sexually abused before age eighteen (Badgley, 1984). Sanctioned by patriarchal attitudes which dictate that the lives of women and children are expendable in the service of men, violence flourishes. Has this always been? Have the lives of women and children always been so intertwined with violence?

Since ancient times the lives of women and children have been considered to be expendable. Infanticide for population control has been a common practice of many societies. Children have been sacrificed to the Gods and killed for political motivations (Walker, Bonner, Kaufman, 1988). Powerless in their ability to protect, women seemed to have their own fears.

Susan Brownmiller (1975) writes, "from prehistoric times to the present ... rape has played a critical function. It is nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear" (p. 5). It can be construed that the original subjugation and domestication of women arose from their need for protection from rape. In return, women became chattel: the property of men. Ownership implied access. A violation of a woman's body was a crime against

the man to whose estate she belonged. Rape was a property crime.

According to Babylonian law, a man who raped a betrothed virgin was slain for this man robbed another. A father who committed incest was banished for this man stole from himself (Brownmiller, p. 9). Who would be heard?

In her book, The Sexual Victimization of Children, Mary de Young (1982) reminds us how historically entrenched violence is towards women and children. In Roman civilization prior to the A.D. 600's, wives, children and slaves were all equally powerless. As possessions of the patriarch, they suffered violence in silence. While patriae potestas gave the Roman father unlimited power over his children, Greek and Roman societies recognized a husband's right to beat and to kill his wife.

Some argue that these social attitudes reflect Christian mores. Teachings such as "spare the rod and spoil the child" and "beat the devil out of children" reflect the belief that corporal punishment is for the betterment of children. The literalness with which Christianity interpreted God's punishment of Eve (Gen. 3:16) is reflected in the following Rules of Marriage, "scold her sharply, bully and terrify her...Readily beat her...so that the beating will rebound to your merit and her good" (Davidson, 1978,

p. 95). While Christianity provided the ideological justification for patriarchal marriages, the state codified these rules into laws. To be a wife meant "becoming the property of a husband...subject to his control even to the point of physical chastisement or murder" (Schechter, 1982, p. 217).

In the fourth century, Christianity equated infanticide with murder and thus recognized a child's right to life in line with the Judaic commandment, "Thou shalt not kill" (Radbill, 1980). Secular laws which supported social mores seemed to mock Christian values. Radbill states, "a thirteenth-century German law permitted a man distressed by poverty to exterminate or sell his children, provided he did not sell them to pagans or, in the case of girls, into prostitution" (p.15).

In the Middle Ages women were viewed with suspicion, as cohorts of the devil who needed to be tamed and, not being tamed, destroyed. Though much of the hysteria directed against witches was done under the guise of protecting children from evil, paradoxically children also were burned. The suppression of women as lay-healers, witches, marks one of the opening struggles in the history of man's suppression of women. The essential character of the hunts was "that of a ruling class campaign of terror directed against the

female peasant population" (Ehrenreich & English, 1973, p. 7). Attitudes changed slowly, as the witch hunts spread throughout Europe over four centuries and resulted in the deaths of millions of peasant women and children.

Obviously, changing the law often preceeded changing societal attitudes. Certainly, societal change was not mirrored in the family where women and children remained chattels of the patriarch, subject to his wrath in exchange for their keep. Laws intended to protect children from sexual molestation simply did not penetrate the privacy of the home. A man's home was his castle, buttressed against intrusion. Superstition and lack of understanding created further difficulties. Radbill (1980) states "there was a superstition that venereal disease could be cured by transference through sexual intercourse with children" (p. 9). The results were devastating.

With the rise of the modern state, the large extended households crumbled and the nuclear family emerged to support the early forms of capitalism. Secluded from the public sphere, women became increasingly isolated. Disconnected from each other and severed from the linkages with their past, women suffered in silence, each convinced the pain was their's alone. With marketable value, the status of children in families improved. Novelists,

including Dickens and Scott, "stirred up ferment for humane treatment of children" (Radbill, 1980, p.11).

Although a husband's absolute power did begin to wane during the seventeenth century in England, it was not until the nineteenth century that legal challenges to a husband's right to chastisement became more definite. The following changes in statute reflect the degree to which women and children were united in their powerlessness and need for protection.

In 1829, in England, statutes were changed such that husbands no longer had the legal right to chastise their wives. In 1853, the Act for Better Prevention and Punishment of Aggravated Assaults upon Women and Children extended to women and children the same right to protection already provided to animals (Dobash & Dobash, 1979). Similar protection was granted to children in America in 1874, not because they were animals but because they deserved society's protection from physical maltreatment. Later that same year, again in the United States, the Society for the Prevention of Cruelty to Children was formed (Walker, Bonner, Kaufman, 1988).

Although these changes placed restrictions on the degree of force, violence was still condoned. Changing laws did not repel violence. The social conditions that fostered

violence against women and children remained. In 1871, the New York State Medical Society supported founding asylums reflecting humanity's recognition of the right of every new born to be protected and supported (Radbill, 1980). Despite such good intention, children fared badly in institutions. Many died and those who survived "were starved, overworked, cuffed, degraded, despised, and unpitied" (Radbill, p. 13).

Protestant countries believed such institutions encouraged immorality and unnecessary expense and thus literally "farmed" children out to foster care as soon as possible. In the late nineteenth and early twentieth centuries, England emptied its Middlemore and Barnham orphanages by shipping thousands of children to toil and labour and hopefully be cared for by foster families in Canada. While such action often subjected children to abuse and neglect, it also gave them a chance of physical survival (Radbill, 1980). Society had its own awareness and its own denial. Freud was a powerful example of both.

In 1896, Freud reported that sexual trauma was the root of the neurosis in every case of female hysteria he had analyzed. To accept such findings would have forced the recognition that incest was not only common but was endemic to the patriarchal family of his Judeo-Christian society. In retrospect, it appears as though realizing the personal

and social implications of his findings was a cost Freud was not prepared to pay (Rush, 1977). Within a year he repudiated his findings with the conclusion that his patients' reports of sexual abuse were fantasies stemming from their own incestuous wishes. In essence, women and children were told that the violence that tore at their bodies was all in their imagination. Their nightmares were just a bad dream and they should go back to sleep.

The impact of this distortion on the lives of women and children over the course of one hundred years is beyond words. Case after case was rationalized away. Herman (1981) reports that "as recently as 1975, a basic American psychiatry textbook estimated the frequency of all forms of incest to be one case per million" (p. 11).

Despite changes in Canadian law which have attempted to elevate the legal status of women and children, the social attitudes which foster male domination and control remain deeply entrenched. Canadian women gained person status via the Person's Act of 1929 (Canada, 1929), yet prior to 1968, the Divorce Act (Canada, 1968) did not accept physical cruelty as grounds for Divorce. In fact in practice, the law continued to distinguish between battering one's neighbour which was an assault and a crime against society and battering one's wife which was a husband taking care of

business and hence a crime against no one. This continued until 1983.

In 1983, Bill C-127 became law. This Bill can be commended for emphatically asserting spousal assault is a criminal offence: a marriage license is no longer a hitting license, the private sphere is no longer impenetrable by the hand of justice, a wife is no longer one with her husband.

However, empowering women against violence requires so much more than changing the law. Even the 1983 Charging Directive, Bill C-15, intended to "remove the responsibility and blame for pressing charges from women who often fear retaliation" (Federal/Provincial/Territorial Report on Wife Battering, 1984, p. 39) merely extended to women the protection of the law already extended to other victims of crime. Yet in 1984, the first year Bill C-127 was in effect, over 40% of the cases were lost due to the victim's refusal to testify (The New Directive and the Judicial Processing of Wife Abuse Cases, cited in Criminal Justice Initiative on Domestic Assault, 1984, p. 1).

Obviously eradicating violence would require broader measures. As Susan Schechter in Women and Male Violence (1982) states:

No one has adequately addressed the fact that an exploitive, profit-driven economic system, supported

by sexist institutions, makes it impossible for a movement to offer the housing, jobs, child care, adequate welfare benefits, and decent education that women need to free themselves from violence. (p. 242)

For children the situation is equally bleak. In 1962 when C. Henry Kempe delivered his classic paper on the battered child syndrome, there were no effectual child-abuse reporting laws. By 1964, Kempe's model child abuse law had been adopted by every state (Radbill, 1980). Finally, children's powerlessness and vulnerability received widespread public recognition.

The Child and Family Services Act of Manitoba (1985) highlighted the unequal power and the betrayal of trust between an adult and a child as key dynamics in child sexual abuse. While these changes are important, it is vital to recognize that charges alone will not stop violence. While more is known and more is done about violence towards children today than ever before, the violence continues and frequently is perpetrated upon the child by a family member within the family home.

Today, despite the fact that divorce is technically easier to obtain than ever before, the social and economic factors which effect a person's decision to divorce have changed little. Despite a rising divorce rate which might

suggest otherwise, Canadian society continues to be one in which many women would rather gamble with death and the sexual exploitation of their children within the confines of a marriage than deal with the certainty of poverty, exploitation, uncertainty and stigmatization on the streets (MacLeod, 1980).

Women continue to be battered. Children continue to be abused. Both are raped. Often, these forms of violence occur within the same home. If we accept the basic premise of learned helplessness theory that violence renders one helpless to help oneself, then we must understand the context within which incest occur. Theoretical perspectives of a mother's role within an incestuous family have changed over time. These perspectives are the basis to formulating one's assessment of an incestuous situation such that one may prioritize and intervene effectively.

2.3: MOTHERS: INNOCENT BYSTANDERS OR SECRET KEEPERS?

She really thought he would kill me if she told.
Afterall, he told her he would. Couldn't she see
he's nothing but a great big bully.
-mother, following disclosure

Today, it is clear that rather than arising from the seductive desires of children, sexual abuse is a crime which

feeds upon the subordination, submission and silence of children. Today, it is known that child victims frequently are threatened, bribed or otherwise pressured to guard their abuse with secrecy. Invariably, the social and familial status rendered most children leaves them in a poor position to do anything but concur with the offender.

Comments by mothers following disclosure are a sad testimony to the dynamics underlying why children do not tell and for those who do tell why they are often disbelieved by the one person they may most depend upon to end the abuse and to keep them safe. While we may feel tempted to become angry with the mother's lack of empathy for her child, we must understand all the dynamics in an incestuous family in order to understand the mother's experience of disclosure: her fears, her worries, her apathy, her denial, her rage. It is far too easy to fall into the trap of mother blaming and thus hold the mother guilty for the father's crime. As Ellen Bass and Laura Davis (1988) comment:

Although our culture usually criticizes women for being angry, it does not hesitate to direct anger toward women. Women, and specifically mothers, are frequently designated as the recipients for whatever anger needs a target....Regardless of how

inadequate a mother may have been, no behaviour on her part is license for any man to sexually abuse a child.
(p. 125)

As the historical guardian of children and preserver of family sanctity, mothers have been the recipients of society's scrutiny. When ill befalls the family, often it is the mother who feels responsible. When the ill is incest, very often the mother is ascribed responsibility for her partner's sexual transgression.

According to McIntyre (1981), criticism of mothers in incestuous families falls into four categories: the way the mothers are involved in the incest, the personality characteristics they possess, the nonfulfillment of their roles as wife and mother, and their reaction to the disclosure. Such perceptions are reflected throughout the literature.

In 1955, Gordan explained incestuous activity as the "elaboration of the victim's mother's masochistic attachment to her own mother in the oral phase" (cited in Myer, 1985, p. 47). Incest is seen as a defense against loss as mothers who were unloved by their own mother demand to be mothered by their daughters. In 1966, Lustig, Dresser, Spellman and Archer stated that "the mother's role in facilitating the incestuous relationship involved both strong unconscious

hostility toward the daughter and considerable dependence upon her as a substitute wife-mother" (cited in Myer, 1985, p. 48). Meiselman, in 1978, wrote "[the mother] contributes to the potential of sexual victimization by not modeling self-protective behaviour; by not giving her child adequate sexual information; and by not adequately supervising her child." The crux of the psychodynamic perspective seems to be that due to their strong oral fixation on their own mothers and their own confused sexual identity, mothers in incestuous families are believed to repudiate their role as mother and wife. Such behaviour leaves a child vulnerable to the mother's partner.

That many workers share these attitudes is reflected in a 1980 study of 200 protective service workers by Dietz and Craft. Of the respondents, 87% stated they believed that the mother gives her unconscious consent to incest; 65% believed that she is equally responsible for its occurrence; 79% indicated that in their opinion the mother fails to support her daughter following disclosure and does not seek professional help for her. In essence, the majority of workers believed the mother is both aware of the incest and is either directly or indirectly responsible. She is a secret-keeper.

Surely these attitudes shape intervention. If one believes that mothers are complicitous with the incest, either through acts of commission or omission, then what more do we need to know in order to understand why the mother does not act to put an end to the situation? Myer (1985) warns:

Social workers ... must make a careful assessment of the mothers....To be avoided are stereotyped ideas that the mothers have colluded in the abuse; or that they will not respond to professional support; or that they are unwilling or unable to protect their daughters. Furthermore, the assessment must not be predicated on the mother's initial reaction to the revelation of incest. These women do not all respond in the same manner and they differ in their ability to use help. (p. 55)

2.4: EMPOWERMENT AND THE DISEMPOWERED: INCEST AND FEMINISM

i found god in myself
and i loved her
i loved her fiercely
-Ntozake Shange

Feminism speaks of empowerment. The literature speaks of the countless ways women are disempowered. In feminist literature the mother in an incestuous family is pictured in the context of a patriarchal society throughout which violence directed towards women and children is rampant. Numerous authors have noted that wife battering is common in incestuous families.

Herman (1983) reported that from a survey of forty survivors of sexual abuse, one-half said that their fathers beat their mothers. In 1985, Myer reported that mothers of incest victims tended to be victims of domineering, often violent mates. Jehu (1988) reported that of the fifty-three adult women survivors in his study, one-half had father figures who exhibited problems of spousal abuse and promiscuity. Everson, Hunter, Runyon, Edelson and Coulter (1989) studied eighty-eight child victims and found that 78% of the mothers were physically abused by their partners. Based on the above statistics, a fair assumption would be

that a large percentage of mothers in incestuous families fear the offender by virtue of their own victimization. It follows that many of the mothers would be in a poor position either to support or to protect their daughter if doing so meant going against their batterer and partner, the offender.

In addition to being victims of current abuse, the literature suggests that many mothers in incestuous families tend to be survivors of childhood sexual abuse (Herman, 1981; Jehu, 1988). The literature indicates that a number of women victimized as children present with passive, non-assertive behaviour and thus are unable to exercise control over their life and environment (Jehu, 1988; Meiselman, 1978; Thorman, 1983). Understandably, these mothers would not be in a strong position to assert themselves against abuse either of themselves or of their children.

This perspective contrasts with the view child victims frequently have of their mothers as omnipotent and as the most significant source of power within the family (Jacobs, 1990). However, it does hint at the extreme rage a daughter may feel towards her mother for if, in her perception, her mother was so powerful, why then did she not protect?

To the child, a mother is both an object of love who gratifies need and the object of frustration who withholds gratification. In retrospective studies done with adult survivors, it is not uncommon for survivors to be far angrier at their mothers than they are at their abusers (Herman, 1981; Jehu, 1988; Meiselman, 1978). Jacobs (1990) highlights the therapeutic utility of such anger claiming "the mother-directed rage represents a first stage in coping with the intense feelings engendered by the abuse" (p. 512). Fostering the expression of such feelings will empower the child and ultimately support individuation. Bass and Davis (1988) do not discount this anger but rather assert that there are social-political reasons for its expression towards mothers. They state:

Blaming mothers is more acceptable because on the whole, we are more threatened by men than by women. As a group, men wield more clout in our society- they're bigger, richer, more assertive, more apt to be violent....we're usually more comfortable pointing (our anger) at a woman. (p. 125)

It appears mothers are in a double-bind. In patriarchy, women are taught that they should define themselves by the men and children in their lives. While a mother is expected to fulfill their needs, she is also held

responsible for their behaviour. When the needs of the father are in conflict with the needs of the children, so too is the mother in conflict. Often she does not have the confidence and self-sufficiency as well as the cognitive and social skills necessary to resolve such conflict.

A mother's fear and her daughter's need for protection are key factors in sexual abuse. Herman (1983) emphasized this point when she wrote "safety for the child is... established only when the mother feels strong enough to protect herself and her children, and when the daughter feels sure that she can turn to her mother for protection".

If it is true that mothers and children in incestuous families do not feel safe, then what else do we need to know about the family in order that our interventions can minimize the negative impact of the disclosure and empower the mother?

Seeking such answers beckons us to explore the structural-functional dynamics of the incestuous family. Such exploration will help us to better understand the functional utility of the incest, the loss of which will influence the mother's experience of disclosure. Such understanding has recently been offered by System's Theory.

2.5: INCESTUOUS FAMILY DYNAMICS: THE PERSPECTIVE OF SYSTEMS THEORY

Understanding the wholeness of life is like understanding a tree. If one looks at a leaf alone or at a piece of root, one will understand only that part of the tree. But if one steps back and looks at the entire tree, it becomes much easier to see how all the parts of the tree connect to one another. So it is with life. If one looks at only a single part of life, the total meaning becomes lost, obscured. Therefore, when one considers life, it is wise to step back and view the many different parts. In this way one can understand how experiences, feelings, health and dreams connect to and affect one another.

- Kip Coggins

Family systems theory is currently the most widely accepted theory on incest in the mental health field (Haugaard & Repucci, 1988). Rather than viewing the incestuous behaviour as the cause of the problems within the family, this theory conceptualizes incest as a symptom of an already dysfunctional system. According to this theory, incest is functional behaviour which sustains homeostasis by maintaining the rules and boundaries to which the family has become accustomed and from which the family derives their stability and sense of normalcy.

While some incestuous families may appear quite dissimilar in their surface action, their underlying dynamics may be quite similar. In healthy family systems,

health is maintained as stress originating from issues within the family of origin and the family of procreation are accepted, integrated and worked through. When such stress is not worked through, the family can develop compulsive, destructive patterns of interaction which can become habitual and perhaps even addictive. Rather than moving towards integration and resolution of stress, certain families will adopt problem-solving strategies which will move them towards incest. Incestuous families typically adopt interactional patterns of avoidance, denial and projection (Mrazek and Bentovim, 1981). For these families, the solution becomes a problem.

Metaphorically, incestuous families both love and fear their own shadow. While they seem to share a belief that intimacy in adult relationships cannot be risked, they also tend to behave as though any acts of individuation will lead to disintegration and abandonment. Solin (1986) comments:

Typically, these families have an established equilibrium which mirrors traditional family norms, despite covert pathology. Regardless of ... conflict, the marital relationship has maintained its structural integrity, and the existence of children has functioned to increase family cohesion....the accretion of years has

yielded a growing internal investment in the family based on social, emotional, and economic needs. Incest disclosure reveals monumental betrayal and transgression; it rifles through the identity and foundation of the family, threatening dissolution and destruction. (p. 571)

Overtly, the family appears to honour societal norms and often presents as the model family. As one victim commented "my parents are very security-conscious, neighbor-conscious. Appearances are everything" (Herman, 1981, p. 110). Covertly, the family violates a fundamental societal taboo. Such opposing presentations can create much cognitive dissonance in family members (Jehu, 1988). To cope, members may learn to distort their thoughts and beliefs. If one accepts the premise that beliefs have a significant influence on feelings and actions, then it stands to reason that "if the beliefs are distorted or unrealistic then feelings and actions are likely to be distressing and inappropriate" (Jehu, 1988, p. 57).

Further adaptation to a dissonant environment may occur through a heavy reliance upon defense mechanisms. A common and powerful defense is denial. Denial serves to protect the ego from reality. Disclosure presents a reality that threatens the protective mechanism of the defence creating a

crisis for the family. In certain cases, disclosure may cause even greater denial as the family coalesces to resist the invasive forces which are threatening the family's ego defences. Such defences are the crux of the family's homeostasis. Denial may lead the mother to distinguish between her partner's abusive behaviour and what she perceives to be his true character. She may rationalize that he could not have committed the incest because he was such a caring and generous father, always buying their daughter presents (Herman, 1981; Mrazek & Bentovim, 1981; Walker, Bonner, & Kaufman, 1988).

A second, common defense is that of the family myth. Mrazek and Bentovim (1981) suggest that most incestuous families are deeply embedded in family mythology, a body of beliefs that a family has about itself which are repeatedly confirmed by family consensus and which result in individuals being locked into role images which are maintained without ever being tested against reality.

A myth common to incestuous families is the notion that the mother is weak and vulnerable. The family thus adopts behaviours which protect the mother from knowing about the incest for fear such knowledge would kill her. For the victim, the primary gain of such silence is that she never needs to face her ultimate fear, which is that her mother

may not stop the abuse even if she knew (Mrazek & Bentovim, 1981). These myths can assume life and death proportions (Herman, 1981, p. 115) as they set the stage for the daughter to take care of the mother through self-sacrifice and secrecy.

Other systems theoreticians, such as Larson and Maddock (1986), propose that incest be understood as a reflection of boundary disturbances in four areas. Firstly, the boundary between the family and its social environment is closed and rigid. Secondly, the intergenerational boundary between adult and child is confused and characterized by role exchange. Thirdly, the interpersonal/role boundaries between family members are diffuse with the resulting enmeshment contributing to a lack of self-differentiation. Fourthly, the intrapsychic boundaries within family members have allowed psychic structures to be integrated in maladaptive ways. Defense mechanisms such as denial are relied upon as family members strive to rationalize and minimize their emotional pain. In this view, incest is a product of substantial boundary disturbances and is a reflection of a family system that is relatively closed, undifferentiated and rigid in both structure and function.

To elaborate, the rigid and closed boundaries that characteristically surround incestuous families, often isolate the family socially and psychologically. Such isolation can create an inter-dependency amongst family members. Members are not able to reach beyond the family to have their needs met. Parents rely upon their children to meet their needs. Children rely solely upon their parents. Such strong inter-dependency can generate the feeling that one's individuality must be sacrificed for the common good. Autonomy is viewed as alienation and disloyalty.

Supporting the view of boundary dysfunction, Alexander (1985) analyzes the structure of the incestuous family in the context of closed and entropic versus open and negentropic systems. He writes:

Incest should not be viewed as an end in itself but simply as a behaviour symptomatic of a family that is isolated from the environment; that is avoidant of the differentiation of roles, functions and individual members; and that uses the incest behaviour as just one more means to avoid...growth and change. (p. 82)

There is an extraordinary conspiracy of silence surrounding family violence, and this silence is a force which further isolates family members from the community. The privacy of one's home is a social norm which only now is

beginning to be challenged. According to Garbarino and Gilliam (1981, p. 35), "to understand the isolation of families from potent prosocial social support systems, we need to examine our cultural blueprint for social relations in which privacy and autonomy overshadow openness and connectedness".

Since there are few people entering the home, there is little opportunity for anyone to informally scrutinize relationship patterns and provide instructive feedback when they violate community standards. Not only does the family become separated from formal and informal sources of support but no input as to how to utilize these support systems occurs. Unable to reach beyond, the family turns inward upon itself. As a closed and isolated system, the family's reality is defined by the person in power, invariably a male or an abusing parent.

Punishment is a strong conditioner. Having learned that force would be applied should they challenge the family's norms, family members come to view the family's structure as unalterable. The violence becomes more deeply entrenched as members learn a sense of helplessness (Walker, 1979). Isolation and dependency ensure little is challenged. Disclosure represents a strong violation of familial norms. Surely such a transgression would precipitate a crisis.

2.6: MOTHERS AND THE CRISIS OF DISCLOSURE

Crisis is both danger and opportunity.
-Chinese Proverb

Stated simply, a crisis is "an upset in a steady state.... It is a turning point....a vitally important or decisive stage in which a change for better or worse is imminent" (Golan, 1978, p.61). According to Goldstein and Gliddings (1973) a crisis proof family must have,

agreement in its role structure, satisfaction of the physical and emotional needs of its members and goals toward which the family is moving collectively. Having these the family is adequately organized and has crisis meeting resources. Lacking them the family is inadequately organized and likely to prove vulnerable to crisis. (p. 194)

In contrast to the dynamics apparent in the resilient families described above, James and Nasjleti (1983) describe the roles and alliances within an incestuous family as confused. While the father may be the authority with power, he is also the child's lover. While the child may have covert power as the father's lover, she must also obey as a child. Frequently the child assumes responsibility for the mother's well-being but must act as though the mother is in

charge. While family members must appear role-competent to the outside world, they must fulfill their roles in the home where problems with boundaries prevail.

When a child transgresses their ascribed roles and boundaries and discloses incest, crisis erupts. Before equilibrium can be restored in a way that ensures the child is no longer at risk, the family system must open its boundaries to input from the external sources and restructure itself with more appropriately defined roles. While the overall process by which the family restructures itself may be a lengthy one (Giaretto, 1982), the family may be most amenable to beginning this process during the initial crisis period which often follows disclosure.

Typically, families respond to crisis by reverting to coping mechanisms which have helped them in the past. For incestuous families this can mean a further closing of boundaries and withdrawal from external sources of influence. Following a disclosure however, withdrawal is not easily achieved as invariably the external source of influence is legally mandated to intervene into the family system. Lacking the mechanisms to cope with an invasive and persistent external system, the crisis and potential risk escalates.

According to Trute, Adkins, MacDonald, Vaughan-Jones and Fedoruk (1991), "there are two fundamental crises that are triggered by a disclosure of a sexual assault on a child" (p.3). Firstly, there is the threat from within that comes as family members react to the shifting stability of family relationships and expose the children to "attack trauma". Secondly, there is threat from external intervention which intrudes and shifts the existing structure of the family. "Institutional trauma" results as outsiders intervene and the family can no longer serve as a familiar source of stability to its members. The family needs assistance, but how?.

Given the position of the father as the offender, the mother assumes a primary role in the support of the disclosing child. Herman (1981) states:

The outcome of the crisis of disclosure depends, ultimately, on the status of the mother-daughter relationship. If, in spite of everything, the mother still feels some tenderness for her daughter, then every effort should be made to keep mother and child together and to foster the restoration of the bond between them. But if their relationship has already been destroyed, then mother and daughter should be parted. (p.143)

The literature suggests that children may suffer as much or more from the events following disclosure as from the abuse itself (Schultz, 1973). The mother's belief of the child seems vital. If the mother does not believe then the child has to deal with feeling rejected and betrayed by the mother at the same time as she is feeling guilty and self-blaming for both the abuse and the disclosure (Browne & Finkelhor, 1984).

In 1989, a study by Everson, Hunter, Runyon, Edelson and Coulter substantiated Browne and Finkelhor's (1984) clinical impressions by showing that lack of maternal support following a disclosure of incest is significantly associated with higher psychopathology in the child. In addition, this same study showed a positive correlation between maternal support and three aspects of case management: out-of-home placement; juvenile court testimony by the child; criminal prosecution of the offender.

Clearly, the mother is pivotal to successful resolution of trauma within the child. The better we understand the mother's position the better we will be able to intervene. The complexities of such understanding and intervention are many as indicated in the following chapter on treatment issues.

2.7: TREATMENT ISSUES FOR MOTHERS

Three principles of the awakened mind guide enlightened action: will to see the mystery as it is; intention to manifest one's purpose for the benefit of all; courage to do what must be done.

-Dhyani Ywahoo

Intervention is not solely for the benefit of the child. The mother has her own pain: for herself as a woman which is different from the pain for herself as a mother. Both must be recognized.

"Any program which deals with incest must emphasize therapeutic intervention with mothers of incest victims and develop treatment modalities aimed at these women" (Sgroi & Dana, 1982, p. 191). However, it is also recognized that women from incestuous families frequently do not engage readily. In fact they may even be under pressure from family members to withdraw from treatment as the family strives to keep problems inside the family's boundaries. Indeed, family dynamics which propel the individual towards enmeshment and interdependency make contact with outsiders, especially those deemed to be in a position of authority, very threatening.

Effective intervention demands sensitivity to the natural resistance of the mother and an ability to recognize that "these patterns, which have until recently been seen as

the major obstacles and problems encountered in working with incest families, are potentially the most powerful resources available for effective treatment" (Gelinas, 1986, p. 327). At times, obstacles to intervention stem from problems within the mother's personal history.

Mothers in incestuous families very often have a childhood history riddled with psychological, physical and sexual abuse. This was true of the women in Sgroi and Dana's (1982) treatment group and in Myer's (1985) study where nine of the thirteen mothers were survivors of sexual abuse. In a study by Wald, Archer and Winstead (1990), one half of a target group of 28 mother's of incest victims were survivors. Remembering that the mother's current behaviours have been shaped by past experience is vital to understanding, with sensitivity, how one may engage.

Myer (1985) stresses the importance of remembering how disclosure can precipitate shock in the mother. She writes:

When a mother is told that her daughter has been sexually abused by her mate, the first reactions are often shock and denial. Clinicians have no difficulty in accepting such a response as a defense when it occurs in relation to loss or death, but may find it hard to accept when sexual abuse is the event. Yet the defense serves the same purpose in

both cases. Like grieving a death, the succession of reactions to hearing about incest tends to be denial, guilt, depression, anger and, finally, acceptance. (p. 55)

Gelinas (1986) identifies three common errors in the treatment of mothers of incest victims. She writes:

First, [the mother's] emotional depletion and passivity are often misinterpreted as lack of concern, and her relational avoidance mistaken for knowledge and collusion in the incest....Conversely, another common mistake is not holding the mother accountable for her role in the family structure and processes....she does have some responsibility for participating in a family structure that is at high risk for incest, and some clear responsibilities in therapy for changing this structure.

Third, mothers...are often pushed too hard and too punitively to provide caretaking for everyone concerned, without some provision being made earlier to alleviate their significant depletion.
(p. 349)

To further understanding, Sgroi and Dana (1982) have identified the following treatment issues.

Inability to Trust

Given the predominance of abuse in the histories of many mothers in incestuous families, it can be assumed that relationships will be characterized by suspiciousness, hostility, withdrawal and ambivalence. Very often these mothers have not had the opportunity to learn to trust. Sgroi and Dana (1982) indicate that such feelings manifest in a common behavioural pattern of simultaneous engagement and disengagement. Such a pattern typically manifests in the mother cancelling appointments while apologizing for doing so and simultaneously speaking to a commitment to therapy. Mothers sometimes assure the therapist they do want to continue with therapy while continuing the pattern of cancelling appointments.

Building trust in the therapeutic relationship can become the basis for the mother establishing other relationships. Overtime such relationships can reduce isolation and be a source of input into a depleted family system.

Impaired Self-Image

Low self-esteem and poor self-image may be fed by thoughts distorted by the residual effects of childhood abuse (Jehu, 1988) or by the abusive dynamics inherent in the mother's current relationships. The anticipation of failure often makes it difficult for the mother to envision any improvement. As Tschirhart Sanford and Donovan (1984) so aptly described in Women and self-esteem the costs of low self-esteem in women is high. Suicide surely can happen (Goodwin, 1981) as the woman loses hope for improvement and feels helpless against the odds. Sgroi and Dana (1982) indicated that many of the women they worked with were clinically depressed at the time of disclosure.

Denial

Carolyn Byerly, author of The Mother's Book (1985), normalizes denial for the non-offending mother when she writes:

You may not believe your child, especially if the offender says he never did any of the things [your daughter] is accusing him of. You may resist information and evidence. Denial is one way we protect ourselves from the pain of the truth. (p. 11)

Denial suggests pain. Many mothers simply cannot face the realization that their partner sexually offended their

daughter. Such truth is so threatening it simply cannot be integrated into consciousness. As reality breaks through the denial, many mothers blame themselves for not having listened to their daughters the first time they told.

Many mothers have received previous complaints about the incest from their children (Herman, 1981). Others knew about the incest through observation and inference. "In either instance, the mothers subsequently invest enormous amounts of energy into submerging conscious awareness of the incest relationship" (Sgroi & Dana, 1982, p. 198). Such denial has led many to blame mothers for colluding in the incest secret (Gelinas, 1986). Mothers may be referred to as the silent partner or as the noninterfering wife (Mayer, 1983). While active collusion does occur, it is important to remember such action is not denial. The stage of denial may last hours, days or forever.

Unreasonable Expectations of Husband and Children

Many women in Sgroi and Dana's (1982) sample idealized marriage. Other blamed their partners for their own mistakes. Some seemed to have entered marriage in the hope that their spouses would provide them with the nurturance and security that was lacking in their own childhoods. Such neediness often leads to an addictive style of loving where

the woman's very sense of survival becomes bound to the man (Norwood, 1985). These interpersonal relationship patterns are common to adult women survivors. Commenting on the dynamics which seemed to characterize the interpersonal relationships of the women survivors in his study, Jehu (1988) writes:

Many [adult survivors] tend to subordinate themselves to men whom they idealize inappropriately and value excessively....The low self-esteem of victims obviously contributes to their 'subordination of themselves to men, but such overdependence on 'strong' males may also represent an attempt to redress the lack of protection and nurturance that victims have often experienced in childhood. (p. 129)

With regard to the mothers' relationships with their children, Sgroi and Dana (1982) noted that many held unrealistic expectations that their children rescue them from their own unhappiness. Again, such behaviours are common amongst women survivors. Jehu (1988) comments:

It appears likely that most [sexual abuse survivors] are good mothers, although some perceive themselves to be failing by their own unrealistic standards.... Their feelings of helplessness and of being overwhelmed may lead them also to parentify their daughters just

as they themselves were parentified as children, and this may increase the daughters' vulnerability to sexual abuse. (pp. 165-166)

Failure to Establish and Enforce Limits

While it will be difficult for mothers to acknowledge how they contributed to and permitted the blurring of role boundaries among family members, such awareness may lay the groundwork for the mother to then learn ways of establishing and enforcing limits and boundaries. "Perhaps because of lack of confidence and low self-esteem, some previously sexually abused women have difficulty in setting limits and exercising reasonable discipline within a framework of love and affection" (Jehu, 1988, p.166).

Anger

According to Byerly (1985) "many mothers feel angry at everyone around them, a kind of general anger. Others are angry at someone specific" (p. 11). Sgroi and Dana (1982) describe mothers of incest victims as "smoldering with pent-up rage (p.200)" which is directed to five sources.

Firstly, it is directed towards their families of origin for having betrayed them and for having failed to

protect them in childhood. Secondly, anger is directed towards their husbands for not meeting their needs and for having a sexual relationship with their child. Thirdly, the mothers appear angry at the child for having participated in the incest and for having failed to take care of them. Fourthly, the mothers are angry at the mandated agencies for interfering in their lives. Fifthly, the mothers are angry at themselves- "anger born of frustration, sense of betrayal, inadequacy, dissatisfaction, and feelings of impotence" (p. 200).

Impaired Communication

Several authors have identified the skewed communication patterns that characterize the incestuous family (Courtois, 1988; James & Nasjleti, 1983; Mayer, 1983). As already mentioned, incest is bred from secrecy and distorted patterns of interaction. Mothers, who very likely are coping with overt or covert violence in their own relationships, often have little desire to communicate other than through their silence or their angry aggression both of which are commonly interpreted as resistance.

Impaired Socialization

James and Nasjleti (1983, pp.25 - 31) have categorized mothers in incestuous families into four personality types. Firstly, they describe the "passive child-woman mother" as extremely dependent and immature. Secondly, the "intelligent, competent, distant mother" is described as a woman who "knows exactly what to say and to whom to say it. Her intelligence allows her to manipulate professionals successfully with her sophisticated rationalization of the incest report...her logic serves to block interventions aimed at uncovering her role in the incest". The third category references a "rejecting, vindictive mother" who is hostile, threatening, intelligent and resourceful. The fourth category refers to the "psychotic or severely retarded mother" whose mental functioning prevents them from being able to protect their daughters.

Others have indicated that mothers of incest victims have impaired social skills which impede their ability to function effectively within the home (Herman, 1981; Sgroi & Dana, 1982). Gelinas (1986) hypothesizes that this impairment "is the result of continuous efforts on their part to provide caretaking in the context of a life in which no one has provided for them" (p. 352). The mother enters

the phase following disclosure in a depleted state which responds readily to the therapist's efforts to meet her needs.

Concrete Environmental Help

Incest is a behaviour which must be seen in the context of the familial and social environment in which it occurs. Following a disclosure of incest, mothers may find themselves facing an environment they find intrusive and personally threatening. Such feelings may contribute to a desire to retreat and to shut out those intending to help. Some mothers feel stigmatized by their communities adding to what can be paralyzing shame and embarrassment. Some feel like failures and misunderstood.

Such feelings can be heightened if the cultural community in which the family is embedded does not support differentiation. Mothers who choose to separate from their husbands may be ostracized by their community if they are not perceived to be working towards reunification and reconciliation. Mothers may be unable to consider divorce without facing excommunication from the religious community which may have been their primary source of support for the better part of their lives.

In her book Sexual Violence: The Unmentionable Sin, Marie Fortune (1983) refers to these feelings as a crisis of faith. She writes "efforts at crisis intervention by helpers will be thwarted until the crisis of faith is acknowledged and addressed" (p. 191).

Susan Nadon 'Sunshine' (1986) describes her use of the Medicine Wheel which teaches "that the path of liberation is at the centre, where the four paths meet" (p. 16). She writes:

The centre is where I've come from, where I'm going and where I sometimes find myself in this 'earthly' life. When I am at the centre, I see the Creator's light shining in you. You are the way you are, and that is all right with me. I celebrate our differences and similarities. I know I love you, and you don't have to do anything to earn that love. I can swing east or west - north or south, whatever you would like me to do , so we can establish rapport and get the work done. I am available and you interest me intensely. I'll work hard at getting to know you. (p. 16)

2.8: An Overview

I suggest you walk
Into my pain as into the breaking
Waves of an ocean of blood, and either
We will both drown or we will
Climb out together and walk away.
- M. Piercy

There is no one way for a mother to act following a disclosure that her partner has sexually assaulted her daughter. There is no one feeling, no one behaviour, no one response. A mother may feel numb, rage, indifference. A mother may laugh, cry, yell, collapse or appear completely staid. Frequently, these mothers have had years of practice at presenting a calm, controlled public appearance which belies their private, inner turmoil. All responses are understandable. The therapist's task is to help the mother to feel understood. It is not for the mother to show her appreciation for actions which she perceives as shredding the centre of her universe, her family. It is not for the mother to welcome the therapist into her soul but for the therapist to respect whatever invitations the mother may extend.

"Incest is the most shaming of any form of violence" (Bradshaw, 1988, p. 114). Such shame must be respected until the mother feels ready to free herself from its bind.

Its roots are often very deep, often gnarled in the woman's own victimization. Herman (1981) writes:

Although they had been helpless as children to prevent the Incest, they nevertheless felt that they had committed an unpardonable sin which left them permanently stigmatized.... With depressing regularity, these women referred to themselves as bitches, witches, and whores. (p. 97)

With such deep feelings of self-denigration, it is obvious the mother will enter a state of crisis as intervention by child protection workers raises questions and pushes feelings of self-blame. How did this happen? What went wrong? Where were you? Why did you let him? Why did you not see? Similarly, she may project her self-disgust onto her daughter as reflected by one mother who stated "I wish the fuck I never had her" (Herman, 1983, p. 142).

Following disclosure a mother is likely to feel deeply betrayed and powerless. Providing the mother with the opportunity to connect with an empathic therapist upon disclosure may be the first step towards assisting her to see the strengths in her perceived weaknesses and to believe in herself perhaps for the first time in her life. "Moral ideas do not necessarily unfold with the flow of time. They

have a tendency to cling to what is old and thereby hallowed" (Temkin, 1980, p. 3).

I couldn't believe what she was saying. I just couldn't. I wanted to listen but my ears wouldn't hear. She made me so mad. Why was she saying this to me? Why did she want to hurt me? He was the only good thing that had ever happened to me and now she was ruining everything. I couldn't understand. I can now, but then I couldn't. Now, I just want to tell her, 'I'm sorry.'

- a mother

SECTION THREE

PRACTICUM SETTING AND STRUCTURE

3.1: ADJUNCTIVE RESEARCH AND SPONSORING AGENCY

The Parent Support Project was developed and operated as an adjunct to the demonstration project, Child sexual abuse in rural community settings: The implementation and evaluation of a coordinated service model (Adkins et al., 1991) hereafter referred to as the Portage Project. This three year project was initiated in January, 1988 and was funded under the National Welfare Grants Program, Health and Welfare Canada.

Whereas the Parent Support Project was designed to provide short-term support to mothers in the disclosure phase following their child's allegations of sexual abuse, the intent of the three year project was to explore the key factors involved in the design and implementation of a comprehensive service delivery system that would be appropriate for rural communities.

This practicum was sponsored as a service of the Psychological Services Centre of the University of Manitoba.

3.2: SUPERVISION

Supervision was conducted under the aegis of the Faculty of Social Work and the Psychological Services Centre of the University of Manitoba. Primary supervision was provided by Barry Trute, Ph.D., R.S.W. Adjunctive supervision was provided by Elizabeth Adkins, Ph.D., C.Psych. On site coordination of the project with the statutory workers was provided by Murray Bergman, M.S.W., R.S.W.

Peer supervision occurred with the parallel Parent Support Worker for Child and Family Services of Central Manitoba, Tracey Fedoruk, M.S.W. (candidate), and with the adjunctive Parent Support Worker for both regions, Mary-Anne Hildebrand, B.S.W. Ms. Hildebrand's services, ensured that the program could guarantee a prompt response to referrals. Worker availability and continuity of service was guaranteed in order to meet the needs of those in crisis and to facilitate referrals from the statutory workers.

Interviews were not taped and supervision occurred on the basis of written process recordings and discussion

related to experiences and specific case interventions. Supervision occurred bi-monthly and each session was at least three hours in duration. Supervisors were accessible at all times throughout the fifteen month period of the practicum. Peer supervision provided a valuable opportunity to learn from and to contribute to the experiences of my peers. My colleagues' experiences broadened and enriched my own and allowed for much vicarious learning.

3.3: THE SETTING

All clients resided in the catchment area of what was then known as Child and Family Services of Eastern Manitoba, South Team. A rough geographical description of this area would reference the area south of Winnipeg City and east of Highway 75 to mid-way to the Ontario border. This agency has a geographical catchment area of 4,147 Km² and serves a population of 33,924 of whom approximately 14,490 are children (Statistics Canada Data, cited in Adkins et al., 1991).

While it was originally intended that all in-person interviews would occur in the Child and Family Services Resource Centre nearest the client's residence and that no

interviews would occur in a building not occupied by agency staff, it quickly became apparent that more flexible arrangements were required. While some clients felt comfortable meeting in a building occupied by the staff of Child and Family Services, others did not. Also, as it would have been easy for clients to blur my role with the more authoritarian and mandated role of a child welfare worker, I needed to find ways to make this distinction clear for the client. Consequently, the place of contact was determined by the client. In situations where I had safety concerns either for myself or for the client or where it was evident that the client was not protecting their privacy I was more directive.

Most often, meetings occurred in the the Child and Family Services building or in a restaurant where privacy could be assured. Meetings in the home did occur but were discouraged by me. In the home the mother often was distracted by attending to young children which precluded her taking time to attend to her own needs. Also, I was concerned that the content of the meetings would distress children or that the presence of children would cause the mother to be more selective and discriminating in both content and style of presentation than she would be if

children were not present. Thus it was that clients were encouraged to make suitable arrangements for their children while they attended appointments. Transportation and child care services were provided by the Child and Family Services agency when required.

3.4: REFERRAL PROCESS

The Parent Support Service was offered on the recommendation of the statutory worker to all mothers of a child who disclosed having been sexually abused by her biological father and who resided in the catchment area. Criteria did not consider when the abuse occurred but the disclosure must have been during a twelve month period beginning 15 February 1989 and ending 15 February 1990.

Strict attention was given to the referral process so as to ensure confidentiality would be protected and the client afforded the opportunity to experience respect and begin to establish trust in the service and in myself as a service provider. Offering the client the opportunity to choose to utilize the service was an important way of empowering and joining with the client. The voluntary nature of the program also helped to distinguish the service

from the legally mandated services of the Child and Family Services workers and the police over whose actions clients frequently felt they had little control or influence.

Whereas it was hoped that the statutory workers would be able to offer the service to the mothers at the time of the first investigative interview, it soon became apparent that this would not always be possible. The workers and I agreed that the investigation took precedent and that the statutory workers' judgement would prevail as to when and how they would inform the mothers of my services.

After describing the service, the workers requested the mother's written consent permitting them to release the mother's name and phone number to me. With this permission, I then contacted the mother directly. The workers and I both emphasized that utilization of the service was voluntary and was not a means by which the client could pre-empt the investigation.

3.5: DURATION AND FREQUENCY OF CONTACT

Contact with clients consisted of three to six interviews of approximately 1 1/2 hours to 3 hours per week. More frequent in-person contact occurred in emergent

situations only. More typically, contact between scheduled appointments occurred on an as needed basis by telephone. An answering machine facilitated accessibility and enhanced the clients' sense of being supported through difficult times. Clients also were invited to use the local suicide and family violence crisis lines.

3.6: CONSENT AND CONFIDENTIALITY

A disclosure of incest threatens a family's integrity and stimulates defences which serve to protect family members as they attempt to cope and restore a sense of equilibrium. I believed that my ability to engage with the mother would depend upon the degree to which I could show respect for the many ways in which she had striven to attain a sense of competency within her family. I also believed it would depend upon my ability to assure the mother that I recognized how personal and intimate the disclosure was for her. I regarded attaining consent as a process which would effect deeply all subsequent involvement.

In seeking consent, I explained that the extent to which I could assure confidentiality was limited by law, specifically by the Child and Family Services Act of 1985

(Manitoba). I ensured that the client understood that while I would protect confidences, legally I was bound to report situations where I believed or suspected that a child had been abused or was at risk of being physically, sexually or emotionally abused. Each client was informed that this was not a punitive or supervisory action instituted by virtue of the recent disclosure but was the law which applied equally to all residents of Manitoba. I indicated that whenever possible I would work with the client to file the report.

3.7: EVALUATION OF SERVICE

Clients were informed at our first contact of the evaluative component of the service. The need for the collection of quantitative data was described as having two purposes. Firstly, the questionnaires would allow me to gather certain information about their situation in the best possible way enabling me to adapt the service to their needs. Secondly, the questionnaires would allow me to evaluate the effectiveness of the program in more general terms. All clients who consented to service also consented to complete the questionnaires.

Evaluation consisted of both qualitative and quantitative analysis of the information gathered. Qualitative analysis stemmed from the process recordings which I maintained throughout my contact with each client. This analysis concentrated on common themes or issues and interventions.

Quantitative analysis allowed me to monitor client progress and to evaluate program effectiveness. It was hypothesized that levels of depression and loneliness would decrease as the crisis dissipated and the mother responded to supportive intervention. The mother's self-perceived state of crisis would be indicated by the degree to which she was troubled by intrusive and avoidant thoughts and reactions. The following measures were selected for their clinical utility and evaluative properties and were administered at the first and last session with each client:

- a) the Impact of Events Scale (Horowitz, Wilner & Alvarez, 1979);
- b) the Revised Brief Beck Depression Inventory (Beck & Beck, 1972);
- c) the University of California Loneliness Assessment Scale (Russell, Peplau & Cutrona, 1980).

Impact of Events Scale (I.E.S.)

The 15-item I.E.S. has been designed to measure the stress associated with any specific event and its context as defined by the practitioner and the respondent. The scale measures both the intrusiveness of the event and the respondent's avoidance of ideas, feelings and situations associated with the event. The I.E.S. has been shown to be sensitive to change and is considered appropriate for monitoring a client's progress in treatment.

Brief Beck Depression Inventory (B.D.I.)

The Brief Beck Depression Inventory is a 13-item instrument designed to be an easily answered, easily applied, easily and rapidly scored, accurate and reliable assessment of the intensity of depression in the normal population. The Brief B.D.I. is believed to be a sensitive scale which has been developed to aid in rapid screening of depression and in estimating its severity.

Revised UCLA Loneliness Scale (R.U.L.S.)

This 20-item revised scale consists of 10 positively worded statements as well as 10 negatively worded items, the purpose of which is to assess the extent to which people feel subjectively lonely: feeling abandoned, isolated and lacking in companionship.

SECTION FOUR

PROCESS OF INTERVENTION

4.1: RESPONDING TO THE CRISIS

I met with seven women whose daughters alleged having been sexually assaulted by their biological fathers. Of the seven, I engaged with six. With the seventh woman, I had an initial meeting only. Three women were married and living with their husbands at the time of the disclosures; four had been separated or divorced from the alleged perpetrator for varying periods of time prior to the disclosures.

This practicum experience spanned a period of fifteen months beginning November, 1988 and closing in February, 1990. The initial three months consisted of preparatory work which included the following: an extensive review of the literature; developing working relationships with the staff of the Child and Family Services agency; collaborating with the staff for program development and implementation and familiarizing myself with the region. The twelve months of direct and indirect client contact occurred between February 15, 1989 and February 15, 1990.

Style of intervention would best be described as eclectic. The analysis which framed my understanding of

family violence and the impact of incest on the mother was feminist. The analysis which framed my understanding of factors which contributed to the emergence of father-daughter incest within the family was the structural-functional tenets of family systems theory. My style of engaging with the mother would be best described as evocatively empathic and initially directed towards assessing what was most troubling to the mother about the allegations. I paid particular attention to coping patterns, learning styles and present functioning. Once coping and present functioning was assessed, I employed various cognitive-behavioural techniques which were aimed at stress/anger management.

I believed each mother's responses were guided by her cognitions. I strove to understand each mother's situation by referencing the following questions:

1. What is the crisis for the mother?
2. What is threatening about the situation both for myself and for the mother?
3. What are the elements around the threat that define it as hurtful?
4. What are the mother's coping patterns?

Guiding Beliefs and Values:

- a) Children and youth are entitled to be safe from physical, sexual and emotional harm. Ensuring such safety is a societal responsibility. Society entrusts children into their parents care and assumes that parents will protect and provide for their children's well-being. When parents violate this trust, then society must intervene to protect the child.
- b) When society intervenes into a family system which violated or jeopardized a child's well-being, each individual within the family system is traumatized and will react to the intervention as a victim. It is a basic right of each individual to be treated with respect and dignity. Intervening in a manner which helps the family retain as much integrity as is possible will help to reduce the trauma for the child.
- c) Denial is not lying. Blaming and accusing the mother exacerbates denial and other defenses making her even less accessible to her child and to resources.
- d) A mother's inability to provide for her child's safety may be a manifestation of the mother's own vulnerability and lack of personal safety.

- e) The offender owns sole responsibility for any sexually inappropriate behaviour.
- f) As a member of the parental subsystem, the mother is accountable for the well-being of her children.
- f) A disclosure of incest may precipitate a series of multiple crisis for the family. Helpers need to be accessible to the family over time.
- g) Whenever necessary the offender should be removed from the family home and denied access to the victim until the investigation has been conducted and treatment suggests otherwise. Placing the burden of supervision upon the mother fails to address the mother's needs, risks minimizing the situation and allows further perpetration of offender-victim dynamics.
- h) When circumstances are such that the victim has been removed from the home and conditions of no-contact have been extended to include the mother, the mother is entitled to know why she is being denied access to her daughter and under what conditions contact may resume.

1) When a person is not informed about their situation, they use their imagination to provide understanding. One of the key functions of a parent support worker is to empower the parent to seek factual answers to their questions.

4.2: THEMES AND INTERVENTIONS

I employed various techniques and procedures to facilitate behavioural change. These approaches are discussed below.

Poor Social Skills/Low Self-Esteem: Modelling

With each contact I was aware that clients would learn and experience much about human interaction, respect, and assertiveness by the manner in which I related to them. I believed that the use of myself as a model could conceivably be a catalyst for change, if not immediately at least indirectly through vicarious learning and through the subtle changes in self-esteem that occur when one is treated with respect.

Lack of Assertiveness: Role Playing/Behavioural Rehearsal

Role playing or behavioural rehearsal is an integral component of assertiveness training (Lange & Jakubowski, 1976). The technique was used on the premise that behaviour changes through a process consisting of modelling, reinforcement and practice. I found client's responded well to this technique once they overcame their initial feelings of shyness and awkwardness.

My impression was that rehearsal increased the likelihood that the client would actually address the situation that was requiring attention. I found the role plays provided the mothers with increased confidence as they rehearsed acting assertively in anxiety provoking and fear-inducing situations.

With one mother I role played a situation whereby she informed her young son why he was not allowed to spend time with his father who had recently molested the boy's older sister. To begin, I played the mother while she played her son who listened to my words and experienced the associated feelings. After discussion which included feedback and coaching, we reversed roles. Such reversal of roles allowed the mother to practice being herself.

In my experience, role playing helped to ensure such situations actually were addressed. Otherwise, there was a tendency for the mother to avoid managing situations such as the above.

Distorted Thinking: Cognitive Restructuring

Most of the women suffered from depressed mood, low self-esteem and strong tendencies towards black and white thinking and negativity. Many of the women were themselves survivors of childhood physical and/or sexual abuse. These patterns of thinking were deeply entrenched and understandably would not be changed easily. However, the crisis of the disclosure seemed to create an opportunity to plant seeds for change and to promote the idea that perhaps there were alternate ways to interpret a situation. Styles of cognitive restructuring which I used most frequently were a process of Socratic questioning which challenged the mother's distorted beliefs and in essence, begged her to substitute more accurate alternative beliefs (Beck, Rush, Shaw, & Emery, 1979). I also found instructing the client in the technique of double columning negative thoughts to be helpful (Burns, 1980).

Isolation, Stigmatization, Self-Blame: Bibliotherapy

Even though many of the women did not perceive themselves as lonely, many lived very isolated lives. At times this isolation seemed to be a self-imposed means of coping with a world they had learned not to trust. At other times, the isolation was an implicit rule of their family which was strictly enforced by patriarchal and frequently violent husbands and extended family members.

Rather than lonely, I found many of the women described themselves as being alone. They also experienced feelings of shame and worried that if the community found out their secret, they would be ostracized and stigmatized. Others blamed themselves, at times in ways which replicated the blame they sensed from their daughters and from the offender. Statements which started with "if only..." were common.

Reading material helped to let the mothers know in a non-threatening way that they were not alone. Their experiences and feelings became normalized and validated. They discovered for themselves that "they were not crazy". It was common for the women to iterate having been told by their partners that they were crazy. These women sadly but genuinely doubted their sanity.

I did not assign reading as homework. Rather, I lent books and printed material as possible sources of information and always with the statement that "this was material which some women had found helpful". I made suggestions and let the woman choose for herself. Some women returned wanting to discuss that which they had read. Others retained the material.

Tolerance for Violence/Intergenerational Abuse: Genograms

The development of genograms allowed for joining and provided both the mother and myself with a visual picture of her family situation. Often patterns of victim-perpetrator dynamics would emerge along with alcoholism. For one woman this brought the realization of how many perpetrators there were in her family and the implications of that for keeping her children safe. For another woman it validated her feelings that the only way to keep her children safe was for she and the children to exit the family (which she had been trying to do for some time). Genograms also helped the mothers to identify actual or potential supports within the family. As they strove to end the intergenerational abuse through talking and breaking the secret, they could identify those most likely to hear.

4.3: THREE CASE SUMMARIES

The disbelieving mother: Denial and Attack Trauma

Presenting Situation: Mrs. Ross was referred to me after her daughter, Sandy, alleged having been sexually molested over the past thirteen years by her father, Mr. Ross. Subsequent to this disclosure and being placed in foster care, Sandy also alleged having been fondled for the last five years by two paternal, male adolescent cousins. Mrs. Ross summarized medical reports with the description "she's still a virgin but she's been tampered with".

Both parents denied the abuse by Mr. Ross. They claimed Sandy was lying to retaliate against her father's house rule of no dating before age sixteen. Mrs. Ross also stated Sandy had a "bruise on her brain", the result of a car-pedestrian accident when she was eight years old. According to Mrs. Ross, "Sandy did not know what she was talking about".

Both parents acknowledged to the Child and Family Services worker that Sandy had told them about the abuse by the cousins several years ago but they thought it had stopped after the boys were confronted by Mr. Ross. These incidents had never been reported. Ironically, the only

family members to believe Sandy's allegations against her father were the two cousins against whom she had made allegations. The father of these boys had served time with Mr. Ross for armed robbery several years earlier.

Mr. Ross moved quickly to isolate Sandy even further within a patriarchal family structure. Following the disclosure, he approached family and personal friends and openingly disclosed the situation from his vantage thus drawing the alignment of people who perceived him to be the victim of his daughter's anger. During her one phone call home, Mr. Ross threatened Sandy to change her story or he would be sent to federal penitentiary for five years as he already had a criminal record. Sandy recanted.

At the time of my involvement, Family Court had granted a six-month temporary order of guardianship to the Child and Family Services agency; allowed for unsupervised contact between Mrs. Ross and Sandy and denied access for Mr. Ross. The Family Court also stipulated that the Ross's attend marital counselling and a Systematic Training in Effective Parenting (S.T.E.P.) Teen parenting course.

Social History: Mr. and Mrs. Ross had been married for nineteen years and had four children of whom Sandy, at 15 years, was the only girl and the second oldest child. The

family resided in a small town in south-eastern Manitoba. Mr. Ross was a contract labourer and employed his eldest son. Although they followed the doctrine of the Baptist Church they neither belonged to nor attended a church. Mr. Ross conducted Bible study for the family at home each Sunday.

Both parents had large extended families with incest and violence purported on both sides. Mrs. Ross had no support to believe her daughter and family kept her vigilant and distrustful of external systems. She was financially and emotionally dependent and isolated from outside contacts. She lived in fear of physical harm. To believe her daughter would have risked being labelled a disloyal wife, exposing her to even greater risk of being hurt and abandoned by all family systems.

Mrs. Ross was the third youngest in a family of seven girls and four boys. She reported having been sexually molested by one of her brothers between the ages of twelve and fourteen years. She described childhood discipline consisting of whippings and physical beatings by her father. She described this abuse as having been witnessed by her mother. Traumatic bonding developed with her father as she grew to favour him. She had been prohibited from dating until age sixteen. Mr. Ross was the only person she had

dated. They married after a brief relationship consisting of three weeks courtship and five months engagement.

At the time of my first contact with Mrs. Ross, she described feeling "caught in the middle" between her husband and her daughter. I felt this was a positive statement which suggested some emotional connection with her daughter.

Summary of Contact: I met with Mrs. Ross for seven contacts over a period of several months. During this time, I concentrated on understanding her present situation. The crisis seemed to centre around feelings of anger and resentment towards her daughter who was making life so difficult. Her daughter's disclosure and subsequent apprehension brought feelings of helplessness which I interpreted as replicating the trauma and loss of her childhood.

I focused primarily on drawing timely parallels between her experiences in her family of origin and her family of procreation. I validated her confusion and ambivalence towards her daughter as she herself had never received validation for the abuses she had suffered in childhood. Initially my goal was to keep her engaged, in essence buying time for defenses to lessen and the situation

to evolve bringing its own pressure for Mrs. Ross to make decisions regarding her relationship with her daughter.

With respect to her relationship with Sandy, I intervened by allowing her to express her denial of Sandy's allegations while gently guiding the formation of alternate thoughts. I asked Mrs. Ross to consider what she would like to be able to do for her daughter if she discovered the allegations were true. Mrs. Ross stated that she would want to be able to support Sandy as best she could even separating from Mr. Ross for a time while he received help. She was emphatic that she would never divorce as she did not believe in divorce. However, she also seemed unable to conceptualize how she might be able to influence the present situation to be better able to support her daughter.

During this period, Sandy recanted her allegations. For Mrs. Ross this further confirmed Sandy had lied. I informed her that such recants were common and were no indication that Sandy had lied. I suggested that it may be an indication of how responsible Sandy was feeling for her family's unhappiness and how it suggested that Sandy blamed herself for having split her family. I also suggested it indicated how important family was for Sandy, so important in fact that it seemed she was prepared to sacrifice herself to try and make her parents happy just as Mrs. Ross had

sacrificed herself throughout her own childhood. Mrs. Ross began to grieve.

Her grief and neediness to have her daughter take care of her was profound. Sandy being in care threatened her role and self-image as a mother. Mrs. Ross described how difficult it was to hear Sandy refer to her foster mother as "mom". She felt rejected, invalidated, abandoned. All of these feelings panicked Mrs. Ross. I asked her to describe "other situations in her life which had made her feel this way" (worded to match Mrs. Ross's own externalizing).

Images of her own mother and of herself as a dispensable child surfaced. She was angry that Sandy could not be more considerate of her as her mother. She recalled a childhood memory of her mother witnessing her father whipping her with a car fanbelt to the point that she lost both bowel and bladder control. Mrs. Ross remembered having hid in shame and and having been left to clean herself. She had felt invisible in the eyes of her mother. She had felt close to her abusive father. She longed for the hurt to go away. She had not cried for many years.

These recollections and images opened Mrs. Ross to grieving. She had rejected her own mother just as her daughter was now rejecting her. Time would be required for

deeper healing which would enable her to connect her current feelings of helplessness with that of her mother and recognize that she was failing her daughter as her mother had failed her.

My work with Mrs. Ross began with validating her present struggles, hurt and anger. I did not condemn or close her anger towards her daughter but aimed to defuse it by acknowledging how confusing the situation must be for her and how burdened she was with having to take care of so many people all at once.

Such validation allowed for joining with her neediness and enabled me to better understand what she was missing at this time. I accepted her feeling that she needed her daughter. Such neediness was a reality for Mrs. Ross and seemed to relate to what she needed for her own sense of wholeness. With an appendage missing she hurt, felt scared. Practically this made it terribly difficult for her to get her housework done and was an experiential and visual reminder of her feelings of inadequacy.

Sandy was also breaching the family rules which governed loyalty and autonomy. Quite likely it was Mrs. Ross's job to have the child return. It would be premature for Mrs. Ross to feel empathic towards Sandy when Sandy was perceived to be the source of all her pain. But she was

missing Sandy and this was the feeling with which I wanted to connect.

As we explored further, it seemed that for Mrs. Ross missing connected with loneliness, fear and further victimization as a woman. Although she denied that Mr. Ross had ever hit her, she described incidents where he would threaten her with a clenched fist, stopping short of direct contact with her face. Early in the marriage, Mr. Ross had been convicted of armed robbery. She was emotionally and physically isolated and had no contacts beyond family or her husband's personal friends (two couples). Extended families on both sides seemed to replicate the dynamics of incestuous and violent families with implicit rules calling for loyalty to family, distrust of outsiders, lack of individuality and autonomy, and patriarchal structure with family myths which perpetuated the weakness and subordination of women and the badness of children. Like other women who had survived childhood abuse, Mrs. Ross seemed to have a high tolerance for violence in relationships.

Mrs. Ross described feeling personally unsafe and espoused that she would activate a safety plan if she felt at increased risk. As we diagrammatized and personalized the cycle of violence with which she was living, she expressed anger towards Mr. Ross. In particular she

described how abandoned she felt when Mr. Ross was in prison and her children were young. While we strategized for her to reach out to a local group of women in her community who met regularly in the church, she was unable to do so. However, upon closure the desire to connect with these women remained. She also began to connect more with her sister-in-law whose little girl she baby-sat. She borrowed story-books to read to her niece about good touch, bad touch. She identified her sister-in-law as an outsider with whom she had regular contact. She began to look for ways to connect with this woman when she came to pick-up her child each day.

I concentrated on connecting with the unresolved grief with respect to her own childhood in an attempt to foster feelings of empathy for her daughter. Mrs. Ross was a fairly concrete and seemingly visual thinker. She related well to my efforts to transcribe our verbal therapy into diagrams and pictures.

One series of diagrams represented the nature of her relationship with her daughter as it had changed over time. As Mrs. Ross described her pregnancy, her daughter's birth, her first day at school and the dreams and hopes she had held for her only daughter, she was reminded that Sandy was still a child. As she recalled Sandy's accident and

remembered those days in the hospital when she attempted to talk with her unconscious eight year old little girl, I was able to connect with the mother who was riddled with guilt and disappointment.

Such work is certainly long-term and at the time of closure Mr. and Mrs. Ross were beginning marital counselling as ordered by the courts. Throughout our contact, Mrs. Ross's defences remained sufficiently intact that she never cried although she grieved. I believe she was allowed to grieve and to hear that she was not deserving of maltreatment for the first time in her life. Behaviourally, her appearance began to change. She moved with more energy and curled her hair for the first time in many months. She also began to wear a hint of make-up.

Empirical Data: On the Beck Depression Inventory¹, Mrs. Ross's scores dropped from 11 (moderate clinical depression) at first contact to 3 (none or minimal clinical depression) at seventh contact. These variations suggest that Mrs. Ross's feelings of depression responded favourably to supportive intervention which aimed to validate her pain and reduce her subjective feelings of loneliness² through helping her to feel understood. Her self-perception of loneliness dropped below the norm (comparison mean: 38.9;

s.d.: 10.6) throughout our contact as it shifted downward from 31 at initial contact to 27 at seventh contact.

Scores on the Impact of Events Scale (I.E.S.)³ suggest that at the point of seventh contact, Mrs. Ross was still in crisis. Throughout contact, Mrs. Ross maintained a tendency to avoid situations which reminded her of her child's disclosure with scores being 24 at initial contact (comparison mean 19.9, s.d. 5.1) and 25 at seventh contact (comparison mean 18.7, s.d. 7.7). Intrusive thoughts also increased from 25 at first contact (comparison mean 20.4, s.d. 4.2) to 27 at seventh contact (comparison mean 16.8, s.d. 5.5).

Clearly, her perceptions of being in crisis increased throughout the contact period. Hopefully, such perceptions would serve to maintain the opportunity for change as she started longer-term counselling. Much remained to be done before her daughter would return home. However, she did seem to be managing the crisis with less depression and loneliness. Behaviourally, she appeared to feel better about herself.

Obviously, much remained to be resolved as Mr. and Mrs. Ross prepared to begin marital therapy as ordered by the courts. Her daughter remained in care and Mrs. Ross agreed to a voluntary placement agreement when the temporary order

expired. She realized that all parties needed time in therapy.

Comments: While Mrs. Ross was not the only mother to be in denial at the point of initial contact, she was unique within this project in that she was the only mother to maintain contact with me while maintaining denial. I believe at this stage the aim of therapeutic alliance must be to have the mother experience feeling understood while not allowing her to perceive the worker as aligned with her denial. My experience has taught me that through empathic understanding the therapist must mirror reality. For Mrs. Ross this meant that as long as she denied the abuse she was emotionally abandoning her daughter as she herself had been abandoned.

The distrusting mother: Anger and Institutional
Attack Trauma

Presenting Situation: Mrs. Anderson was referred by the statutory worker who felt there were many issues to be addressed by Mrs. Anderson whose thirteen year old daughter, Corinne, had recently disclosed that she had been raped by her biological father from whom Mrs. Anderson had been divorced for ten years. The disclosure itself was traumatic. Corinne slashed at school while screaming that her father had raped her. The school immediately informed the agency and Corinne was admitted to hospital without Mrs. Anderson being notified.

Mrs. Anderson, who had been the sole custodial parent for ten years, felt betrayed and threatened by interventions which she perceived as having made certain assumptions about her capabilities as a parent. Mrs. Anderson focused on her daughter's apprehension, the simultaneous removal of one teen-aged foster child and the threatened removal of a second foster child whom she had cared for since birth. Two biological and two step-children remained in her care.

While the agency framed their actions as attempting to provide Mrs. Anderson with time to concentrate on her relationship with her daughter, Mrs. Anderson interpreted

the actions as punitive and contradictory. "They remove my daughter from me and then tell me to develop a relationship with her when I can't even see her". Also, "how can I work on my relationship with Corinne when she's not even at home. How are we supposed to work anything out when she's not at home". She felt scared and helpless. Her anger was focused at an agency worker whom she felt blamed her for her daughter's psychological problems. She did not accept the agency's explanations and found the more her daily routine was disrupted the more difficulty she had coping.

Three years earlier Corinne's younger sister, Donna, had informed her mother and a Child and Family Services worker that she had been sexually abused by her father, the same man who now allegedly offended against Corinne. However, due to insufficient evidence charges were never laid. Now concern was expressed that if Mrs. Anderson had been a more astute mother she would not have missed her daughter's troubled behaviour which included bulimia and suicidality.

Social History Mrs. Anderson had an extensive history with the Child and Family Services agency. She had been raised in the region by parents who had problems with alcohol abuse and physical violence. As a young child she was privy to

her mother's sexually promiscuous behaviour and was herself molested by a family friend. She herself had been in care.

At the age of eighteen, she married. Both Mr. and Mrs. Anderson were chemically dependent upon alcohol and drugs. Mr. Anderson was physically abusive towards Mrs. Anderson. When the agency threatened to apprehend the two children, Mrs. Anderson left the marriage. By self-report, she has abstained from alcohol and drugs since that time.

Following the separation and subsequent divorce, Mrs. Anderson had a third child with a man about whom she spoke very little. She now resided with Jack, with whom she had lived for three years. Jack had just received sole custody of his two children following a divorce from his wife whom he described as alcoholic and sexually promiscuous. Jack abstained from alcohol and drugs.

Summary of Contact: I met with Mrs. Anderson for six contacts over a four month span. During three of these contacts, I also met with Jack. Although this relationship had been stable for the preceeding three years, it now seemed threatened by the impact of Corinne's disclosure. Both Mrs. Anderson and Jack described being "all-absorbed" by the disclosure and Corinne's apprehension. Issues stemming from custody disputes with their respective former

partners seemed to resurface as they felt their ability to parent was subject to scrutiny. It seemed helpful to remind the couple that their need to review incessantly the details of their current situation were natural reactions to an event which had brought shock and feelings of powerlessness into their lives.

As the more dependent of the two, Jack seemed most threatened by Mrs. Anderson's struggles. He wanted reassurance that they were not drifting apart. Mrs. Anderson wanted space and seemed to openly invite me to spend a portion of my time solely with Jack. She perceived that the present situation was raising issues for Jack that she did not have the emotional capacity to deal with at this time.

As contact progressed, it became evident that both individuals had suffered extensive abuse and loss in childhood. Mrs. Anderson had an extensive history with the agency. Throughout childhood she was a parentified child who suffered emotional neglect, deprivation and sexual abuse. Ten years earlier when the agency threatened to apprehend her children she decided to leave her abusive, chemically addicted husband and to abstain from both alcohol and drugs. Now, ten years later this same man seemed to be controlling her life through ongoing violence and abuse.

For Jack, the present seemed to trigger memories of childhood trauma which included rescuing his father from a suicide attempt and subsequently not being able to save his father from a fatal heart attack.

Clearly the present was triggering feelings rooted in earlier trauma. Validating their pain in the context of the past and normalizing their feelings in the context of those experienced by other non-offending parents seemed to reduce their panic and self-blame. Such frames also helped them to address what they needed to cope with the present crisis. Social support surfaced for both.

As an intervention I reviewed their social support networks individually with each of them. Jack's network pointed out just how alone he perceived himself. He was unable to identify any friends and felt he may be able to turn to a pastor in his old home community who had been there for him following his father's death. However, at present he was angry at the church whose suggestions he found too abstract at a time when he wanted concrete and practical solutions. Such an intervention also highlighted how dependent and thus vulnerable Jack was in relation to Mrs. Anderson. Jack gained awareness of how he needed to take care of his need for social contact with peers and how he might do this and yet still abstain from alcohol. Mrs.

Anderson was less isolated and identified a key support to be an older woman in the community who, like Mrs. Anderson, was a survivor of sexual abuse.

Mrs. Anderson seemed threatened by the fact that Corinne had not disclosed to her. Such anxiety seemed to be preventing her from addressing concerns such as how to assist her daughter now. It seemed helpful to frame Corinne's actions as indicative of positive attachment towards her mother. I found the following comments helpful:

Children often do not tell those that they most care for because they are afraid of being blamed, misunderstood or rejected by the one person they are so dependent upon; Corinne may have sensed your anger and fear towards Mr. Anderson and did not want to upset you; Corinne knew that charges had not followed Donna's allegations and may have feared not being believed; perhaps the time Corinne is in care will be a bit of a holiday for each of you. It will give you time to enjoy being with each other without the day-to-day struggles around chores and discipline". Whatever problems existed in the relationship could be addressed over the longer-term as Mrs. Anderson became less defensive.

It also seemed helpful to suggest to Mrs. Anderson and Jack that feeling blamed and misunderstood are two of the most difficult feelings that non-offending parents have to contend with following disclosure. While it was premature to concentrate on what they wanted to change in preparation for Corrine's return, introducing such discussion did allow for a certain amount of soul-searching which helped them to identify trouble spots.

One such trouble spot was that both Mrs. Anderson and Jack had interpreted Corinne's isolating herself in her bedroom as a typical teen rejecting adult authority. Instead of searching for alternative explanations, they labelled Corinne as bad and tried to restrict the behaviour. Power struggles ensued and the misunderstanding grew. Like many adult children of abusive parents they risked becoming toxic parents through their own need for constant approval, tendency to personalize and need to control. They lacked experience with more positive models of effective parenting.

Throughout my involvement with the Anderson's, there were many concerns expressed about cult activities in the community. They feared Corinne may have been a victim of such activities. They felt trapped, helpless, worried and angry towards community leaders who were to have been addressing citizens' concerns about alleged cult activities.

Mrs. Anderson and her partner worried that the community was not safe for Corinne or their other children. They decided to proceed with their plans to build a new home in a different community. My impression was that the entire family favoured a move. They felt the additional space that a new home would provide would be welcomed and that Corinne would enjoy participating in the construction. The new home would symbolize their new beginning.

Like many non-offending parents who had a child in care, Mrs. Anderson began to feel threatened by Corinne's foster mother. She worried that she may be "replaced" as Corinne's mother and that being in care was going to "spoil" Corinne. Many issues of being abandoned and rejected by her own mother surfaced for Mrs. Anderson as she projected more and more anger and fear onto the foster mother. She also perceived the foster mother was able to provide material goods that Mrs. Anderson was not able to afford and in this way the situation replicated an earlier pattern that Mrs. Anderson had worked to resolve between her own mother and Corinne.

Mrs. Anderson was stuck in her ability to resolve the above situation as she felt trapped by her own fears and negative thoughts. She believed that if she expressed her feelings to the agency, the agency would respond by

apprehending Corinne permanently and by removing her foster child. Such thoughts prohibited her from conceptualizing an option of building a working relationship with the agency. Mrs. Anderson needed encouragement and support to begin to perceive that she could work with the agency. In working towards this end, we role played how she would approach an agency worker and express her needs and desires. I encouraged her to meet with an agency worker whom she felt she could trust and to begin a process of expressing her concerns more openly.

Mrs. Anderson put the role play into action and began in one-to-one counselling with the agency worker. This worker was able to facilitate the development of a more congenial working relationship between Mrs. Anderson and Corinne's foster mother. Over time Mrs. Anderson was able to put other role plays into action. She learned to express herself to people she perceived as holding power over her relationship with Corinne. For example, when family therapy started, Mrs. Anderson felt that people were only hearing and thereby concerned with Corinne. We role played how she might approach the therapist and express her feelings without blaming Corinne. Feeling heard allowed Mrs. Anderson to reduce her defensiveness and concentrate on the process of change.

Empirical Data: Reduction in depression was remarkable as Mrs. Anderson shifted from a score of 13 (moderate clinical depression) at initial contact to 0 (no clinical depression) at sixth contact. With raw scores of 37 and 36 (comparison mean 38.9, s.d. 10.6), loneliness remained stable at levels within the norm.

For Mrs. Anderson the crisis seemed to centre around the feelings of helplessness she experienced with her daughter being apprehended. This is how the crisis was defined for the purposes of measuring shifts on the Impact of Events Scale. For this measure, pre-post treatment scores suggest that while Mrs. Anderson was more active in avoiding situations which reminded her of the day her daughter was apprehended, she was less troubled by intrusive thoughts of the events. Scores on the avoidance subscale increased from 16 (comparison mean 19.9; s.d. 5.1) to 24 (comparison mean 18.6; s.d. 7.7) and scores on the intrusiveness subscale decreased from 20 (comparison mean 20.4; s.d. 4.2) to 14 (comparison mean 16.8; s.d. 4.2).

Post-treatment, Mrs. Anderson appeared to be managing the crisis event with a greater sense of control and far less depression. A potential benefit of intervention for Mrs. Anderson was the likelihood that through being coached to exercise more assertion in the situation, she came to

feel less helpless and hopeless. Assertiveness allowed for the development of working relationships with professional helpers such as the agency worker and the family therapist.

Comments: Throughout my contact with Mrs. Anderson, I was faced with the need to maintain a neutral stance with respect to the agency's actions while empowering the client to risk challenging her fears and mistrust through expressing her concerns directly to the decision-makers. Without doubt, Mrs. Anderson was seeking an advocate that would speak on her behalf with those she was experiencing as so powerfully intrusive in her life. However, I believe that to have done such work for her would have perpetuated her feelings of helplessness well beyond my involvement. Instead, through role playing, positive reframes and prodding to look at consequences of inaction Mrs. Anderson learned to be her own advocate.

The supportive mother: Depression

Presenting situation: Mrs. Brown was referred following a disclosure by her thirteen year old daughter, Karen, that her father had been sexually abusing her during week-end visitations. Karen had disclosed the abuse to her twelve

year old brother, Clay, who subsequently shared the information with Mrs. Brown. Mrs. Brown questioned Karen with regard to the allegations and Karen confirmed that over the past year Mr. Brown had sexually assaulted her on several occasions. Mrs. Brown reported the abuse to both the local Child and Family Services agency and the R.C.M.P.

I first met with Mrs. Brown approximately four weeks following disclosure. At that time, Mr. Brown's whereabouts were unknown and there was a Canada wide search warrant for his arrest. Mrs. Brown described Mr. Brown, from whom she had been separated for approximately two years, as suffering from depressive episodes. She worried that he may have committed suicide. Although Mr. Brown's disappearance coincided with the disclosure, Mrs. Brown felt that he was still unaware of the abuse allegations. If he was alive, she worried that he would become "like an animal" upon hearing of the disclosure.

Mrs. Brown presented as empathic towards both her children. She realized that the abuse would impact each child differently. She believed the children were relieved that their father was gone. She believed that Karen told Clay about the abuse knowing he would tell their mother thereby making it easier for Karen to disclose.

Social History: Mrs. Brown described her husband as having been physically and emotionally abusive towards her throughout their fifteen year marriage. For years Mrs. Brown had suffered from depression for which she was treated with anti-depressants and periodic admissions to the psychiatric unit of a local hospital. Eventually, she came to realize that the depression and the anti-depressants were her way of coping with a bad situation. In her words, the drugs made her high not happy. She decided to change the situation.

One year following the separation a motor vehicle accident rendered her in chronic pain, incapable of working, reliant upon physiotherapy and financially dependent upon social assistance and compensation from insurance. In the two years following the separation, Mr. Brown became seriously depressed. At one point he required the assistance of the community mental health worker and the R.C.M.P. as he was unable to get out of bed to answer the door he was so weak from starvation. Mr. Brown began sexually abusing Karen during visitation.

Summary of Contact: I met with Mrs. Brown for a total of six contacts over an eight week period. At our first contact I remember meeting a very tired woman who suffered

from nightmares and difficulty sleeping. Her eyelids twitched nervously as she spoke. She appeared emaciated and hypervigilant for fear her husband, if not dead, was aware of the allegations and would return to harm them.

While Mrs. Brown described her initial rage as having dissipated, she now had to contend with the rage of her closest supports who felt betrayed by Mr. Brown who was known throughout the community as "such a nice guy." Her supports consisted of a male friend, Tom, and a female friend, Barb, who was a survivor of childhood sexual abuse. Additional stressors consisted of people contacting Mrs. Brown for information regarding Mr. Brown's whereabouts as a series of bad checks he had written in the region surfaced. Mrs. Brown learned that she did not need to provide information to these callers and she quickly became comfortable directing these callers to the R.C.M.P.

For Mrs. Brown the root of the crisis seemed to be that her husband, who had controlled her life for so many years, was continuing to exercise such power over her. She experienced feelings of helplessness and loss of control. In addition, she felt that the emotional trauma of the disclosure was burdening her, as yet, tender relationship with Tom. She worried that the present complexities of her

life would overwhelm Tom threatening a relationship which was important to her and to her children.

As mentioned at initial contact, Mrs. Brown appeared exhausted. Stress management was targeted. She responded well to relaxation training and was provided for use at her own discretion a subliminal relaxation tape. She used the tape for relaxation during the day and for sleep at night. She began to recover from sleep deprivation.

Additional means of stress reduction included walking and riding her exercise bike each day. Instructing her in various cognitive restructuring techniques as a means of altering negative thoughts and in thought-stopping as a means of controlling intrusive thoughts was helpful. She took charge over her situation through periods of self-imposed isolation. For example, periodically she unplugged the phone which became her personal barometer for monitoring how she was doing. The less she unplugged the phone the more in charge she felt. I reframed that the more she unplugged the phone the more in charge she was as she then felt able to take control over her environment. In this way, she became less focused on evaluating herself and more focused on just doing what she felt she needed to do to take care of herself.

Mid-contact, Karen's behaviour began to become concerning. She disclosed her abuse to a friend who in turn disclosed to Karen. Mrs. Brown shared that for a long-time now Karen had a tendency to bang her head or destroy personal belongings when she was angry. These behaviours had increased since the disclosure. I normalized this pattern for Mrs. Brown and advised she use gentle restraint to help Karen gain control over her anger when she was inclined to hurt herself. I also encouraged Mrs. Brown to inform the agency worker and with Karen's permission the school guidance counsellor for additional support and treatment for Karen. Mrs. Brown did both.

As she became better able to utilize energy towards other pursuits she started to initiate outings with friends. However, she discovered that her energy was depleted easily and she needed to learn to pace herself. She also renewed acquaintances with her brother and sister-in-law and became more receptive to accepting assistance with instrumental tasks than she had been in the past. Becoming more involved with her brother's family took some of the pressure off her relationship with Tom. She also approached the agency and was granted periodic respite.

Respite was helpful in two ways. Firstly, it provided Mrs. Brown with the opportunity to sleep and to recover from

the shock of the disclosure away from the children. Secondly, it seemed to facilitate coping as it divided time into what felt like "more manageable chunks". Without respite, the stress seemed to have no end.

During this period of time, Mr. Brown was arrested, released on his own recognizance and subsequently evaded the courts for a period of time. Knowing he was alive and in the area added to the stress for Mrs. Brown and she became angry at the courts for releasing him. She had been told by those who had seen him that he carried a knife. Despite her saying that she was no longer afraid, we reviewed the safety plan we had developed at the beginning of our meetings. Mrs. Brown reviewed these plans with her children and her landlord.

Mrs. Brown was mindful of each child and able to respond in sensitive ways to their behaviours. Both children wrote letters to their father which they decided not to mail. Karen had an increase in petite mal seizures which she had experienced since birth. Mrs. Brown sought medical attention for Karen. Mrs. Brown advocated for her daughter to receive treatment. Individual counselling for Karen was to begin two weeks after our final session. Karen was also scheduled to attend group therapy with other victimized adolescents.

Empirical Data: Throughout the course of intervention Mrs. Brown's level of depression showed a reduction from 11 (moderate clinical depression) to 4 (none to minimal depression). Her subjective perception of loneliness remained stable at levels within the norm as it shifted from 32 to 31 (comparison mean: 38.9; s.d.: 10.6). With respect to the Impact of Events Scale, Mrs. Brown showed a downward trend in avoidance from 25 at initial contact (comparison mean 19.9; s.d. 5.1) to 18 at closure (comparison mean 18.6; s.d. 7.7) and a similar trend in intrusiveness from 25 at initial contact (comparison mean 20.4; s.d. 4.2) to 14 at closure (comparison mean 16.8; s.d. 4.2).

As Mrs. Brown gained in rest and support her mood shifted remarkably. She learned to pace herself towards preservation rather than depletion of energy. The initial crisis which seemed to center around her husband's disappearance and fear for their physical safety had now passed even though his whereabouts once again were unknown and risk factors remained. However, her perception of risk was reduced and she was markedly less depressed. She also appeared to be far less troubled by intrusive thoughts suggesting she felt in greater control of her circumstances. At closure she was advocating for herself and her children

and was using effectively a support system which included family, friends and professionals.

Post-script: Mrs. Brown contacted me four months after closure. Mr. Brown had been sentenced to prison with a stipulation for mandatory treatment upon release. However, for Karen and Mrs. Brown and Clay the trauma did not end with sentencing. The media published the story which brought public exposure in a small community. Regretably, Karen was re-victimized through public reaction. Some parents stigmatized Karen. Parents of one girlfriend told Karen that she could not come over to their home ever again and that their daughter "was not to play with such a child". Mrs. Brown supported Karen through this betrayal by reminding her that she had not done anything wrong and that she was not responsible for her father's behaviour nor was she a bad child.

Mrs. Brown filed for and was decreed a divorce and sole custody of her children. She planned to change her surname. She had made plans to move to a larger, more urban centre where she sought employment. She had solicited treatment for her daughter through the agency and had guided her son through the rage which accompanied his emotional separation from his father. She had brought some personal closure to

her relationship with Tom although they remained friends and he maintained a supportive relationship with both children.

SECTION FIVE

CLOSING COMMENTS

5.1: REMARKS:

When a child discloses having been sexually molested by her biological father, a crisis situation develops for all family members. As the primary attachment figure for the child, the mother needs to respond to the child with an attitude of belief, support and protection. Often the mother is so threatened by the potential loss of her husband and so overwhelmed by her own needs that she is unable to respond supportively to the child. Instead, the child either is rejected and emotionally abandoned or binded through threats to recant the allegations. Such responses have been shown to increase the likelihood of ensuing psychopathology in the child.

The parent support project aimed to provide immediate intervention with the mother in the hope that addressing the crisis in the mother would ultimately enable the mother to support her child. Intervention was short-term and limited to six to eight contacts. While intervention served to reduce levels of depression and thereby facilitated more functional coping in many mothers, it seemed evident that

for some the crisis state continued as reflected on the Impact of Events Scale.

For the mothers who engaged the program brought understanding of their situation and validation of their feelings. They felt less alone and were able to build natural support systems which included people who knew about the incest and supported change. In addition, the mothers began to contemplate what needed to change in their immediate situation to provide safety for themselves and for their children. They learned effective ways of managing stress such that energy could be released to attend to tasks of daily living and self-care. I believed that as the mother learned to be empathic towards herself she would begin to project empathic feelings onto her child.

As was anticipated, many factors impacted the situation. In all cases, the investigative period extended beyond the six contacts. For the mother this meant that she often experienced a sense of living in limbo. Her life felt on hold for extended periods of time. Several lived in a hypervigilant state, unnerved by fear of the perpetrator. Others coped with deep feelings of betrayal as extended families aligned with the perpetrator. Many were unsure of their rights and responded to the intervening agencies as passive or aggressive victims. They felt under a microscope

as though they were responsible for their husbands transgressions.

Mothers who seemed most able to respond supportively to the victim were those who had been separated and living apart from their husband for a period of time preceeding the disclosure. However, these mothers also experienced much anger and frustration that the offender continued to control their life. They worried about trust levels with their daughter that the daughter had not disclosed the abuse earlier or directly to the mother.

In contrast, mothers who were still emotionally and/or physically connected and perhaps dependent upon the perpetrator reacted with strong feelings of divided loyalties. These mothers risked rejecting their daughter as they struggled with their own dependency needs and fears of abandonment.

Mothers in both categories feared physical retaliation by the perpetrators. In all cases, these men had been physically violent towards the women in the past. Such fears created disrupted sleep patterns and hypervigilance. Safety plans were vital and it was important to review the plan periodically throughout contact. In developing such plans it was important that the mother break the secrecy which often accompanied her fear. I encouraged the mother

to inform key people (identified in her support network) about the nature of her fears and to let these people know ways in which they could assist her. I challenged the mothers belief that silence brought safety.

None of the mothers expressed a desire to physically retaliate against the offender. Only the mothers who were residing with the offender at the time of the disclosure expressed ambivalence about retribution through the courts. The other mothers looked towards the court process as a means of retribution although they hoped their daughters would not need to testify.

Clearly, mothers experience a wide range of feelings upon being informed about the incest. In the past, mothers have been blamed and held responsible for the incest. It was felt that if only she had been a better mother, a better wife or a better lover such events would not have happened and the child would have been spared. Many factors contribute to incest. While the mother shares accountability for the safety of the children in her care, it is my opinion that she does not share responsibility for her husband's transgressions against their child.

Many workers tend to approach the mother with cynicism. It has been my experience that such cynical attitudes only serve to strengthen the mother's defences and contribute to

her being less amenable to intervention. Mothers who participated in the parent support project seemed to respond favourably to interventions which aimed for the mother to feel understood.

5.2: PERSONAL REFLECTIONS

Society has strong expectations for mother-child relationships. Mothers are expected to be nurturant and protective of the child. When a mother does not meet such expectations she may be ostracized by certain segments of society and feel like a failure. The experience of this practicum has served to convince me that intervention during the disclosure phase is vital to facilitate positive coping in the mother while the impact of the disclosure remains high. Incest does not resolve itself easily or quickly. Multiple crises face the mother as she responds to the disclosure, the investigation and subsequent events.

The Parent Support Project was designed to provide support to mothers during the crisis period that followed their daughter's disclosure of father-daughter incest. As an educational experience, its intent was to foster the development of certain skills within myself that I felt would enhance my work as social worker. As a life experience, I could not predict its impact.

It is and always has been my strong belief that intervening in the psycho-social realm of a person's life is an art, an appreciation for which develops over the course

of a lifetime. As I met with the mothers referred to me, networked with the agency's staff, circulated amongst the community and deepened my understanding of family violence I came to appreciate the importance of validation as a means of reducing defensiveness and increasing amenability to change.

However, there is a delicate balance to be struck such that validation is not interpreted by the client as alignment with defences. Also, keen sensitivity is required to avoid being co-opted by the client into doing their work. I believe that in situations where the client is feeling so blamed and disempowered it is vital that they be guided to intervene with the system on their own.

It is my conviction that one of the great benefits of a parent support worker is the potential that exists for the worker to foster an environment where the mother and the child welfare system can align to support victimized children.

As I review the educational objectives listed earlier in this report, I believe each of these was met.

Endnotes

1. Primary reference: Beck, A.T., and Beck, R.W. (1972). Screening depressed patients in family practice: A rapid technic. Postgraduate medicine. 52. 81-85.
2. Primary reference: Russell, D., Peplau, L., and Cutrona, C. (1980). The Revised U.C.L.A. Loneliness Scale: Concurrent and discriminant validity evidence. Journal of personality and social psychiatry. 39(3). 472-480.
3. Primary reference: Horowitz, M.J., Wilner, N., and Alvarez, W. (1979). Impact of events scale: A measure of subjective stress. Psychological medicine. 41. 209-218.

References

- Adkins, E., Trute, B., MacDonald, G., McCannell, K., Herbert, C., Hill, E., Scuse, B. (1991). Child sexual abuse in rural settings: The implementation and evaluation of a coordinated service model. (Final Report, National Welfare Grants Project #4556-1-19). Ottawa: Health and Welfare Canada.
- Aguilera, D. & Messick, J. (1986). Crisis intervention: Theory and methodology. Toronto: C. V. Mosby.
- Alexander, P. (1985). A systems theory conceptualization of incest. Family Process, 24, 79-88.
- Badgley, R. (1984). Sexual offences against children: Report of the committee on sexual offences against children and youths. Vol. 2. Cat. No. J. 2-50/1984 E. Ottawa: Canadian Government Publishing Centre.
- Bass, E. & Davis, L. (1988). The courage to heal: A guide for women survivors of child sexual abuse. New York: Harper & Row.
- Beck, A.T., and Beck, R.W. (1972). Screening depressed patients in family practice: A rapid technic. Postgraduate medicine, 52, 81-85.
- Beck, A., Rush, A., Shaw, B., & Emery, G. (1979). Cognitive therapy of depression. New York: Guildford.
- Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. New York: Basic.
- Bradshaw, J. (1988). The family: A revolutionary way of self-discovery. Deerfield beach, Fl.: Health Communications.
- Browne, A. & Finklehor, D. (1984). The traumatic impact of child sexual abuse: A conceptualization. Family Violence Research Program, University of New Hampshire, Durham, NH.
- Brownmiller, S. (1975). Against our will: Men, women, and rape. Toronto: Bantam.

- Burns, D. (1980). Feeling good: The new mood therapy. New York: Signet.
- Byerly, C. (1985). The mother's book: How to survive the incest of your child. Dubuque, Iowa: Kendall/Hunt.
- Canada. The Person's Act. Ottawa: Queen's Printer. 1929.
- Canada. The Divorce Act. Ottawa: Queen's Printer. 1968.
- Coggins, K. (1990). Alternative pathways to healing: The recovery medicine wheel. Deerfield Beach, Fla.: Health Communications.
- Courtois, C. (1985). Healing the incest wound: Adult survivors in therapy. New York: W.W. Norton.
- Criminal justice initiative on domestic assault. (1984). The New Directive and the Judicial Processing of Wife Abuse Cases, p. 1.
- Davidson, T. (1978). Conjugal crime: Understanding and changing the wifebeating pattern. New York: Hawthorne.
- de Young, M. (1982). The sexual victimization of children. London: McFarland.
- Dietz, C. and Craft, J. (1980, December). Family dynamics of incest: A new perspective. Social Casework: The Journal of Contemporary Social Work, 602-609.
- Dobash, R. E. & Dobash, R. (1979). Violence against wives: A case against the patriarch. New York: The Free Press.
- Ehrenreich, B., & English, D. (1973). Witches, midwives, and nurses: A history of women healers. Brooklyn, N. Y.: The Feminist Press.
- Everson, M., Hunter, W., Runyon, D., Edelsohn, G., Coulter, M. (1989). Maternal support following disclosure of incest. American Journal of Orthopsychiatry, 59, 197-207.

Federal/provincial/territorial report on wife battering to meeting of ministers responsible for the status of women. (1984). Niagara-On-The-Lake.
Cat. No. SW 21 - 5/1984E. Minister of Supply and Services Canada.

Finkelhor, D. (1981). Four preconditions of sexual abuse: A model. University of New Hampshire, Durham, N.H.: Family Violence Research Program.

Fortune, M. (1983). Sexual violence: The unmentionable sin. New York: The Pilgrim Press.

Freud, S. (1955). in Strachey, J. (Ed.) The complete works of Sigmund Freud, 3, London: Hogarth Press.

Garbarino, J. & Gilliam, G. (1981). Understanding abusive families. Toronto: Lexington.

Gelinas, D. (1986). Unexpected resources in treating incest families. In M. Karpel (Ed.), Family resources: The hidden partner in family therapy, (pp. 327-358). New York: The Guildford Press.

Giaretto, H. (1982). Integrated treatment of child sexual abuse. Palo Alto: Science and Behaviour Books.

Golan, N. (1978). Treatment in crisis situations. New York: The Free Press.

Goldstein, S. & Giddings, J. (1973). Multiple impact therapy: An approach to crisis intervention with families. In G. Specter & W. Claiborn (Eds.) Crisis intervention: A topical series in community-clinical psychology. New York: Human Services Press.

Goodwin, J. (1981). Suicide attempts in sexual abuse victims and their mothers. Child abuse and neglect, 5, 217-221.

Gordan, L. (1955). Incest as revenge against the preoedipal mother. The psychoanalytical review, 42, 284-292.

Haugaard, J. and Reppucci, N. D. (1988). The sexual abuse of children: A comprehensive guide to current knowledge and intervention strategies. San Francisco: Jossey-Bass.

- Herman, J. (1981). Father-daughter incest. Cambridge, Ma.: Harvard University Press.
- Herman, J. (1983). Recognition and treatment of incestuous families. International Journal of Family Therapy, 5, 81-91.
- Horowitz, M.J., Wilner, N., and Alvarez, W. (1979). Impact of events scale: A measure of subjective stress. Psychological medicine, 41, 209-218.
- Jacobs, J. (1990). Reassessing mother blame in incest. Signs: Journal of women in culture and society, 15, 500-514.
- James, B., & Nasjleti, M. (1983). Treating sexually abused children and their families. Palo Alto, Ca: Consulting Psychologists Press.
- Jehu, D. in association with Gazan, M., & Klassen, C. (1988). Beyond sexual abuse: Therapy with women who were childhood victims. London: John Wiley & Sons.
- Kempe, C. H., Silverman, F., Steele, B., Droegemueller, W., & Silver, H. (1962). The Battered-Child Syndrome. Journal of American Medical Association, 181, 17-24.
- Lange, A. & Jakubowski, P. (1976). Responsible assertive behaviour: Cognitive/behavioural procedures for trainers. Champaign, Il.: Research Press.
- Larson, N. & Maddock, J. (1986). Structural and functional variable in incest family systems: Implications for assessment and treatment. Journal of Psychotherapy and the Family, 2(2), 27-44.
- Larsen, D., Attkisson, C., Hargreaves, W., & Nguyen, T. (1979). Assessment of client/patient satisfaction: Development of a general scale. Evaluation and Program Planning, 2, 197-207.
- Lustig, N., Dresser, J. W., Spellman, S. W. & Murray, T. B. (1966). Incest: A family group survival pattern. Archives of General Psychiatry, 14, 1-40.

- MacLeod, L. (1980). Wife battering in Canada: The vicious circle. The Advisory Council on the Status of Women. Ottawa: Minister of Supply and Services Canada Cat. No. LW31-4/1980.
- Manitoba. Legislative Assembly. Child and Family Services Act. Winnipeg, Manitoba. 1985.
- Mayer, A. (1983). Incest: A treatment manual for therapy with victims, spouses, and offenders. Holmes Beach, Fa.: Learning Publications.
- McIntyre, K. (1981, November). Role of mothers in father-daughter incest: A feminist analysis. Social Work, 462-466.
- Meiselman, K.C. (1978). Incest: A psychological study of cause and effects with treatment recommendations. San Francisco: Jossey-Bass.
- Mrazek, P. & Bentovim, A. (1981). Incest and the dysfunctional family system. In P. Mrazek and C. Henry Kempe (Eds.), Sexually abused children and their families. Toronto: Permagon Press.

- Myer, M. (1985). A new look at mothers of incest victims. Journal of Social Work and Human Sexuality, 3, 47-58.
- Norwood, R. (1985). Women who love too much: When You keep wishing and hoping he'll change. New York: Pocket.
- Piercy, M. (1980). Intimacy. The moon is always female. (pp. 38-39). New York: Alfred A. Knopf.
- Radbill, S. (1980). Children in a world of violence: A history of child abuse. In C. Henry Kempe & Ray Helfer (Eds.), The battered child (3rd ed. rev, pp. 3-21). Chicago: The University of Chicago Press.
- Rush, F. (1977). The Freudian cover-up. Chrysalis, 31-45.
- Rush, F. (1980). The best kept secret: Sexual abuse of children. Englewood Clifff, N.J.: Prentice Hall.
- Russell, D., Peplau, L., Cutrona, C. (1980). The Revised U.C.L.A. Loneliness Scale: Concurrent and discriminant validity evidence. Journal of personality and social psychiatry, 39, 472-480.
- Sandford, L. & Donovan, M. (1985). Women & self-esteem: Understanding and improving the way we think and feel about ourselves. New York: Penguin.
- Schechter, S. (1982). Women and male violence: The visions and struggles of the battered women's movement. Boston: South End Press.
- Schultz, L. G. (1973). The child sex victim: Social psychological, and legal perspectives. Child Welfare, 52, 153-157.
- Sgroi, S. M. & Dana, N. (1982). Individual and group treatment of mothers of incest victims. In S. M. Sgroi (Ed.), Handbook of clinical intervention in child sexual abuse (pp. 9-37). Toronto: Lexington.
- Shange, N. (1977). For colored girls who have considered suicide when the rainbow is enuf (p. 63). New York: Macmillan.

- Sinclair, D. (1985). Understanding wife assault: A training manual for counsellors and advocates. Toronto: Praeger.
- Solin, C. (1986). Displacement of affect in families following incest disclosure. American Journal of Orthopsychiatry, 56, 570-576.
- Strand, V. (1990). Treatment of the mother in the incest family: The beginning phase. Human Services Press.
- 'Sunshine' Nadon, S. (1986). Walking the Medicine Wheel path in daylight: An exploration of the Medicine Wheel teachings on human relationships. Owen Sound: Maplestone Press.
- Temkin, O. (1980). as cited in S. Radbill, Children in a world of violence: A history of child abuse. In C. Henry Kempe & R. Helfer (Eds.), The battered child (3rd ed. rev., p. 3). Chicago: The University of Chicago Press.
- Thorman, G. (1983). Incestuous families. Springfield, Il: Charles C. Thomas.
- Trute, B., Adkins, E., MacDonald, G., Vaughan-Jones, G., Fedoruk, T. (1991). Bridging the investigation and treatment of intrafamilial child sexual abuse: A short-term crisis service for abused children and their non-offending parents. Paper presented at the Seventh International Institute on Victimology, Onate, Spain. May, 1991.
- Wald, B., Archer, R., & Winstead, B. (1990). Rorschach characteristics of mothers of incest victims. Journal of Personality Assessment, 55, 417-425.
- Walker, L. (1979). The battered woman. New York: Harper & Row.
- Walker, C., Bonner, B., Kaufman, K. (1988). The physically and sexually abused child: Evaluation and treatment. Toronto: Pergamon.
- Ywahoo, Dhyani. (1991). In Summers, C. Circle of health: Recovery through the medicine wheel (p. 87). Freedom, Ca.: The Crossing Press.